



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
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Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
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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 1st** 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. 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 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 Baxter Pharmaceuticals Solutions			
Name of parent company (if applicable) Baxter Healthcare Corporation			
Street address (number and street) 927 S. Curry Pike			
City / State / ZIP code Bloomington, IN 47403			
County Monroe			
Website of facility / company www.baxter.com			
How many employees (full time equivalents) currently work at your facility? 750			
CONTACT INFORMATION			
Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) Todd ChimeI		Title EHS Manager	
Telephone number (812) 355-5171	FAX number ()	E-mail address todd_chimeI@baxter.com	
Mailing address (if different from facility address)			
City / State / ZIP Code			
Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.)		Title	
Telephone number ()	FAX number ()	E-mail address	
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) 1/1/2020 to 12/31/2020			
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 checked="" 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 checked="" 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. **Tier II reporting, updating all permitting, auditing**

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.baxter.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? July 2018

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: Hans-Peter Khan, lead auditor, ERM-CVS

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?
☒ Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: see attachment
☐ No

5. What type of protocol was used to perform the independent EMS assessment?
☒ ISO 14001:2015 Certified audit
☐ ESP Independent Assessment Protocol
☐ Other (please specify): _____

6. Is the EMS certified to a recognized standard?
☒ Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)?
☒ ISO 14001:2015
☐ Responsible Care EMS
☐ Responsible Care 14001
☐ No

7. When was the last Senior Management review of your EMS completed?
 Month / Year: March 2019
 Who headed the review (name and title)? Andrew Wolfe-EHS Tech Mgr., Jeff Wynveen EHS Director II

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: Federal, State, and Local regulatory & Baxter Requirements
 Month(s) / Year(s): July/2018
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate EHS Staff

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?
 Site did not experience significant emergencies in 2020 that required deployment of Emergency/Contingency Plan.

10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?
☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
 Minor non-conformances were corrected in a timely manner through procedural and document changes. Training was also completed to address non-compliance/conformance issues.
☐ No—If no, please explain your plans to correct these instances.
☐ 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.
 N/A

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
 N/A

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?
 Site was registered to ISO14001 EMS standard prior to ESP membership.

4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.
 Current staff has not attended any meetings.

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.

Initiative #1

Category 1: Energy use Indicator 1: Electrical	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2019	2020	
Actual quantity (per year)	33,655,541	33,996,297	\$0
Production unit (select one)	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	56,109,249	62,913,658	NA
Normalization factor (Current year production ÷ Baseline year production) 1.12			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 381,647			
Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. Product mix.			

Initiative #2

Category 2: Energy use Indicator 2: Natural gas	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2019	2020	
Actual quantity (per year)	208,961MMBtu	199,753 MMBTU	\$0
Production unit (select one)	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	56,109,249	62,913,658	NA
Normalization factor (Current year production ÷ Baseline year production) 1.12			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -10,313			
Briefly describe how you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. Product mix.			

SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS CONTINUED			
Initiative #3			
Category 3: Water use Indicator 3: Total water used	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2019	2020	\$15,032
Actual quantity (per year)	61,615,500	56,858,608	
Production unit (select one)	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	56,109,249	62,913,658	NA
Normalization factor (Current year production ÷ Baseline year production) 1.12			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -5,327,719			
Briefly describe how you achieved improvements for environmental initiative #3 or, if relevant, any circumstances that delayed progress. Decrease usage due to tracking water usage, repairing leaks, and making improvements to conserve water. Reduced cost per USD/L.			
1. Briefly describe the impacts or wastes eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically. Continued to fix leaks, control waste areas that would have increased waste in water, electrical, and natural gas.			
2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)? Team met in January 2020 to develop and implement BMPs for current reporting year.			
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. Team met in January 2020 to develop and implement BMPs for current reporting year. Reviewed 2019 performance with leadership team and identified action items to improve. Identified point person to lead Lean Energy initiatives.			
4. Please provide a narrative summary of progress made toward qualitative, significant EMS objectives and targets, if any. N/A			
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). N/A			
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 20__20__	Future Year 20__21__	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 checked="" type="checkbox"/> Water Use	<input checked="" type="checkbox"/> Total water used	56,858,608	55,721,436	Gallons
<input checked="" type="checkbox"/> Energy Use	<input checked="" type="checkbox"/> Electricity	33,996,297 kWh	33,316,371 kWh	kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<input checked="" type="checkbox"/> Natural gas	199,753 MMBtu	195,758 MMBtu	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 ₂ E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NO _x , SO _x , PM _{2.5} , PM ₁₀ , 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 checked="" type="checkbox"/> Non-hazardous Waste	<input checked="" type="checkbox"/> Landfill	232 tons	227 tons	Pounds, tons
<input checked="" type="checkbox"/> Hazardous Waste	<input checked="" type="checkbox"/> Incineration	20.4 tons	20 tons	Pounds, tons
	<input checked="" type="checkbox"/> Reused/recycled off-site	423 tons	415 tons	Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			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

