



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R3 / 1-11)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
MC 64-00, Room IGCS W041
100 North Senate Avenue
Indianapolis, IN 46204-2251
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. Section C of your APR should be signed by your ISO 14001:2004 EMS Lead Auditor. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at esp@idem.IN.gov. Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the APR publicly available, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.

SECTION A

FACILITY INFORMATION

Name of facility

Cummins Inc. Columbus Engine Plant

Name of parent company (if applicable)

Cummins Inc.

Street address (number and street)

500 Central Ave

City / State / ZIP code

Columbus, IN 47201

Web site of Facility/Company

www.cummins.com

CONTACT INFORMATION

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

Mr. Mark Slaton

Title

Environmental Engineer

Telephone number

812-447-0772

FAX number

812-377-7132

E-mail address

mark.j.slaton@cummins.com

Mailing address (if different from facility address)

P.O. Box 3005, MC 16011

City / State / ZIP Code

Columbus, IN 47202-3005

REPORTING PERIOD

Reporting period dates (month, day, year)

1/1/2010 - 12/31/2010

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

☒ Yes—If yes, answer question 1b.

☐ No—If no, skip to the "Change in Information" section of this report.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?

☒ Yes—If yes, please complete all sections of this annual report.

☐ No—If no, please complete all sections of this annual report except for Section F.

CHANGE IN INFORMATION

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

☐ Yes—If yes, please describe them:

☒ No

SECTION B

PUBLIC OUTREACH AND PERFORMANCE REPORTING

Why do we need this information?

IDEM needs to know how environmental information was shared with the public.

What do you need to do?

Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. Community wide CEP Recycling Day, Bartholomew Co. Tox-Away Day, Adopt A Road Program

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.>) ☒ Open house ☒ Meetings ☒ Press releases ☒ Other Stall Art, "Did You Know Memos"

SECTION C**ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT****Why do we need this information?**

Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001:2004 EMS Lead Auditor at least every 36 months to assess the EMS.

What do you need to do?

Answer the following questions about your EMS.

1. What is the most recent date that an ISO 14001:2004 EMS Lead Auditor performed an EMS assessment at your facility? 11/11/2010

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

☒ Yes—If yes, skip to Question 3.

☐ No—If no, please have your ISO 14001: 2004 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:

- ☐ 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 14001:2004 EMS Lead Auditor

3/21/2011
Date (month, day, year)

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

☐ No—If no, skip to Question 4.

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

We failed to submit a formal request to the Cummins Legal Department prior to our legal & other compliance evaluation, as per Cummins Corporate procedures. A notification application is being used in the EMS to remind us of the formal request to Cummins Legal for future evaluations.

4. Name, title, and organization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Mitchel Kemp, EHS Leader, Cummins Cookeville

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

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

6. Is the EMS certified to a recognized standard?

☒ Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)?

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

☐ No.

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

Month / Year: 12/2010

Who headed the review (name and title)? Jeff Caldwell, Plant Manager

SECTION C**ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT****Why do we need this information?**

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What do you need to do?

Answer the following questions about your EMS.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|---|---|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|--|
| 1. What is the most recent date that an ISO 14001:2004 EMS Lead Auditor performed an EMS assessment at your facility? 11/11/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Is the date of the most recent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor within the past 36 months? <input checked="" type="checkbox"/> Yes—If yes, skip to Question 3. <input type="checkbox"/> No—If no, please have your ISO 14001: 2004 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership: <table border="0"><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td>Evidence of senior management support, commitment, and approval.</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td>A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td>Identification of the environmental aspects at the entity.</td></tr><tr><td><input type="checkbox"/> Yes</td><td><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><input type="checkbox"/> Yes</td><td><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. 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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Identification of the environmental aspects at the entity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Documentation of the implementation procedures and the results of implementation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Appropriate written EMS procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | An annual evaluation of the EMS with written results provided to senior management and affected employees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of ISO 14001:2004 EMS Lead Auditor _____ Date (month, day, year) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Were any deficiencies found during the most recent EMS assessment? <input type="checkbox"/> No—If no, skip to Question 4. <input checked="" type="checkbox"/> Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: We failed to submit a formal request to the Cummins Legal Department prior to our legal & other compliance evaluation, as per Cummins Corporate procedures. A notification application is being used in the EMS to remind us of the formal request to Cummins Legal for future evaluations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. What type of protocol was used to perform the independent EMS assessment? <input checked="" type="checkbox"/> ISO 14001:2004 Certified audit <input type="checkbox"/> Responsible Care EMS audit <input type="checkbox"/> Responsible Care 14001 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)? <table border="0"><tr><td><input checked="" type="checkbox"/> ISO 14001:2004</td></tr><tr><td><input type="checkbox"/> Responsible Care EMS</td></tr><tr><td><input type="checkbox"/> Responsible Care 14001</td></tr></table> <input type="checkbox"/> No. | | <input checked="" type="checkbox"/> ISO 14001:2004 | <input type="checkbox"/> Responsible Care EMS | <input type="checkbox"/> Responsible Care 14001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ISO 14001:2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Responsible Care EMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Responsible Care 14001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. When was the last Senior Management review of your EMS completed? Month / Year: 12/2010 Who headed the review (name and title)? Jeff Caldwell, Plant 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: The entire CEP site

