



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R3 / 1-11)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management Office of Pollution Prevention and Technical Assistance

MC 64-00, Room IGCS W041
100 North Senate Avenue
Indianapolis, IN 46204-2251
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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. Section C of your APR should be signed by your ISO 14001:2004 EMS Lead Auditor. 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.

SECTION A

FACILITY INFORMATION

Name of facility

Carrier Corporation

Name of parent company (If applicable)

United Technologies

Street address (number and street)

7310 West Morris Street

City / State / ZIP code

Indianapolis, IN 46231

Web site of Facility/Company

www.utc.com

CONTACT INFORMATION

Name of Contact (Mr. / Mrs. / Ms. / Dr.)

Mr. James Oliver

Title

Sr. EH&S Specialist

Telephone number

317-481-5746

FAX number

860-557-8846

E-mail address

james.oliver@carrier.utc.com

Mailing address (if different from facility address)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (month, day, year)

January 1, 2012 - December 31, 2012

1a. Is this the third Annual Performance Report of your membership term?

☐ Yes—If yes, answer question 1b.

☒ 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?

☐ 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. See Attachment

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.in.gov/idem/4431.htm>) ☐ 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 14001:2004 EMS Lead Auditor at least every 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 14001:2004 EMS Lead Auditor performed an EMS assessment at your facility? **October 17-21, 2011**

2. Is the date of the most recent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor within the past 36 months?

☒ Yes—If yes, skip to Question 3.

☐ No—If no, please have your ISO 14001: 2004 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 14001:2004 EMS Lead Auditor

Date (month, day, year)

3. Were any deficiencies found during the most recent EMS assessment?

☐ No—If no, skip to Question 4.

☒ Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: See Attachment

4. Name, title, and organization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment:

5. What type of protocol was used to perform the independent EMS assessment?

- ☐ ISO 14001:2004 Certified audit
☐ Responsible Care EMS audit
☐ Responsible Care 14001 audit
☐ ESP Independent Assessment Protocol
☒ Other (please specify): UTC Self-Certified Program

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 14001:2004
☐ Responsible Care EMS
☐ Responsible Care 14001

☒ No.

7. When was the last Senior Management review of your EMS completed?

Month / Year: October 17-21, 2011

Who headed the review (name and title)? Lou DeLoreto, EHS Director, UTC - Climate, Controls & Security

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: Evaluation of all programs, procedures & practices
 Month(s) / Year(s): October 2011
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate EHS Team

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?
☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
Updated the Active members of the Indi POG Map and add to EMS
☐ No—If no, please explain your plans to correct these instances. ☐ No such instances identified.

11. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section E. You may limit the summary to environmental aspects that are *significant* and towards which *progress* has been made during the last calendar year. Attach additional sheets as necessary.

Environmental aspect	Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)

SECTION D ADDITIONAL INFORMATION	
Why do we need this information?	What do you need to do?
This information will help IDEM to effectively manage the Environmental Stewardship Program.	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 months. <u>Active members of the Indiana Partners for Pollution Prevention and the Southwest Community Awareness Association</u>	
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider. <u>Yes, taking advantage of the 24 hour notice for IDEM inspections as well as open networking with the other ESP members</u>	
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? <u>N/A</u>	

SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS				
Why do we need this information?			What do you need to do?	
Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period.			Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR.	
Category: <u>Air Emissions (VOC)</u> Indicator: <u>TPY</u>	Baseline Quantity	Future Goal Quantity	Current Quantity	Cost Savings
Calendar year	2011	2012	2012	
Actual quantity (per year)	96.81 VOC tons/yr	86.42 VOC tons/yr	86.42 VOC tons/yr	
Normalized quantity (per year)	15.45	13.39		
Basis for your normalizing factor (e.g., gallons of paint produced)	Units produced			
Measurement unit (e.g., pounds)	Tons/Yr			
Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. <u>See attached</u>				
Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL). <u>None at this time</u>				
(Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.				

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 environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2009) and the **future year** (e.g., 2010). 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 <u>2012</u>	Future Year 20 <u>2013</u>	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 type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<input type="checkbox"/> Natural gas			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 checked="" type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO ₂ E
	<input checked="" type="checkbox"/> VOCs	86.42 TPY	77.77 TPY	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 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 checked="" type="checkbox"/> Other: <u>Rubbish</u>	1,018,031 Pounds	916,227 Pounds	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

2. 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)? See attachment

3. 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) Carrier Corporation

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, Carrier Corporation, 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 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 three 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



Title
Plant Manager

Date (month, day, year)
February 13, 2013

Printed signature
Phil Grady

Carrier Corporation
Indiana Environmental Stewardship Program Annual Performance Report
Attachments

Question	Response
Section B: Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publically on its environmental performance.	Carrier is an active member of the Indiana Partners for Pollution prevention. As part of that active membership, Carrier has an employee who participated on the Executive Committee and Conference Committee. Carrier is also a member of the Southwest Community Awareness Association.
Section C, Question 3: Were any deficiencies found during the most recent EMS assessment? If yes, describe and deficiencies found and the corrective actions taken to address each deficiency.	During the program evaluation, the auditor identified that the POG (point of generation) may was not up to date. Since the program evaluation, the facility has taken measures to ensure an annual evaluation of the POG map.
Section E: Briefly describe how you achieved improvements from this environmental initiative or, if relevant, any circumstances that delayed progress	Carrier reduced VOC consumption by eliminating one emission source (Fin Press) and adding two additional emission sources (Fin Press). The two additional emission sources were among four sources that began to use lower VOC evaporative lube to a 15% from 40% VOC. This action reduced the facility PTE to 86.42 from 96.81, a reduction of 10.39 tons/yr.
Section F, Question 2: What activities or process changes do you plan to undertake at your facility to accomplish your initiatives (e.g., technology changes in particular process lines, employee training)?	The facility is investigating the use of a true "zero" VOC evaporative lube for use in the Fin Press stamping application, as well as reducing VOC content in other production processes. The facility will also investigate the reduction of recyclable in the rubbish that is currently being incinerated at Covanta for energy recovery.