



# 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  
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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 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

ALLISON TRANSMISSION, INC.

Name of parent company (if applicable)

N/A

Street address (number and street)

ONE ALLISON WAY

City / State / ZIP code

INDIANAPOLIS / INDIANA / 46222

County

MARION

Website of facility / company

<http://www.allisontransmission.com>

How many employees (full time equivalents) currently work at your facility?

3660

## CONTACT INFORMATION

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

MS. TERESA A COLSON

Title

ENVIRONMENTAL ENGINEERING

Telephone number

(317) 242-7053

FAX number

( )

E-mail address

[teresa.colson@allisontransmission.com](mailto:teresa.colson@allisontransmission.com)

Mailing address (if different from facility address)

City / State / ZIP Code

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

MR. MATTHEW LITTELL

Title

ENVIRONMENTAL ENGINEERING

Telephone number

(317) 242-2818

FAX number

( )

E-mail address

[matthew.littell@allisontransmission.com](mailto:matthew.littell@allisontransmission.com)

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)

APRIL 1, 2020 - MARCH 31, 2021

1a. Is this the fourth ESP 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.

2a. Are you a member of the Indiana Partners for Pollution Prevention (Partners) Program?

☒ Yes—If yes, answer question 2b.

☐ 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: VET (VEHICLE ENVIRONMENTAL TESTING) HAS OPENED. IT IS DESIGNED TO SIMULATE ACTUAL ROAD AND WEATHER CONDITIONS. ADDED NEW PLANT TO EMS - AUBURN HILLS, MI. - DEVELOP NEW PROTOTYPE

☐ 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 REPORTING, INFORMATION ON WEBSITE - SUSTAINABILITY, CONT GLOBAL EMS OF SITES, SUPPORT SUPPLIER ENVIRONMENTAL QUESTIONNAIRES, 1st SUBMISSION FOR GLOBAL - ESG (CDP) SCORE 2021, EARTH DAY SPONSOR

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.allisontransmission.com) ☐ Open house ☐ Meetings ☐ Press releases ☒ Other ANNUAL ESP REPORT; ESG; CORP SUSTAINABILITY REPORT

**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.

- What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? 09142020 - 09162020
- Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: MS. DEE TANKERSLEY, LEAD AUDITOR, DNV
- 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.  |



## 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: \_\_\_\_\_
- ☒ 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: 06 OCTOBER 2020
- Who headed the review (name and title)? MR DAVID GRAZIOSI, PRESIDENT AND CEO
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: MAIN CAMPUS, PLT 17, PLANT 20
- Month(s) / Year(s): NOVEMBER 16-18, 2020
- Who conducted the audit(s) (e.g., facility staff, corporate, third party)? THIRD PARTY
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?
- NO EXTERNAL / SIGNIFICANT ENVIRONMENTAL EMERGENCIES.
- COMPANY - WIDE RESPONSE TO COVID-19 PANDEMIC WAS IMPLEMENTED. AFFECTS CHEMICAL APPROVAL (DISINFECTANTS AND CLEANERS), WASTE OF POTENTIAL CONTAMINATION, ETC., UPDATE TO RCRA CONTINGENCY PLANNING AND CHEMICAL RELEASE GUIDANCE FOR PLANNING AND RESPONSE
10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments? YES
- ☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
- ☐ No—If no, please explain your plans to correct these instances.
- ☐ No such instances identified.
- INTERNAL AUDIT POTENTIAL FINDINGS ADDRESSED;  
REGULATORY FINDINGS IN COMPLIANCE AUDIT ADDRESSED  
AND COMPLETED.

## 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.
- CONTINUED MEMBER OF PARTNERS FOR POLLUTION PREVENTION, IRC/ICEI, EARTH DAY INDIANA SPONSOR.
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
- YES. ADVANCED NOTICE OF INSPECTIONS, LESS FREQUENT REPORTING AND FASTER PERMIT APPROVAL, DISPLAY OF ESP PLAQUE
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?

ALLISON HAS BEEN ISO14001 CERTIFIED FOR MANY YEARS. THE EMS AIDS US IN NOT ONLY SETTING A STANDARD FOR THE MANY LOCATIONS, BUT ALSO TO ENSURE SUSTAINING REGULATORY COMPLIANCE AS WELL AS CONTINUOUS IMPROVEMENT.

4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.  
ALLISON ENJOYS BEING A MEMBER OF ESP AND OF THE PARTNERS GROUP. THE INDUCTION FOR THE HQ SITE, EVEN THOUGH IN GOOD REGULATORY STANDING, HAD SOME SET BACKS AND ISSUES IN GETTING STARTED. SINCE THEN, THE GROUP(S) MEET OUR EXPECTATIONS.

