



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
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Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by **April 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 DePuy Synthes, Inc.
Name of parent company (if applicable) Johnson & Johnson
Street address (number and street) 700 Orthopaedic Drive
City / State / ZIP code Warsaw, IN 46582
County Kosciusko
Website of facility / company www.jnj.com
How many employees (full time equivalents) currently work at your facility? There are approximately 1200 employees reporting to Warsaw. Approximately 600 work on site full time and the remaining 600 work on site 2-3 days per week.

CONTACT INFORMATION

Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) Mrs. Kim Brown		Title Sr. EHS Specialist
Telephone number (574) 404-8716	Mobile phone number (NA)	E-mail address kbrown18@its.jnj.com
Mailing address (if different from facility address) Same as above		
City / State / ZIP Code		
Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.) Mr. Brett Allwine		Title EHS Manager
Telephone number (574) 404-3660	Mobile phone number (574) 372-7018	E-mail address ballwine@its.jnj.com
Mailing address (if different from facility address) Same as above		
City / State / ZIP Code		

REPORTING PERIOD

Reporting period dates from prior calendar year (mm/dd/yyyy – mm/dd/yyyy)
January 1, 2021 - December 31, 2021

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

Tier II, Annual Manifest report, TRI, FESOP reporting, POTW reports, LEPC involvement, J&J Health for Humanity report.

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/>) Open house Meetings Press releases Other: Upon request

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? April 1-2, 2020 and Sept 14-18, 2020

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

Hans-Peter Krahn, Lead Assessor, ERM CVS

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:

One minor weakness was observed: The organization had not completed a full internal audit of its EHS management system per corporate requirement, such that results could be communicated during management review. Elements missing were monitoring/measurement, nonconformities/corrective actions, and management review. Additionally, the audits that were completed did not include others who would be considered impartial. Corrective Action: Complete all Environmental Management System (MS) related audits over a 3-year rotating period by adherence to official audit schedule created by site. Re-review and identify MS related programs and have EHS Campus Director review site's audit schedule. Include impartial auditors for random assortment of J&J EHS MS related programs and document recommended audits for impartiality within audit schedule. This has been completed. Four observations were identified.

- 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: Jan 2022

Who headed the review (name and title)? Brett Allwine, EHS 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: Corporate environmental compliance audit conducted September 20-24, 2021. Programs included were air, waste, wastewater, chemical management and overall facility tour. Internal audits completed in 2021 include the following programs: chemical management, water and wastewater, tanks, waste, acquisitions & divestitures, sewer drain inspection, and spill kit readiness.

Month(s) / Year(s): 2021

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

Corporate audit team compliance compliance audit performed in September. On site EHS staff with on site area owner from business segment completed internal audits throughout year.

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?

The fire alarm was pulled after smoke was observed in a room. The building was evacuated and the IC system was activated. The Fire Department responded and found no evidence of fire and the smoke had subsided. The all-clear to enter the building was given by the IC once the Fire Department determined it was safe to reenter. It was noted during the investigation that the Emergency Incident Command structure worked very well and the building was evacuated quickly. Employees were knowledgeable during the evacuation process, effectively reporting to their designated gathering areas. Communication during the event was strong. No updates to the manual were necessary as a result of event. Routine updates were made to the IC manual during the annual review to update various contact information.

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.

Corrective and Preventative Actions (CAPAs) are created in response to results from audits, internal reviews, incident investigations, inspections, walk throughs, employee reports and etc. CAPAs are assigned to responsible parties with due dates tracked in the company's software system, called CURVE. Enterprise Metrics drive completion of major and critical CAPAs within one year. CAPAs are reviewed by the site leadership team during the EMS review meetings.

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.

Kosciusko County LEPC member, Kimberly Clark Rightcycle Program, working toward Wildlife Habitat Council Certification for biodiversity projects.

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.

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?

NA

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

Yes. ESP/Partner meetings are value-added events!

