INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R7 / 2-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

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

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 Schlage Lock Company LLC	
Name of parent company (*if applicable*) Allegion PLC	
Street address *(number and street)* 2720 Tobey Drive	
City / State / ZIP code Indianapolis, IN 46219	
County Marion	
Website of facility / company www.allegion.com	
How many employees (full time equivalents) currently work at your facility? 500 - 1000	

CONTACT INFORMATION

Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) Tanya Schnelzer		Title EHS Manager
Telephone number (317) 429-2108	FAX number ( )	E-mail address Tanya.Schnelzer@allegion.com
Mailing address (*if different from facility address*) 2720 Tobey Drive		
City / State / ZIP Code Indianapolis, IN 46219		

Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.) Anthony Kunkler		Title EHS Specialist
Telephone number (317) 429-2993	FAX number ( )	E-mail address Anthony.Kunkler@allegion.com
Mailing address (*if different from facility address*) 2720 Tobey Drive		
City / State / ZIP Code Indianapolis, IN 46219		

REPORTING PERIOD

Reporting period dates from prior calendar year (*mm/dd/yyyy – mm/dd/yyyy*)
01/01/2020 - 12/31/2020

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: Installation activities for an aluminum anodizing line began in CY2019 and line operations began in mid CY2020.

☐ 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. Activities planned during the reporting period were either canceled or greatly curtailed by Covid-19 protocols.

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/partnerships/environmental-stewardship-program/members/reports-and-information) ☐ 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? Jan 11 - 15, 2021

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: Patti Arms, Audit Leader TUV Rheinland

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:

☐ Yes ☐ No Evidence of senior management support, commitment, and approval.

☐ Yes ☐ No A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.

☐ Yes ☐ No Identification of the environmental aspects at the entity.

☐ Yes ☐ 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.

☐ Yes ☐ 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.

☐ Yes ☐ 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.

☐ Yes ☐ No Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.

☐ Yes ☐ 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.

☐ Yes ☐ No Documentation of the implementation procedures and the results of implementation.

☐ Yes ☐ No Appropriate written EMS procedures.

☐ Yes ☐ 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: Please see attached Nonconformity Report
   - ☐ 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: 12/2020
   Who headed the review *(name and title)*? Ally Coughenour - EHS Specialist

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: Legal and Other Requirements (Compliance Obligations)
   Month(s) / Year(s): January 2018
   Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate: Dan Stevens - Senior Global Environmental Specialist

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?
   N/A

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).
      See attached nonconformity report.
    - ☐ 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.
   ISO14001, ISO45001, Partners for Pollution Prevention, OSHA VPP Star

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. Expedited permit revision review. Advanced notification of routine inspections. Low routine inspection priority.

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?
   N/A

4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.
Yes The Virtual P4P2 Conference was well run and informative.

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	
☒	☐	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.
☒	☐	2. Your facility has incorporated P2 planning in the development of new products, processes, and/or services.
☒	☐	3. Your facility established a mechanism to monitor waste generation and identify realistic P2 goals.
☒	☐	4. Your facility has established a process to listen and respond to stakeholder concerns.
☒	☐	5. Your facility makes available your general waste reduction and P2 information to members of our community, IDEM, and the Partners, if requested?
☐	☒	6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify: Curtailed by Covid-19
☐	☒	7. Your facility has participated in two or more Partners meetings in the last year.
☒	☐	8. Your facility supported the annual Pollution Prevention Conference and Trade Show. *Please check all that apply:* ☐ Financial sponsorship ☒ One or more attendees from your facility ☐ 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: Water Use Indicator 1: Total Water Used	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2019	2020	
Actual quantity *(per year)*	18,995,720	15,873,870	
Production unit *(select one)*	xEarned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	1,522,559 hours	1,451,746 hours	NA

Normalization factor (Current year production ÷ Baseline year production) 0.95

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -2,976,655 gallons

Briefly describe *how* you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress.
In addition to other relatively minor water use reduction efforts, the flow rate of once-through cooling water on hydraulic power units was reduced from 12 gallons per minute to 3 gallons per minute

Initiative #2

Category 2: Energy Use Indicator 2: Electricity	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2019	2020	
Actual quantity *(per year)*	12,328,440 kWh	12,613,360 kWh	
Production unit *(select one)*	xEarned Labor Hours Production units Production lbs.		

	Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	1,522,559 hours	1,451,746 hours	NA
Normalization factor (Current year production ÷ Baseline year production) 0.95			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 270,674 kWh			
Briefly describe *how* you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. This data is being reported for public transparency rather than as part of an improvement initiative. Electricity use increased in CY2020 relative to CY2019, likely due largely in part to the start-up and operation of a new aluminum anodizing line at the facility. The anodizing line project included environmentally-responsible elements, including provisions for variable speed drives on the ventilation system to reduce utility consumption during non-production hours, design for efficient water usage through counterflow rinsing, and provisions for a coproduct process for bright dip chemistry.			

SECTION E	ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS *CONTINUED*		
Initiative #3			
Category 3: Energy Use Indicator 3: Natural gas	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2019	2020	
Actual quantity *(per year)*	39,997 MMBtu	42,785 MMBtu	
Production unit *(select one)*	xEarned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	1,522,559 hours	1,451,746 hours	NA
Normalization factor (Current year production ÷ Baseline year production) 0.95			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 2,649 MMBtu			
Briefly describe *how* you achieved improvements for environmental initiative #3 or, if relevant, any circumstances that delayed progress. This data is being reported for public transparency rather than as part of an improvement initiative. Gas use increased in CY2020 relative to CY2019, likely d largely in part to the start-up and operation of a new aluminum anodizing line at the facility. The anodizing line project included environmentally-responsible elements, including provisions for variable speed drives on the ventilation system to reduce utility consumption during non-production hours, design for efficie water usage through counterflow rinsing, and provisions for a coproduct process for bright dip chemistry.			

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.

Reduced water consumption and sewage production

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

N/A

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.

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).

None

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
☐ Material Procurement	☐ Recycled content			Pounds, tons
	☐ Hazardous/toxic components			Pounds, tons
☐ Suppliers' Environmental Performance	☐ Specify indicator: _____			As specified for the particular indicator
☐ Material Use	☐ Materials used			Pounds, tons
	☐ Hazardous materials used			Pounds, tons
	☐ Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			Pounds, tons
☐ Water Use	☐ Total water used			Gallons
☐ Energy Use	☐ Electricity			kWh / MWh, Btu / MMBtu
	☐ Steam			kWh / MWh, gallons, ft^3
	☐ Natural gas			Btu / MMBtu
	☐ Diesel			Gallons
	☐ Propane / LPG			Btu / MMBtu, gallons
	☐ Gasoline			Gallons
	☐ Solar			kWh / MWh
	☐ Wind			kWh / MWh
	☐ Landfill gas			Btu / MMBtu
	☐ Combined heat and power			kWh / MWh, Btu / MMBtu
	☐ Other: _____			_____
☐ Land and Habitat	☐ Land and habitat conservation			Square feet, acres
	☐ Community land revitalization			Square feet, acres
☒ Air Emissions	☒ Total GHGs	11,208	10,983	MTCO2E
	☐ VOCs			Pounds, tons
	☐ NOx, SOx, $PM_{2.5}$, PM_{10}, or CO			Pounds, tons
	☐ Air toxics			Pounds, tons
	☐ Odor			European Odour Units
	☐ Radiation			Curies, Becquerels
	☐ Dust			Pounds, tons
☐ Discharges to Water	☐ COD or BOD			Pounds, tons
	☐ Toxics			Pounds, tons
	☐ Total suspended solids			Pounds, tons
	☐ Nutrients			Pounds, tons of N or P
	☐ Sediment from runoff			Pounds, tons
	☐ Pathogens			MPN/ml, CFU/ml
☐ Non-hazardous Waste ☐ Hazardous Waste	☐ Landfill			Pounds, tons
	☐ Incineration			Pounds, tons
	☐ Reused/recycled off-site			Pounds, tons, gallons
	☐ Other: _____			Pounds, tons, gallons
☐ Noise	☐ Noise			dBA
☐ Vibration	☐ Vibration			Inches per second
☐ Products	☐ Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	☐ Expected lifetime water use			Gallons
	☐ Expected lifetime waste to air, water, or land from product use			Pounds, tons
	☐ 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. N/A

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)? Renewable energy alternatives; variable speed drives

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*) Schlage Lock Company LLC

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, Schlage Lock Company LLC, 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)*
		03/30/2021
Printed signature	Title	
TANYA SCHNELZER	EHS MANAGER	

Nonconformity Report No. 1 to 2

TÜVRheinland®
Precisely Right.