Month(s) / Year(s): August and September 2010

Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Facility Staff

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?

There were no emergencies during the past year

10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?

☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
Updated the Stratospheric Ozone Protection Program
We have created a Management of Change Procedure

☐ No—If no, please explain your plans to correct these instances. ☐ No such instances identified.

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

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

| SECTION D ADDITIONAL INFORMATION | |
|---|---|
| Why do we need this information? | What do you need to do? |
| This information will help IDEM to effectively manage the Environmental Stewardship Program. | Answer the questions as completely as possible. |
| <p>1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months. <u>CEP conducted a drive-up recycling day for employees and local citizens. CEP recieved an Env Stewardship Award from AISWMD.</u></p> <p>2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.</p> <p>3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration? <u>NA</u></p> | |

| SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS | | | | |
|---|--|----------------------|--|---|
| Why do we need this information? | | | What do you need to do? | |
| Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. | | | Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. | |
| Category: <u>Energy</u> | Baseline Quantity | Future Goal Quantity | Current Quantity | Cost Savings |
| Indicator: <u>Energy use by fuel type</u> | | | | |
| Calendar year | 2009 | 2011 | 2010 | The 2,220,416 kWh reduction in elctricity used for lighting resulted in cost savings of \$138,776.00. |
| Actual quantity (per year) | 3,717,324 kWh | 1,496.908 kWh | 1,496.908 kWh | |
| Normalized quantity (per year) | 2,610 kWh | 1025 kWh | 1025 kWh | |
| Basis for your normalizing factor (e.g., gallons of paint produced) | Lights remaining on for 24 hours per day | | | |
| Measurement unit (e.g., pounds) | kWh per light | | | |
| Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. <u>Old ineffecient metal halide lighting was replaced with new T-5 technology flourescent lamps. One for one replacement.</u> | | | | |
| Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL). <u>None</u> | | | | |
| (Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here. | | | | |

SECTION F

ENVIRONMENTAL IMPROVEMENT INITIATIVE

Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

What do you need to do?

Refer to the Environmental Performance Table and answer the following questions.

1. Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** that represents the environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2009) and the **future year** (e.g., 2010). Next, list the **baseline annual quantity** (e.g., 5 tons) and **future annual quantity** (e.g., 2 tons) you are committing to achieve by the end of the future year.

| Category | Indicator | Baseline Year 20__11 | Future Year 20__12 | 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 type="checkbox"/> Electricity | | | kWh / MWh, Btu / MMBtu |
| | <input type="checkbox"/> Steam | | | kWh / MWh, gallons, ft ³ |
| | <input type="checkbox"/> Natural gas | | | Btu / MMBtu |
| | <input checked="" type="checkbox"/> Diesel | 57,600 | 55,385 | 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 ₂ E |
| | <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 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 |

2. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? We will use technology changes to the diesel engines to improve the fuel efficiency of the BCSC school buses. We will also train the drivers in the proper driving techniques to improve the fuel efficiency of the school buses.
3. Does this initiative address a significant aspect in your EMS?
- ☒ Yes
- ☐ No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative:

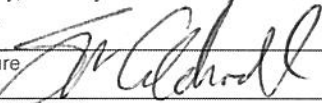
CERTIFICATION AND PLEDGEOn behalf of (name of facility) Cummins Inc. Columbus Engine Plant

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, Cummins Inc. Columbus Engine Plant, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

Title
Plant Manager

Date (month, day, year)

March 30, 2011Printed signature
Jeff Caldwell