



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R5 / 2-17)

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

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.

| SECTION A | | FACILITY INFORMATION | |
|---|-------------------------------------|---|--|
| Name of facility DePuy Synthes, Inc | | | |
| Name of parent company (if applicable) Johnson & Johnson | | | |
| Street address (number and street) 700 Orthopaedic Drive | | | |
| City / State / ZIP code Warsaw, Indiana 46765 | | | |
| Website of facility / company www.jnj.com | | | |
| CONTACT INFORMATION | | | |
| Name of Contact (Mr. / Mrs. / Ms. / Dr.) Brett Allwine | | Title EHS&S Manager | |
| Telephone number (574) 372-7043 | FAX number (574) 372-7018 | E-mail address ballwine@its.jnj.com | |
| Mailing address (if different from facility address) Same as facility | | | |
| City / State / ZIP Code Same as facility | | | |
| REPORTING PERIOD | | | |
| Reporting period dates (mm/dd/yyyy – mm/dd/yyyy) January 1, 2018- December 31, 2018 | | | |
| 1a. Is this the fourth 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. | | | |
| 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? <input type="checkbox"/> Yes—If yes, please describe them: _____ <input checked="" type="checkbox"/> 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 report submitted to LEPC, Fire Departments and State. | | | |
| 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. | | | |
| <input type="checkbox"/> Web site (http://www.) <input type="checkbox"/> Open house <input type="checkbox"/> Meetings <input type="checkbox"/> Press releases <input checked="" type="checkbox"/> Other <u>Upon request</u> | | | |

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? <u>March 20-22, 2018</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: _____ Hans-Peter Krahn, ERM CVS Lead Assessor, 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? <input checked="" type="checkbox"/> Yes—If yes, skip to Question 4. <input type="checkbox"/> 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: <table style="width: 100%; border: none;"><tr><td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td><td style="width: 10%; text-align: center;"><input type="checkbox"/> No</td><td>Evidence of senior management support, commitment, and approval.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>Identification of the environmental aspects at the entity.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>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.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>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.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>Documentation of the implementation procedures and the results of implementation.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>Appropriate written EMS procedures.</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input type="checkbox"/> No</td><td>An annual evaluation of the EMS with written results provided to senior management and affected employees.</td></tr></table> | | <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. 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| <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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>Signature of ISO 14001 EMS Lead Auditor</div><div>Date (month, day, year)</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> ISO 14001:2015 Certified audit <input type="checkbox"/> ISO 14001:2004 Certified audit <input type="checkbox"/> ESP Independent Assessment Protocol <input type="checkbox"/> Other (please specify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)? <div style="margin-left: 40px;"><input checked="" type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 14001:2004 <input type="checkbox"/> Responsible Care EMS <input type="checkbox"/> Responsible Care 14001</div> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION C

ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT
CONTINUED

7. When was the last Senior Management review of your EMS completed?
Month / Year: December 2018
Who headed the review (name and title)? Brett Allwine, EHS&S Manager
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: Management System/Environmental
Month(s) / Year(s): March 2017
Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate and third party simultaneously
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?
Approximately 1-2 gallons of nitric acid leaked onto the floor inside the building. The on site HAZMAT team contained the spill, neutralized the acid and called a professional spill response company to complete cleanup. The spill response team responded effectively. Updates to the facility's contingency plan includes 1) internal reporting protocol updated to electronic format, 2) updated names and contact information for the incident commander, spill response coordinator, spill responders and floor captains; 3) Added Incident Command manual a section to address snow and ice.
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).
Implemented Management of Change program, Curve software implemented to track audit findings and observations, added a new resource (one FTE)
☐ 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.
None
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
No
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?
NA

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: <u>Non haz waste</u> Indicator 1: <u>landfill</u> | Baseline (indicate measurement unit) | Current (indicate measurement unit) | Cost Savings |
|--|--|--|--------------|
| Calendar year | <u>2017</u> | <u>2018</u> | NA |
| Actual quantity (per year) | <u>494,500 lb</u> | <u>465,786 lb</u> | NA |
| Production unit (select one) | Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.) | | |
| Production Quantity | <u>1,288,000</u> | <u>1,299,004</u> | NA |

Normalization factor (Current year production ÷ Baseline year production) 1.0085

Normalized quantity (Actual current year quantity ÷ Actual baseline quantity) x Normalization factor -28,958.07

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.
We have identified new recyclable materials that can be diverted from the landfill such as abrasive blast beads and pallets made of wood and plastic. Additionally, we started tracking shredded paper.

SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS
CONTINUED

Initiative #2

| | | | |
|---|---|--|-----------------|
| Category 2: _____ Indicator 2: _____ | 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 <i>how</i> you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. | | | |

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 <i>how</i> you achieved improvements for this environmental initiative 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.
Less materials were transferred to the landfill and natural resources are being conserved.

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

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.
NA

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

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).
NA

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 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 18 | Future Year 20 19 | 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"/> Materials used | | | Pounds, tons |
| <input type="checkbox"/> Material Use | <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"/> 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"/> Energy Use | <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"/> Total GHGs | | | MTCO2E |
| <input type="checkbox"/> Air Emissions | <input type="checkbox"/> VOCs | | | Pounds, tons |
| | <input type="checkbox"/> NOx, SOx, 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 type="checkbox"/> Other: convert non-recyclable materials to fuel | 0 pounds | 20,000 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"/> Expected lifetime energy use | | | kWh / MWh, Btu / MMBtu |
| <input type="checkbox"/> Products | <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. _____

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)? _____

With the changing dynamics in recycling, we need to reinvent our recycling program, continue to reduce consumption, identify new recyclables and find new outlets for low value plastics and non-recyclable materials. DePuy is moving to a point of generation segregation system to adapt.

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*) DePuy Synthes, Inc.

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, DePuy Synthes, Inc., 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*)

MAR-15-2019

Printed signature

Steve Helser

Title

Plant Manager



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM CHECKLIST FOR POTENTIAL REGULATORY INCENTIVES

State Form 53706 (R2 / 9-09)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue, Mail Code 64-00
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
Fax: (317) 233-5627
E-mail: esp@idem.in.gov

INSTRUCTIONS: As a member of the Indiana Department of Environmental Management's Environmental Stewardship Program (IDEM ESP), your facility is eligible to receive extended regulatory incentives. Completing this checklist does not commit your facility to receiving such benefits nor does it limit the ability to receive unchecked incentives in the future. IDEM will use this checklist to facilitate internal discussions with the appropriate IDEM staff. Please use the following checklist to indicate which regulatory incentive(s) your facility is interested in receiving and provide the requested information. IDEM will evaluate your request and will provide you with an e-mail summarizing your approved incentive(s) and any further action that is needed.

If you have questions, please contact IDEM at esp@idem.in.gov or 800-988-7901.

APPLICANT INFORMATION

Name of facility DePuy Synthes, Inc
Facility location, street address 700 Orthopaedic Drive
Facility location, city / State / ZIP code Warsaw, Indiana 46882
Contact name Brett Allwine
Telephone number 574-372-7043
E-mail BALLwine@its.jnj.com

OFFICE OF LAND QUALITY INCENTIVES

- ☒ Advanced announcement of routine large quantity generator; small quantity generator; and treatment, storage, and disposal inspections
- ☐ Assign the same Office of Land inspector for all inspections at this source
- Name of inspector
- ☐ Assign the same Office of Land permit writer for all new and modified land permits at this source
- Name of permit writer
- ☐ Low priority for routine large quantity generator inspections

OFFICE OF AIR QUALITY INCENTIVES

Do you currently have a pending permit, permit modification, or renewal application with IDEM? ☐ Yes ☒ No
If yes, who is the IDEM permit writer?

