



**INDIANA ENVIRONMENTAL STEWARDSHIP  
PROGRAM ANNUAL PERFORMANCE REPORT**

State Form 53475 (R8 / 1-22)  
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](mailto: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 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 Baxter BioPharma Solutions
Name of parent company (if applicable) Baxter
Street address (number and street) 927 South Curry Pike
City / State / ZIP code Bloomington IN 47403
County Monroe
Website of facility / company <a href="https://biopharmasolutions.baxter.com/">https://biopharmasolutions.baxter.com/</a>
How many employees (full time equivalents) currently work at your facility? 860

**CONTACT INFORMATION**

Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) Todd Chimel	Title EH&S Manager
Telephone number ( 812 ) 355-5171	Mobile phone number ( )
E-mail address Todd_Chimel@baxter.com	
Mailing address (if different from facility address)	
City / State / ZIP Code	

Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.) Danila Kourkoulis	Title EH&S Associate
Telephone number ( 812 ) 355-7136	Mobile phone number ( )
E-mail address Danila_Kourkoulis@baxter.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)  
01/01/2021 - 01/01/2022

1a. Is this the fourth ESP Annual Performance Report of your membership term?  
 Yes—If yes, answer question 1b.  
 No—If no, skip to question 2a.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?  
 Yes—If yes, please answer question 2a and complete all sections of this annual report.  
 No—If no, please answer question 2a and 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:

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.

Information regarding public outreach done by Baxter can be found in their sustainability/corporate responsibility report.  
[https://www.baxter.com/sites/g/files/ebysai748/files/2021-07/Baxter\\_2020\\_Corporate\\_Responsibility\\_Report.pdf](https://www.baxter.com/sites/g/files/ebysai748/files/2021-07/Baxter_2020_Corporate_Responsibility_Report.pdf)

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 ([https://www.https://www.baxter.com/sites/g/files/ebby](http://www.https://www.baxter.com/sites/g/files/ebby))  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? <sup>24</sup> – 26 July 2018

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

Hans-Peter Krahn ERM CVS Lead Assessor

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:  
See ISO-Audit

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: August, 2021

Who headed the review (name and title)? Andrew Wolff, Senior Manager 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.

Compliance Review

Scope of the compliance audit:

Month(s) / Year(s): August, 2021

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

Corporate

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?

Been updated

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

Improved waste containment, handling procedures, established Legionella Plan, updated the procedures related to the air permit such as the refrigerant handling, added a neutralization skid to treat wastes.

## 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.

Merck award

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.

No

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?  
 Already registered prior

4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.  
 N/A

**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 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 type="checkbox"/>	<input type="checkbox"/>	2. Your facility has incorporated P2 planning in the development of new products, processes, and/or services.
<input type="checkbox"/>	<input type="checkbox"/>	3. Your facility established a mechanism to monitor waste generation and identify realistic P2 goals.
<input type="checkbox"/>	<input type="checkbox"/>	4. Your facility has established a process to listen and respond to stakeholder concerns.
<input 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 type="checkbox"/>	<input type="checkbox"/>	6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify:
<input type="checkbox"/>	<input type="checkbox"/>	7. Your facility has participated in two or more Partners meetings in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	8. Your facility supported the annual Pollution Prevention Conference and Trade Show. Please check all that apply: <input type="checkbox"/> Financial sponsorship <input type="checkbox"/> One or more attendees from your facility <input type="checkbox"/> 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: Purchased Electricity (kWh)	Baseline	Current	Cost Savings
Indicator 1:	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	2020	2021	
Actual quantity (per year)	33,996,297 (0.54/unit)	35,499,284 (0.46/unit)	
Production unit (select one)	Earned Labor Hours × Production units Other -- specify (e.g. Gallons, length, etc.)		Production lbs.
Production Quantity	62,913,658	77,081,747	NA
Normalization factor (Current year production ÷ Baseline year production) 1.044210315023427 corrected Is 1.2252			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 14,794,460 corrected 0.10 decrease /unit = 1,388,786.22 for total unit change			
Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. Improvement achieved if expansion is considered as our 2020 production units were 62,913,658 unlike 2021 of 77,081,747. If it is factored, improvement was achieved. This was corporate led.			

Initiative #2			
Category 2: Water Usage (m3)	Baseline	Current	Cost Savings
Indicator 2:	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	2020	2021	
Actual quantity (per year)	236,437 (0.9928 gal/unit)	273,958 (0.9389 gal/unit)	

Production unit ( <i>select one</i> )	Earned Labor Hours <sup>x</sup> Production units Other -- specify (e.g. Gallons, length, etc.)	Production lbs.
Production Quantity	62,913,658	77,081,747
Normalization factor (Current year production ÷ Baseline year production) 1.1588934363065 corrected is 1.255		
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 43,475.20749 corrected 0.066 gal/unit decrease = 935,461.98 lit unit change		
Briefly describe <i>how</i> you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. Improvement achieved if expansion is considered as our 2020 production units were 62,913,658 unlike 2021 of 77,081,747. If it is factored, improvement was achieved. This was corporate led.		