If you need assistance filling out the form, please contact the ESP program manager at either esp@idem.in.gov or 1-(800) 988-7901.

SECTION F

FUTURE YEAR ENVIRONMENTAL IMPROVEMENT INITIATIVE

CONTINUED

2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe. _____

Continue initiatives to reduce energy and water use by 2%.

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)? _____

Continue efforts in recycling/reduction plans.

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) Baxter Pharmaceutical Solutions

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, Baxter Pharmaceutical Solutions, 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 1st 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)

03.25.21



Printed signature
Darrell Brown

Title
Plant Manager

07/24/18	Bloomington, Indiana - Corp Audit - July 2018	001-2290-USA-60140-18-(C)	The organization did not have a robust process for evaluating environmental aspects and health and safety hazards associated with changes, including planned or new developments, including new or modified activities, products and services.	
		002-2290-USA-60140-18-(M)	The risk assessment process may be more effective if scoring was separated to recognize risk before control and after controls were applied.	
		003-2290-USA-60140-18-	The training provided for the persons conducting internal EHS GEMBA walks was inconsistent and not clearly documented.	

001-2290-USA-60140-18-(C)

WHAT HAS BEEN ACHIEVED

Related Files  [16-01-010 Final.pdf \(485 KB\)](#)
 [Chiller CHW02-CH03-Bldg C.pdf \(228 KB\)](#)

Comments **02/04/19 04:06:37 pm - Anil Joshi {Main}**

Following actions were completed to address this CAPs:

1. Site SOP 16-01-010 EHS Management of Change was revised to include specific responsibilities for Engineering/Project Manager to complete EHS assessment for new process/equipment/modification of existing one (see attached revised SOP)
2. EHS assessment for the chiller that was missed, was completed (see attached EHS assessment)
3. Verified on BAXU that site personnel affected by this SOP are assigned this SOP
4. Created a task on calendar to verify quarterly for EHS Manager to verify with Finance/Engineering for new capital projects & ensure EHS assessment is completed for projects impacting EHS.

WHAT HAS BEEN ACHIEVED

Related Files

Comments **04/24/19 09:45:08 am - Josh Ayres {Main}**
 All Action items closed

002-2290-USA-60140-18-(M)

WHAT HAS BEEN ACHIEVED

Related Files

Comments 01/30/19 04:21:52 pm - Anil Joshi (Main)
Site Environmental and Health/Safety Aspects were updated to include before and after controls risk score(see attached completed template). This template is approved by Corporate EHS & completed template will be reviewed prior to approval of this CAPs.

003-2290-USA-60140-18-

WHAT HAS BEEN ACHIEVED

Related Files  [Copy of Transcript Status 9 06 42 AM.xls \(38 KB\)](#)

Comments 03/05/19 08:23:17 am - Matt Sheldon (Main)
Training for Bloomington's monthly inspection program has been added to ISOTrain/BaxU to allow for more accurate tracking. The original course has been converted to an e-learning titled Bloomington EHS Inspections in BaxU (former ISOTrain code UIN1-EHS003095). This will allow all training documentation to be pulled from BaxU in the future. The course was assigned to all currently trained inspectors and groups who have submitted completed forms which were performed by persons for whom there was no training history. In the future this course may be assigned plant wide.