



# INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R7 / 2-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management

Office of Program Support  
MC 64-00, Room IGCN 1316  
100 North Senate Avenue  
Indianapolis, IN 46204-2251  
Telephone: (800) 988-7901  
FAX: (317) 233-5627  
E-mail: [esp@idem.IN.gov](mailto:esp@idem.IN.gov)

Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by **April 1<sup>st</sup>** of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Membership terms are renewed every four (4) years through submitting your APR. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at [esp@idem.IN.gov](mailto:esp@idem.IN.gov). Please do not include any confidential business information in your annual performance report. **Public access laws require IDEM to make the APR publicly available**, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at [esp@idem.IN.gov](mailto:esp@idem.IN.gov) or (800) 988-7901.

This form will also be used for ESP members who are also members of the Indiana Partners for Pollution Prevention Program to recertify their membership and reaffirm their commitment to the Partners Pledge.

## SECTION A FACILITY INFORMATION

Name of facility	No-Sag Products, Leggett & Platt Incorporated
Name of parent company (if applicable)	Leggett & Platt Incorporated
Street address (number and street)	Leggett & Platt Incorporated
City / State / ZIP code	Kendallville, IN 46755
County	Noble
Website of facility / company	<a href="https://lpfurniturecomponents.com/">https://lpfurniturecomponents.com/</a>
How many employees (full time equivalents) currently work at your facility?	100

## CONTACT INFORMATION

Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.)	Russell E. Dunton		Title	Director of Operations Central & West Coast
Telephone number	FAX number	E-mail address		
(260) 347-2600	(260) 347-4764	<a href="mailto:russ.dunton@leggett.com">russ.dunton@leggett.com</a>		
Mailing address (if different from facility address)				
City / State / ZIP Code				

Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.)	Jason Maneke		Title	H.R Manager
Telephone number	FAX number	E-mail address		
(260) 347-2600	(260) 347-4764	<a href="mailto:jason.maneke@leggett.com">jason.maneke@leggett.com</a>		
Mailing address (if different from facility address)				
City / State / ZIP Code				

## REPORTING PERIOD

Reporting period dates from prior calendar year (mm/dd/yyyy – mm/dd/yyyy)	
03/01/2020 – 03/01/2021	
1a. Is this the fourth ESP Annual Performance Report of your membership term?	
<input type="checkbox"/> Yes—If yes, answer question 1b.	
<input checked="" type="checkbox"/> No—If no, skip to the "Change in Information" section of this report.	
1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?	
<input type="checkbox"/> Yes—If yes, please complete all sections of this annual report.	
<input type="checkbox"/> No—If no, please complete all sections of this annual report except for Section F.	
2a. Are you a member of the Indiana Partners for Pollution Prevention (Partners) Program?	
<input type="checkbox"/> Yes—If yes, answer question 2b.	
<input type="checkbox"/> No—If no, skip to the "Change in Information" section of this report.	

**REPORTING PERIOD (CONTINUED)**

- 2b. Do you wish to recertify your Partners for Pollution Prevention (Partners) Pledge?
- ☐ Yes—If yes, please complete all sections of this annual report.
- ☐ No—If no, please complete all sections of this annual report except for Section F.

**CHANGE IN INFORMATION**

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

☐ Yes—If yes, please describe them: \_\_\_\_\_

☒ No

**SECTION B****PUBLIC OUTREACH AND PERFORMANCE REPORTING****Why do we need this information?**

IDEM needs to know how environmental information was shared with the public.

**What do you need to do?**

Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. Annual Chamber of Commerce Banquet

Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.

☒ Web site (<http://www.https://leggettgreen.com/>) ☐ Open house ☒ Meetings ☐ Press releases ☐ Other \_\_\_\_\_

**SECTION C****ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT****Why do we need this information?**

Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001 EMS Lead Auditor at least every thirty-six (36) months to assess the EMS.

**What do you need to do?**

Answer the following questions about your EMS.

1. What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? 092519
2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: Drinda Smith, Lead Environmental Engineer, L&P Inc.
3. Is the date of the most recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past thirty-six (36) months?
 

☒ Yes—If yes, skip to Question 4.

☐ No—If no, please have your ISO 14001 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of senior management support, commitment, and approval.
<input type="checkbox"/> Yes <input type="checkbox"/> No	A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification of the environmental aspects at the entity.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.
<input type="checkbox"/> Yes <input type="checkbox"/> No	An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation of the implementation procedures and the results of implementation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate written EMS procedures.
<input type="checkbox"/> Yes <input type="checkbox"/> No	An annual evaluation of the EMS with written results provided to senior management and affected employees.