#### 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Your facility has incorporated P2 planning in the development of new products, processes, and/or services.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Your facility established a mechanism to monitor waste generation and identify realistic P2 goals.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Your facility has established a process to listen and respond to stakeholder concerns.  |
| <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify: <u>EARTH DAY, KIP, KNOZONE, P2</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Your facility has participated in two or more Partners meetings in the last year.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Your facility supported the annual Pollution Prevention Conference and Trade Show.<br>Please check all that apply: <input checked="" type="checkbox"/> Financial sponsorship <input checked="" type="checkbox"/> One or more attendees from your facility<br><input checked="" type="checkbox"/> Other (specify) <u>Executive Committee</u> |

#### 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: ENERGY USE<br>Indicator 1: NATURAL GAS   | Baseline<br>(indicate measurement unit)  | Current<br>(indicate measurement unit) | Cost Savings            |
|--|--|--|-------------------------|
| Calendar year  | 2019   | 2020                                   | -59,907 MCF             |
| Actual quantity (per year)   | 380,016 MCF  | 320,109 MCF                            | NOT REPORTED EXTERNALLY |
| Production unit (select one)   | <input checked="" type="checkbox"/> Earned Labor Hours <input checked="" type="checkbox"/> Production units <input type="checkbox"/> Production lbs.<br><input type="checkbox"/> Other -- specify (e.g. Gallons, length, etc.) |  |                         |
| Production Quantity  | 270,765 UNITS  | 186,595 UNITS 2020                     | NA                      |
| Normalization factor (Current year production ÷ Baseline year production) .689                                   |  |  |                         |
| Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -41,276 MCF |  |  |                         |

Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress.  
BOILER IMPLEMENTATION COMPLETED 2/11/2020. UTILIZING ENERGY EFFICIENT BOILERS ALLOWED NG REDUCTION FOR 6+ % REDUCTION DUE TO TECHNOLOGY IMPROVEMENTS WITH NEW BOILERS. \*\* NORMALIZATION DIFFICULT DUE TO COVID - PRODUCTION ABNORMAL AND SAFETY COVID REQUIREMENTS TO UTILIZE OUTSIDE AIR DOUBLED THE AMOUNT TYPICALLY USED IN THE HVAC SYSTEM.

##### Initiative #2

| Category 2: ENERGY USE<br>Indicator 2: ELECTRICITY | Baseline<br>(indicate measurement unit) | Current<br>(indicate measurement unit) | Cost Savings            |
|--|---|--|-------------------------|
| Calendar year                                      | 2019                                    | 2020                                   | -9,724,683 KWH          |
| Actual quantity (per year)                         | 177,756,433 KWH                         | 168,031,750 KWH                        | NOT REPORTED EXTERNALLY |



|  |  |                    |    |
|--|--|--------------------|----|
| Production unit ( <i>select one</i> )  | Earned Labor Hours   X Production units   Production lbs.<br>Other -- specify (e.g. Gallons, length, etc.) |                    |    |
| Production Quantity  | 270,765 UNITS  | 186,595 UNITS 2020 | NA |
| Normalization factor (Current year production ÷ Baseline year production) .6899  |  |                    |    |
| Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -6,709,059 KWH  |  |                    |    |
| Briefly describe <i>how</i> you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress.<br>DESPITE COVID-19 AND ALL OF NEW / ADDITIONAL SAFETY PRECAUTIONS, ALLISON WAS FOCUSED ON STILL COMPLETING THIS INITIATIVE OF UPGRADING TO LED LIGHTING AND STRATEGIC PLACEMENT FOR ENERGY REDUCTIONS, IMPROVED SAFETY, IMPROVED QUALITY, IMPROVED EMPLOYEE SATISFATION AND LONG TERM BENEFIT FOR THE INDIANAPOLIS SITES. NOTE THAT THE ENTIRETY OF THE ENERGY REDUCTION IS NOT DUE TO THE LED LIGHTING PROGRAM, BUT DRIVEN BY COVID RELATED IMPACTS TO PRODUCTION. |  |                    |    |

## SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS  
CONTINUED

## Initiative #3

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

1 - REDUCTION IN NATURAL GAS BY UTILIZING NEW ENERGY EFFICIENT BOILERS. AGE OF FORMER POWERHOUSE CAUSED SIGNIFICANTLY MORE USAGE.

2 - REDUCTION OF ELECTRICITY BY STRATEGICALLY PLACING AND UPDATING LIGHTING IN FACTORY WITH LED BULBS / FIXTURES.

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

2 - SETTING STANDARDS FOR COMPANY FUTURE WORK. REQUIRING LED LIGHTING AND STRATEGIC PLANNING

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.

N/A

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

BOTH INITIATIVES ARE DEVELOPED AND TRACKED IN OUR EMS UNDER OTAPS - OBJECTIVES, TARGETS AND PROGRAMS. THESE ARE DEVELOPED, APPROVED AND INTERNALLY/EXTERNALLY COMMUNICATED THROUGHOUT THE PLANT AND TO SENIOR MANAGEMENT / BOARD

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).

INDIANA GOVERNOR'S AWARD APPLICATION 2021.

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 checked="" type="checkbox"/> Electricity   | 168,031,750 KWH*   | SEE QUALITATIVE ON NEXT LINE | kWh / MWh, Btu / MMBtu                    |
|   | <input type="checkbox"/> Steam  |                    |                              | kWh / MWh, gallons, ft <sup>3</sup>       |
|   | <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 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 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](mailto: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. DUE TO COVID - 19, 2020 IS NOT A BASELINE YEAR.
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 LED LIGHTING REDUCTIONS UP TO 6+% KWH REDUCTION
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) ALLISON TRANSMISSION, 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, ALLISON TRANSMISSION, 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 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)  
MARCH, 31, 2021

Printed signature  
MR MIKE DICK

Title  
SR, VP - OPERATIONS AND PURCHASING