Client	Standard(s)	Certification Number(s)	Audit Type
Schlage Lock Company LLC dba Allegion (Indianapolis Operations)	ISO 14001:2015	74 300 4139 & /01	Recertification

Client's representative: Ally Coughenour
Audit Team Leader: Patti Arms
Auditor(s)/Expert: Rouzbeh Parvazeh
Audit Date: 11-15 Jan 2021

18 Jan 2021	Patti Arms	Ally Coughenour
Date	Audit Team Leader	Client's representative

The client is required to analyze the root cause of the nonconformities and develop correction(s) and corrective action(s). Please input this information in the blue sections of the tables that follow in this nonconformity report and forward the completed nonconformity report to the audit team leader, as follows:

- For **all nonconformities**, please submit this form **within 30 days of the last day of the audit (on or before 14 Feb 2021)** with the blue sections in the table on the next pages completed, including **cause determinations, corrections, corrective action plans and target dates**.
- For **major nonconformities**, please submit evidence of implementation **within 90 days of the last day of the audit (on or before 15 Apr 2021) (Note: This was shortened to be due on or before 27 Feb 2021 due to the cert expiry date of 6 Mar 2021 with the client's agreement).**

☐	Minor nonconformities: Plan for correction(s) and corrective action(s) was reviewed and accepted.	X	Major nonconformities: Correction(s) and corrective action(s) were reviewed, accepted and implementation verified.
X	Minor nonconformities: Correction(s) and corrective action(s) were reviewed, accepted and implementation verified.	☐	A re-audit was performed.

26 Feb 2021
Date, processing auditor

Nonconformity Report No. 1 to 2

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Schlage Lock Company LLC dba Allegion (Indianapolis Operations)	ISO 14001:2015	74 300 4139 & /01	Recertification

No	Standard Clause	NC Type *1	Nonconformity a) Description of nonconformity b) Evidence for nonconformity	Re-audit *2	Root Cause	Actions (incl. evidences) *3 a) Corrections b) Corrective Action	Evidence and decision of review/ verification (by auditor) *4
1	8.1	Major	**a) Operational planning and control** **Requirement:** The organization shall establish, implement, control and maintain the processes needed to meet environmental management system requirements, and to implement the actions identified in 6.1 and 6.2, by: — establishing operating criteria for the process(es); — implementing control of the process(es), in accordance with the operating criteria. Operating criteria for the NOx wet scrubber in the new anodizing process is that the pH of the scrubber solution is maintained at 2.0 or above. This set point is programmed into the PLC such that If this criterion is not met, the indicator light system is to automatically change from green to red indicating that the operator should investigate and resolve or shut the process down. **Nonconformity:** The operational controls established for the NOx wet scrubber air pollution control device were not sufficient to operate the system as intended and in accordance with established operating criteria. b) **Evidence:** During the audit, it was observed that the reading on the pH meter for the NOx wet scrubber solution	No	Root Cause Determination: NOx wet scrubber not operating at appropriate pH (pH lower than specified range on meter). Why: The system did not pump NaOH as designed. Why (1): The NaOH pump was not on. Why (1): There was no monitoring plan for recognizing the potential failure of the automated pH control. Why (2): The NaOH pump was not connected to the panel after being recently replaced but indicator light on panel was green. Why (2): Indicator light on panel gave appearance that system and pump were functioning appropriately. Why (2): Indicator light indicates operation of scrubber pump and exhaust but not automated pH pump. Root Cause: (1) Back up plan not defined for failure of automated pH control (2) Indicator light on operational panel alone is not enough to	A) Establish contingency pH control process utilizing FC-0601 (operator daily checklist) in the event automated pH control system is found to be malfunctioning. B) Immediate Action – Reinstall pump correctly and verify pump is functioning in appropriate range (completed/verified 1/15/21). C) Update line work instruction to indicate that the green light on the scrubber control panel indicates operation of the scrubber pump and exhaust, but not automated pH controls. (Completed 1/29/21) D) Monitoring and control- Add defined start of shift check on FC-0601 to verify chemical pump and pH meter is working (Completed 1/29/21) E) Monitoring and control – Add steps to FC-0601 to enable manual control of scrubber pH in event automated system is not functioning. Change lower control limit from 2 to 4. (Completed 1/29/21) F) Monitoring and control – Add redundant mid shift check of pH in event automated system is not functioning. (Completed 1/29/21) G) Develop immediate notification plan in the event the pH is below the set threshold. (Completed 1/29/21)	[X] Plan accepted OK [X] Verification OK Evidence: Note that while the client is still working with the pump mfr to resolve malfunction issues, the client has instituted a work-around process that ensures compliance; client has provided training on and implemented the new process. Accepted PA 2/26/21 FC 0601-Anodize Line Daily Check She FC 0601 R2 training log.pdf NOx Scrubber Pump Replacement WOs.dc