Signature of ISO 14001 EMS Lead Auditor

Date (month, day, year)

**SECTION C****ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT  
CONTINUED**

4.	Were any deficiencies found during the most recent EMS assessment? <input type="checkbox"/> Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: _____ <input checked="" type="checkbox"/> No
5.	What type of protocol was used to perform the independent EMS assessment? <input type="checkbox"/> ISO 14001:2015 Certified audit <input type="checkbox"/> ESP Independent Assessment Protocol <input checked="" type="checkbox"/> Other (please specify): AHFA, EFEC
6.	Is the EMS certified to a recognized standard? <input checked="" type="checkbox"/> Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)? <input checked="" type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> Responsible Care EMS <input type="checkbox"/> Responsible Care 14001 <input type="checkbox"/> No
7.	When was the last Senior Management review of your EMS completed? Month / Year: Feb. 2020 Who headed the review (name and title)? J. Manake, H.R. Mgr
8.	When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations. Scope of the compliance audit: Environmental Compliance Month(s) / Year(s): Sept. 2019 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? L&P Corporate Environmental Affairs
9.	Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?
10.	Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?  <input checked="" type="checkbox"/> Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s). Corrective Actions: Repair numerous air leaks/Replace signage on Re-Use-Recycle containers/ <input type="checkbox"/> No—If no, please explain your plans to correct these instances. <input type="checkbox"/> No such instances identified.

**SECTION D****ADDITIONAL INFORMATION****Why do we need this information?**

This information will help IDEM to effectively manage the Environmental Stewardship Program.

**What do you need to do?**

Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months.
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?
4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.

## SECTION D

## ADDITIONAL INFORMATION (CONTINUED)

5. If you are a member of Partners, please reaffirm your facility's or organization's pledge to the Partners and provide additional information regarding commitment to pollution prevention (P2).

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Ensure employees are aware of the facility's commitment to P2 and understand their role in implementing P2 objectives and goals in the facility.
<input type="checkbox"/>	<input type="checkbox"/>	2. Your facility has incorporated P2 planning in the development of new products, processes, and/or services.
<input type="checkbox"/>	<input type="checkbox"/>	3. Your facility established a mechanism to monitor waste generation and identify realistic P2 goals.
<input type="checkbox"/>	<input type="checkbox"/>	4. Your facility has established a process to listen and respond to stakeholder concerns.
<input type="checkbox"/>	<input type="checkbox"/>	5. Your facility makes available your general waste reduction and P2 information to members of our community, IDEM, and the Partners, if requested?
<input type="checkbox"/>	<input type="checkbox"/>	6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Your facility has participated in two or more Partners meetings in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	8. Your facility supported the annual Pollution Prevention Conference and Trade Show. Please check all that apply: <input type="checkbox"/> Financial sponsorship <input type="checkbox"/> One or more attendees from your facility <input type="checkbox"/> Other (specify) _____

## SECTION E

## ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS

## Why do we need this information?

Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. IDEM needs to report cumulative program reduction results.

## What do you need to do?

Reference Section F for "Category" and "Indicator" options to complete this section. Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. For assistance, please call (800) 988-7901 or email [esp@idem.IN.gov](mailto:esp@idem.IN.gov).

## Initiative #1

Category 1: Natural Gas Indicator 1: Therms	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2014 2020	2021	
Actual quantity (per year)	16,896,605,510	14,506,689,015	
Production unit (select one)	16155421116 Earned Labor Hours X Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	18179529 29924966	20992484	NA
Normalization factor (Current year production ÷ Baseline year production) .8585 0.7015			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -2,051,743,311 115652199.65			

Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. COVID -19 had an effect on the numbers this year, as well as we continue to apply benefits of our automation of production, and work to improve our gas and electric usage.

## Initiative #2

Category 2: Noise Indicator 2: dBA	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2014 2020	2021	
Actual quantity (per year)	98dBA 91dBA	91dBA	
Production unit (select one)	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			

Briefly describe how you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. We have replaced many of our older machines with Automated cells and plan to add an additional 5 cells this year that should improve the noise levels in our sinuous department. there is a noticeable difference between our manual and automation areas with respect to noise polution.

## SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS  
CONTINUED

## Initiative #3

Category 3: Indicator 3:	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units Production lbs.	
Production Quantity			NA

Normalization factor (Current year production ÷ Baseline year production)

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor

Briefly describe *how* you achieved improvements for environmental initiative #3 or, if relevant, any circumstances that delayed progress.1. Briefly describe the *impacts* or *wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.

2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?

3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically.

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.