- ☒ Advanced announcement of routine inspections
- ☐ Alternative compliance or monitoring strategies
- Permit number
 - Possible alternative strategies
- ☐ Alternative due date for certain quarterly or semi-annual reports
- Permit number
 - Type of report and alternative due date
- ☐ Assign the same inspector for all air inspections at this source
- Name of inspector
- ☐ Assign the same permit writer for all new and modified air permits at this source
- Name of permit writer
- ☒ Expedited permits including on-site pre-permit application meetings with the permit writer and compliance inspector, and post-application meetings with members if requested or necessary (must notify Office of Air Quality in advance to make use of this incentive)
- ☒ Extend federally enforceable state operating permit (FESOP) renewal term to up to ten (10) years
- Permit number
- ☐ Extended minor source operating permit (MSOP) renewal term to up to ten (10) years
- Permit number
- ☐ Flexible permit language
- Permit number
 - Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit
- ☒ Low routine inspection priority
- ☐ Reduce reporting frequency from quarterly to semi-annual
- Permit number
- ☐ Streamline permit renewal application process for FESOP or Title V permit renewals

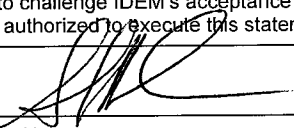
OFFICE OF WATER QUALITY INCENTIVES

Do you currently have a pending permit, permit modification, or renewal application with IDEM? ☐ Yes ☒ No
If yes, who is the IDEM permit writer?

- ☐ Ability to submit discharge monitoring reports (DMRs) annually
- Permit number
- ☐ Advanced announcement of routine inspections
- ☐ Assign the same drinking water inspector for all future drinking water inspections at this source
- Name of inspector
- ☐ Assign the same drinking water permit reviewer for all future permits and modifications

| | |
|--------------------------|---|
| <input type="checkbox"/> | Assign the same national pollutant discharge elimination system (NPDES) inspector for all future NPDES inspections at this source |
| | • Name of inspector |
| <input type="checkbox"/> | Assign the same NPDES permit writer for all future NPDES permits and modifications |
| | • Name of permit writer |
| <input type="checkbox"/> | Exemption from submitting monthly monitoring reports (MMR) |
| | • Permit number |
| <input type="checkbox"/> | Exemption from submitting monthly reports of operation (MRO) |
| | • Permit number |
| <input type="checkbox"/> | Expedite drinking water permitting and well site selection approval for a permit submitted on (date) _____ or for a planned permit submission on (date) _____ |
| <input type="checkbox"/> | Flexible permit language |
| | • Permit number |
| | • Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit |
| <input type="checkbox"/> | Low priority for routine NPDES inspections |
| <input type="checkbox"/> | Reduction in NPDES permit sampling frequency |
| | • Permit number |
| | • Provide suggested frequency: |
| | • Provide basis for proposed sampling frequency |
| <input type="checkbox"/> | Accelerate renewal of existing land application permit |
| | • Permit number |
| | • Renewal date |
| <input type="checkbox"/> | Reports for the land application program submitted within sixty (60) days of the last day of each calendar month for the term of the permit |
| | • Permit number |
| <input type="checkbox"/> | Streamline and expedite NPDES renewal application process |
| | • Renewal date |

PARTICIPATION STATEMENT

| | |
|--|--|
| On behalf of <u>DePuy Synthes Orthopaedics</u> , I certify that: | |
| <ul style="list-style-type: none"> I understand that completing this checklist does not commit my facility to receiving such benefits nor does it limit my ability to take advantage of unchecked incentives in the future; I understand that completing this checklist does not afford my facility such incentives until IDEM provides me with written notice of the approved request(s); I understand that IDEM approved incentives requiring a permit modification or administrative amendment is not put into effect until the modification or amendment is completed; I understand that the incentives provided to ESP members may be revised by IDEM at any time; I have read and agree to the terms and conditions for Application and Participation in ESP, as specified in the Indiana Environmental Stewardship Program Guidelines and Application Instructions; My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance; My facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements; and, I agree that IDEM's decision whether to approve my requested incentives is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or denial of my requested incentives. 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 a member of ESP. | |
| Signature / date |  MAR-15-2019 |
| Printed name | Steve Helser |
| Title | Plant Manager |
| Telephone number | (574) 372-7067 |
| Please provide IDEM with a signed participation statement. Once signed, this statement may be faxed, mailed, or e-mailed to IDEM. See the box in the top right corner of this form for contact information. | |