Nonconformity Report No. 1 to 2

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No	Standard Clause	NC Type *1	Nonconformity a) Description of nonconformity b) Evidence for nonconformity	Re-audit *2	Root Cause	Actions (incl. evidences) *3 a) Corrections b) Corrective Action	Evidence and decision of review/ verification (by auditor) *4
			was ranging between 0.9 and 1.3. A review of the operator's daily log (Anodize Line Daily Check Sheet) for this system showed the pH to have been operating below 2.0 since 11/23/2020 (for 37 line operating days) during which time the indicator light remained green so no action was taken by the operator. A check on the NaOH pump that is supposed to be controlled/metered by the pH reading of the scrubber solution was not pumping at the time even though the pH was well below the specified operating criterion. A further check showed that the pump had been changed out and apparently not reconnected to the panel.		verify the pH of scrubber solution is functioning at the appropriate level	H) Train impacted personnel of modifications to FC-0601 and notification plan (Completed 2/19/21)	PDF Record of Commun from Client RE NC 1-
2	9.1.2	minor	**a) Evaluation of compliance** **Requirement:** The organization shall establish, implement and maintain the process(es) needed to evaluate fulfilment of its compliance obligations. The organization shall: a) determine the frequency that compliance will be evaluated; b) evaluate compliance and act if needed; c) maintain knowledge and understanding of its compliance status. The organization shall retain documented information as evidence of the compliance evaluation result(s). Section 5.1 of the Procedure for the Evaluation of Compliance (ESOP-0010 C)	No	Root Cause Determination: Inspection frequency was not met: Why: Weekly inspection not completed week of 12/28. Why: EE responsible for completing inspection did not complete it. Why: EE was out on vacation that week and did not communicate which tasks needed to be completed in their absence. Why: The EHS team did not set the appropriate expectations for when team members are absent.	a) Establish a process for defining the weekly EHS audit schedule and critical EHS team responsibilities that must be performed when team members are out of office. Designate and communicate backups for each team member. b) Update language in ESOP-00010 to clarify inspection requirements (Completed 2/10/21) c) Develop schedule for both facilities to provide a guide to verify all departments are being audited on a routine basis and develop backups for each team member and communicate critical tasks that must be completed when one member is absent. (Completed 2/10/21) d) Schedule and host weekly EHS team meetings that discuss	X Plan accepted OK X Verification OK Evidence: The CAP was verified to be implemented; verification of effectiveness will be done during the next audit. P. Arms 2/26/21 W ESOP-00010 Evaluation of EHS Co

Nonconformity Report No. 1 to 2

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Schlage Lock Company LLC dba Allegion (Indianapolis Operations)	ISO 14001:2015	74 300 4139 & /01	Recertification

No	Standard Clause	NC Type *1	Nonconformity a) Description of nonconformity b) Evidence for nonconformity	Re-audit *2	Root Cause	Actions (incl. evidences) *3 a) Corrections b) Corrective Action	Evidence and decision of review/ verification (by auditor) *4
			established the frequencies of the various methods of compliance evaluation. **Nonconformity:** The organization did not follow its procedures for evaluation of EHS compliance b) **Evidence:** Weekly Environmental Inspection Checklist, Week of 12/28/ not completed for North Facility; also, scheduled weekly general compliance inspection of Tobey Drive Shipping Area was not completed during 11/23/20 week – this was conducted 2 weeks later but is inconsistent with the specified frequency in the procedure (ESOP-0010 C Procedure for the Evaluation of Compliance / 11 Sep 2020)		Root Cause: Expectations and tasks to be performed while an EHS team member is absent were not set or communicated to adhere to site's internal audit requirements.	• Major business updates • Scheduled upcoming absences • Compliance calendar tasks – upcoming events • Round the room review – ongoing projects/initiatives updates (Completed 2/19/21)	EHS Audit Schedule.pptx

*1) Remarks under NC Type" = "Major" or "Minor"
*2) Remarks under re-audit = "Yes" or" No"
*3) in case of minor nonconformities at least please list the planned actions incl. action dates
*4) in case of minor nonconformities and verification during next regular audit only "Plan accepted" is mandatory