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: Material Use	Baseline	Current	Cost Savings
Indicator 1: Ozone depleting substances	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	2020	2021	
Actual quantity (per year)	19 units	7 units	NA
Production unit (select one)	Earned Labor Hours × Other -- specify (e.g. Gallons, length, etc.)	Production units Production lbs.	
Production Quantity	1,095,509	1,354,730	NA
Normalization factor (Current year production ÷ Baseline year production) 1.2366			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -14.84			
Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. 12 roof top units containing R22 were removed in 2021. There are 7 units remaining that will be removed by 2023 year end. Since there are no actual emission reduction numbers, this is considered a qualitative pollution reduction project. Not normalized for production units.			

Initiative #2

Category 2: Land and Habitat	Baseline	Current	Cost Savings
Indicator 2: Conservation	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	2020	2021	
Actual quantity (per year)	0	-0.12 acres	NA

Production unit (<i>select one</i>)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units	Production lbs.
Production Quantity	1,095,509	1,354,730	NA
Normalization factor (Current year production ÷ Baseline year production) 1.2366			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -0.1484			
Briefly describe <i>how</i> you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress.			
An action plan was developed in 2021 to guide the site in improving biodiversity of landscaped beds, native grasslands, and forested habitats to increase quality habitats for pollinators and avian species. Improvements to the site began ahead of schedule in November 2021 with the removal of 0.12 acres of invasive species from a portion of the landscaped beds. Not normalized for production units.			

Initiative #3			
Category 3: Indicator 3:	Baseline <i>(indicate measurement unit)</i>	Current <i>(indicate measurement unit)</i>	Cost Savings
Calendar year			
Actual quantity (<i>per year</i>)			
Production unit (<i>select one</i>)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units	Production lbs.
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			
Briefly describe <i>how</i> you achieved improvements for environmental initiative #3 or, if relevant, any circumstances that delayed progress.			

SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS CONTINUED

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.
 #1 - R22 is considered a Class II ozone depleting substance and is a commonly used refrigerant. The US has committed to eliminating class II ODS by 2030. DePuy has committed to a full phase out by 2025.
 #2 - DePuy removed 0.12 acres of invasive plant species known to choke out native species. DePuy aims to improve the biodiversity of plant and pollinator species on site.

2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?
 #1 - Appropriate long range financial planning and enterprise wide metric holding leaders accountable.
 #2 - Coordination with the Wildlife Habitat Council

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.
 NA

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.
 In late 2020, DePuy set their sites on improving the biodiversity of the 43 acres we sit on, recognizing the existing variety of natural habitats on the property and wanting to offer outdoor employee engagement opportunities during the pandemic. The goal in 2021 was to create an action plan to achieve a biodiversity certification with the Wildlife Habitat Council by 2025. The site coordinated with various business units and a consultant to create an action plan toward certification. In addition to the action plan, a full baseline assessment was completed AND removal of invasive plant species in the landscaped beds began in late 2021.

5. 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).
 NA

6. 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.

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 <u>21</u>	Future Year 20 <u>22</u>	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 ³
	<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 checked="" type="checkbox"/> Air Emissions	<input type="checkbox"/> Total <input type="checkbox"/> GHGs			MTCO ₂ E
	<input checked="" type="checkbox"/> VOCs	8.83	5	<input type="checkbox"/> Pounds, <input checked="" type="checkbox"/> tons
	<input type="checkbox"/> NO _x , SO _x , PM _{2.5} , PM ₁₀ , 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 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.

NA

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)?

The site is pursuing carbon adsorption technology to control VOC (toluene) emissions from the spray process. Capture efficiency will be greater than 90%. The site connected 40% of the significant VOC emission sources in Q122 and is scheduled to have the system controlling emissions from all significant VOC emission sources by mid-year.

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

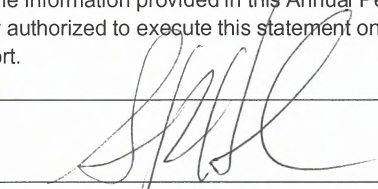
On behalf of (*name of facility*) DePuy Orthopaedics, Inc.

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, DePuy Synthes, 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*)

03-17-2022

Printed signature

STEVEN K. HELSER

Title

PLANT MANAGER

