INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R4 / 3-16)
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 yea, 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
AstraZeneca Pharmaceuticals - Mt. Vernon

Name of parent company (*If applicable*)
AstraZeneca Pharmaceuticals LP

Street address (*number and street*)
4601 SR 62 East

City / State / ZIP code
Mount Vernon

Web site of Facility/Company
https://www.astrazeneca.com/sustainability/environmental-sustainability.html

CONTACT INFORMATION

Name of Contact (Mr. / Mrs. / Ms. / Dr.)		Title
Mr. Bryan L. Williams		Senior SHE Specialist
Telephone number (812) 307-3018	FAX number ( )	E-mail address bryan.williams@astrazeneca.com

Mailing address (*if different from facility address*)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (*mm/dd/yyyy – mm/dd/yyyy*)
01/01/2015 - 12/31/2015

1a. Is this the fourth Annual Performance Report of your membership term?
- ☐ Yes—If yes, answer question 1b.
- ☒ No—If no, skip to the "Change in Information" section of this report.

1b Do you wish to renew your Indiana Environmental Stewardship Program membership?
- ☐ Yes—If yes, please complete all sections of this annual report.
- ☐ No—If no, please complete all sections of this annual report except for Section F.

CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

- ☐ Yes—If yes, please describe them:
- ☒ No

SECTION B — PUBLIC OUTREACH AND PERFORMANCE REPORTING

Why do we need this information?
IDEM needs to know how environmental information was shared with the public

What do you need to do?
Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. See attachment 1

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. (see above)) ☐ 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 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? October 2013

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment:

Kristen Gobbi-Belcredi, P.E.; Sr. Vice President, Engineering Services; Keramida

3. Is the date of the most recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past 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)*

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
☐ ISO 14001:2004 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
☐ ISO 14001:2004
☐ Responsible Care EMS
☐ Responsible Care 14001

☒ No

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 Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual Current year quantity ÷ Normalizing factor)			
Briefly describe *how* 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 Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual Current year quantity ÷ Normalizing factor)			
Briefly describe *how* 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.

Significant reduction in energy usage due to improved efficiencies.

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

Developed as follow-up to energy audit completed in 2011.

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.

Energy savings look small but over the monitored period production almost doubled and still we saw a reduction in energy usage.

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

Continue to pursue other energy audit identified savings opportunities as feasiblewithin company payback structure allows.

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 C — ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT *CONTINUED*

7. When was the last Senior Management review of your EMS completed?
   Month / Year: October 2013
   Who headed the review *(name and title)*? Dan Charles, Site Director EHS

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: RCRA, CAA, CWA, OPA, CERCLA/SARA/EPCRA, TSCA-PCBs, HAZCOM, FIFRA, DOT, NRC, DHS
   Month(s) / Year(s): July 2012
   Who conducted the audit(s) (e.g., facility staff, corporate, third party)? BMS Corporate EHS

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 environmental emergencies since last report. Only site emergencies were unexpected power outages from storms. No deficiencies.

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).
2015 Air Inspection NOV - Corrected calculation spreadsheet used to summarize diesel fuel equivalent emissions

☐ 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 months.

   Received updated approval for VPP in September 2014.

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 air permits with the ability to have "flexible" language, reduced reporting frequency, the 24-hour notice of inspection.

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?

   AstraZeneca maintains the position that registration would not produce any tangible improvements to our SHE Sustainability efforts.

SECTION E — ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS

Why do we need this information?
Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. IDEM needs to report cumulative program reduction results.

What do you need to do?
Reference Section F for "Category" and "Indicator" options to complete this section. Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. For assistance, please call (800) 988-7901 or email esp@idem.IN.gov.

Initiative #1

Category 1: Energy Use Indicator 1: Electricity	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2013	2015	$10,261
Actual quantity *(per year)*	36,768,614 KwH	36,077,381 KwH	691,233 KwH
Production unit *(select one)*	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.) Millions of tablets		
Production Quantity	800	1,555	NA

Normalization factor (Current year production ÷ Baseline year production) 1.944

Normalized quantity (Actual Current year quantity ÷ Normalizing factor) 18,558,324

Briefly describe *how* you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.

Changed chiller control system to a new more efficient model.

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 2013	Future Year 2015	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	36,768,614	36,000,000	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			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.

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)?

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*) AstraZeneca Pharmaceuticals LP

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, AstraZeneca Pharmaceuticals LP, 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*)
Neil L. Reichel	5-13-2016
Printed signature	**Title**
Neil L. Reichel	Sr. Director Site Transformation and Engineering Operations