5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

6. Is your entity willing to share the environmental improvement initiative(s) and its best management practices (BMPs) at the ESP Annual Meeting and/or a Partners for Pollution Prevention quarterly meeting or conference? ☐ Yes ☐ No

## SECTION F

## ENVIRONMENTAL IMPROVEMENT INITIATIVE

## Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

## What do you need to do?

Refer to the Environmental Performance Table and answer the following questions.

1. Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** that represents the next environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2015) and the **future year** (e.g., 2016). Next, list the **baseline annual quantity** (e.g., 5 tons) and **future annual quantity** (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 2020	Future Year 2021	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			Pounds, tons
	<input type="checkbox"/> Hazardous/toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input type="checkbox"/> Water Use	<input type="checkbox"/> Total water used			Gallons
<input checked="" type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft <sup>3</sup>
	<input checked="" type="checkbox"/> Natural gas	14,506,689,015	hold gains with increased production	Btu / MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Other: _____			_____
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO <sub>2</sub> E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>2.5</sub> , PM <sub>10</sub> , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
<input type="checkbox"/> Non-hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Incineration			Pounds, tons
	<input type="checkbox"/> Reused/recycled off-site			Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Noise	91dBA	Replacing 5 manual cells with quieter automation this year	dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons



SECTION F

FUTURE YEAR ENVIRONMENTAL IMPROVEMENT INITIATIVE

CONTINUED

2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe. \_\_\_\_\_
3. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? Adding additional automation
4. Does this initiative address a significant aspect in your EMS?
- ☒ Yes
- ☐ No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative: \_\_\_\_\_

CERTIFICATION AND PLEDGE

On behalf of (name of facility) No-Sag Products, Leggett & Platt Incorporated

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, No-Sag Products, Leggett & Platt Incorporated, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that we must meet the requirement of implementing one (1) new, independent environmental improvement initiative each year of membership (for a total of four (4) initiatives), that the Annual Performance Report must be submitted to IDEM by April 1<sup>st</sup> of each year, and that we must reapply to the Indiana Environmental Stewardship Program every four (4) years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature 	Date (month, day, year) 03/29/2021
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Printed signature Russell E. Dunton 	Title Director of Central & West Coast Operations
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## EFEC ANNUAL MAINTENANCE AUDIT REPORT

*Branch #5801 – No Sag Kendallville*

*2225 Production Road*

*Kendallville, IN 46755*

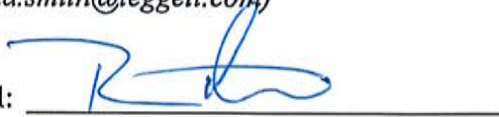
Auditor:

  
Signature

10/18/19  
Date

*Drinda Smith (drinda.smith@leggett.com)*

Responsible Official:

  
Signature

10/18/19  
Date

*Russ Dunton (russ.dunton@leggett.com)*



## **EFEC Annual Maintenance Audit Report**

**Facility:** Branch #5801 – No Sag Kendallville

**Audit Date:** 9/25/2019

**Auditor(s):** Drinda Smith

**Branch Eco Initiative/EFEC Contact:** Laura Dunton, Jason Maneke

### **EFEC Annual Maintenance Audit Checklist**

EFEC ELEMENT	REQUIREMENT MET
Environmental Policy	Yes
Facility Impact Analysis	Yes
Branch Goals & Objectives	Yes
Employee Awareness & Education	Yes
Incident Preparedness Plan	Yes
Public Education / Communication	Yes
Social Responsibility Activities	Yes
Work with Suppliers	Yes
Inform Regulatory Agencies	Yes
Information and Technology Exchange	Yes
Measurement of Progress & Performance	Yes
Corrective Action Plan	Yes

### **Auditor Recommendation**

It is the opinion of this auditor that Branch 5801 – No Sag Kendallville has continued to meet the requirements established by the EFEC Board of Examiners to maintain registration as an EFEC registered facility and, therefore, should be approved to maintain registration status for one more year.

### **EFEC Elements**

#### **Environmental Policy**

A documented Environmental Policy continues to be maintained in the notebook and is posted in the lobby (publically available), conference room, employee hallway, kitchenette, and at the production quality stations. The policy is also available to the public in the brochure provided to guests. The policy is consistent with the company's goals and management systems. The facility's policy states:

*Leggett and Platt, Branch 5801, is entrusted to identify worker and community safety. These principles are derived from upper management and are emphasized through all levels of responsibility within the organization. We are committed to an ongoing effort of environmental management and in fostering a heightened awareness to all interested parties and shareholders.*

#### **Recommendation**

For the Environmental Policy criteria, all requirements to maintain EFEC registration are being met.