<b>Initiative #3</b>			
Category 3: Total Non-Haz Waste (MT) Indicator 3:	Baseline ( <i>indicate measurement unit</i> )	Current ( <i>indicate measurement unit</i> )	Cost Savings
Calendar year	2020	2021	
Actual quantity ( <i>per year</i> )	944	786	
Production unit ( <i>select one</i> )	Earned Labor Hours <sup>x</sup> Production units Other -- specify (e.g. Gallons, length, etc.)	Production lbs.	
Production Quantity	62,913,658	77,081,747	NA
Normalization factor (Current year production ÷ Baseline year production) 786/944 = 0.8326271186440678 corrected is 1.255			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -131.5550847457627 corrected is 193.58 MT or 426,773.5 lbs reduced			
Briefly describe <i>how</i> you achieved improvements for environmental initiative #3 or, if relevant, any circumstances that delayed progress. This was corporate led with initiatives to reduce waste.			

**SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS**  
*CONTINUED*

- Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.  
The results of all were cost reduction and reduced impact on the environment.
- Are there other best management practices (BMPs) you can share correlating to your initiative(s)?  
N/A
- 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
- Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.  
N/A
- Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, DOE Energy Performance, state award application).  
Corporate reports to GRI
- Would your facility be 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**

**FUTURE YEAR 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 future environmental improvement initiative selected by your facility. For the category and indicator selected, list the baseline year (e.g., 2022) and the future year (e.g., 2023). 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_____	Future Year 20_____	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons <input type="checkbox"/> gallons
	<input type="checkbox"/> Hazardous/toxic components			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons <input type="checkbox"/> gallons
<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			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons <input type="checkbox"/> gallons
	<input type="checkbox"/> Hazardous materials used			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons <input type="checkbox"/> gallons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
<input type="checkbox"/> Water Use	<input type="checkbox"/> Total water used			Gallons
<input type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			<input type="checkbox"/> kWh, <input type="checkbox"/> MWh
	<input type="checkbox"/> Steam			<input type="checkbox"/> kWh, <input type="checkbox"/> MWh, <input type="checkbox"/> gallons, <input type="checkbox"/> ft <sup>3</sup>
	<input type="checkbox"/> Natural gas			<input type="checkbox"/> Btu, <input type="checkbox"/> MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			<input type="checkbox"/> Btu, <input type="checkbox"/> MMBtu, <input type="checkbox"/> gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			<input type="checkbox"/> kWh, <input type="checkbox"/> MWh
	<input type="checkbox"/> Wind			<input type="checkbox"/> kWh, <input type="checkbox"/> MWh
	<input type="checkbox"/> Landfill gas			<input type="checkbox"/> Btu, <input type="checkbox"/> MMBtu
	<input type="checkbox"/> Combined heat and power			<input type="checkbox"/> kWh, <input type="checkbox"/> MWh, <input type="checkbox"/> Btu, <input type="checkbox"/> MMBtu
<input type="checkbox"/> Other:			_____	
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			<input type="checkbox"/> Square feet, <input type="checkbox"/> acres
	<input type="checkbox"/> Community land revitalization			<input type="checkbox"/> Square feet, <input type="checkbox"/> acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO <sub>2</sub> E
	<input type="checkbox"/> VOCs			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>2.5</sub> , PM <sub>10</sub> , or CO			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Air toxics			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			<input type="checkbox"/> Curies, <input type="checkbox"/> Becquerels
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> Dust			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> COD or BOD			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Toxics			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Total suspended solids			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Nutrients			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons of <input type="checkbox"/> N or <input type="checkbox"/> P
	<input type="checkbox"/> Sediment from runoff			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Pathogens			<input type="checkbox"/> MPN/ml, <input type="checkbox"/> CFU/ml

Category	Indicator	Baseline Year 20____	Future Year 20____	Unit
<input type="checkbox"/> Non-hazardous Waste <input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Landfill			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Incineration			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Reused/recycled off-site			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons, <input type="checkbox"/> gallons
	<input type="checkbox"/> Other:			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons, <input type="checkbox"/> 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			<input type="checkbox"/> kWh, <input type="checkbox"/> MWh, <input type="checkbox"/> Btu, <input type="checkbox"/> MMBtu,
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			<input type="checkbox"/> Pounds, <input type="checkbox"/> tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			<input type="checkbox"/> Pounds, <input type="checkbox"/> 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**

1. If the future environmental improvement initiative(s) will be qualitative in nature, please describe.

Yes, but would be reported via corporate responsibility platform.

2. What activities or process changes do you plan to undertake at your facility to accomplish your future initiative (e.g., technology changes in a particular process line, employee training)?

Corporate establishes these initiatives.

3. Does this future 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) Baxter in Bloomington

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, Baxter in Bloomington, 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 reply 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 **Danila**

Digitally signed by Danila  
Date: 2022.03.31 14:38:51 -04'00'

Date (month, day, year)  
3/31/2022

Printed signature

Title  
EH&S Associate

