



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

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 MasterGuard LLC		
Name of parent company (if applicable) Flex-N-Gate Corporation		
Street address (number and street) 1200 East 8 th Street		
City / State / ZIP code Veedersburg/In/47987		
County Fountain		
Website of facility / company www.flex-n-gate.com		
How many employees (full time equivalents) currently work at your facility? 563		
CONTACT INFORMATION		
Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) Mr Ricky L Rahm Jr		Title Environmental Manager
Telephone number (765) 294-3337	Mobile phone number (765) 299-4328	E-mail address rrahm@flexngate.com
Mailing address (if different from facility address)		
City / State / ZIP Code		
Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.) Mr Brent Kapellusch		Title Safety Manage
Telephone number (765) 294-3347	Mobile phone number ()	E-mail address bkapellush@flexngate.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) 1/1/2021 - 12/31/2021		
1a. Is this the fourth ESP Annual Performance Report of your membership term? <input type="checkbox"/> Yes—If yes, answer question 1b. <input checked="" type="checkbox"/> No—If no, skip to question 2a.		
1b. Do you wish to renew your Indiana Environmental Stewardship Program membership? <input type="checkbox"/> Yes—If yes, please answer question 2a and complete all sections of this annual report. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes—If yes, answer question 2b. <input type="checkbox"/> 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. Member of the LEPC, Required Reporting, EMS Certifications

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:

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? 10/27 to 10/29/21
2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment:
John Vandenbenden Principal Q-Met-Tech, LLC Master Six Sigma Black Belt ASQ CQE, CQT, CQM-OE, CQSSB for SRI Systems
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:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of senior management support, commitment, and approval.
<input type="checkbox"/> Yes <input type="checkbox"/> No	A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification of the environmental aspects at the entity.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.
<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 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:

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: 4/2021

Who headed the review (*name and title*)? David Moody General 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:

Month(s) / Year(s): August, September and October 2021

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?

Fire and Severe Weather. Was effective and changes were made to Tornado Shelter Locations

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.

CARs were issued and corrective action were made

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.
LEPC, Partners for P2

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

Annual Conference and Networking

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?
N/A
4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.
Yes the networking and communications are great tools for added and needed information

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	2. Your facility has incorporated P2 planning in the development of new products, processes, and/or services.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Your facility established a mechanism to monitor waste generation and identify realistic P2 goals.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Your facility has established a process to listen and respond to stakeholder concerns.
<input checked="" 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 checked="" type="checkbox"/>	6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Your facility has participated in two or more Partners meetings in the last year.
<input type="checkbox"/>	<input checked="" 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: Natural Gas	Baseline	Current	Cost Savings
Indicator 1: Baseline	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	2020	2021	
Actual quantity (per year)	5916554	5338875	
Production unit (select one)	<input type="checkbox"/> Earned Labor Hours <input type="checkbox"/> XProduction units <input type="checkbox"/> Production lbs. <input type="checkbox"/> Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	3174902	3305719	NA
Normalization factor (Current year production ÷ Baseline year production) 1.04			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -601481.38			
Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. Production hours have been changed for Plating Department. Plating shuts down for 4 hours a day and went to a 4 day at 10 hour work week.			

Initiative #2

Category 2: Discharges to POTW	Baseline	Current	Cost Savings
Indicator 2: Baseline	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	2020	2021	
Actual quantity (per year)	27484136	25888650	

Production unit (<i>select one</i>)	Earned Labor Hours	X Production units	Production lbs.
	Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	3174902	3305719	NA
Normalization factor (Current year production ÷ Baseline year production) 1.04			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor -1661225.57			
Briefly describe <i>how</i> you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. MasterGuard has changed it Cleaners for the production process and they are not required to be dumped as often as the previous cleaners. the paint process in the North Paint has switched over to Powder Coating so the dip tanks are not dumped as often due to consistent parts going into the process.			

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	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 - 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.
Natural Gas was reduced by updating ovens and shift operation hours
Water used staying inhouse more due to cleaner tank chemical changes

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

3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically.
Speed door damage has been a cause of more natural gas and electricity usage in the winter time on the coldest days

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.
working on better recycling programs for cardboard and plastics

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).
Ford Pace Program
Toyota Manufacture 2030 program

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.

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 <u>2022</u>	Future Year <u>2023</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 checked="" type="checkbox"/> Diesel	5171	4700	Gallons
	<input checked="" type="checkbox"/> Propane / LPG	75187	73303	<input type="checkbox"/> Btu, <input type="checkbox"/> MMBtu, <input checked="" 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			MTCO2E
	<input checked="" type="checkbox"/> VOCs	118	100	<input type="checkbox"/> Pounds, <input checked="" type="checkbox"/> tons
	<input type="checkbox"/> NOx, SOx, 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.
looking to reduce the plants carbon footprint

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)?
we are doing more robotic changes in the plant and technology changes to better operate the equipment

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) MasterGuard LLC

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

We, MasterGuard LLC, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that we must meet the requirement of implementing one (1) new, independent environmental improvement initiative each year of membership (for a total of four (4) initiatives), that the Annual Performance Report must be submitted to IDEM by April 1st of each year, and that we must reapply to the Indiana Environmental Stewardship Program every four (4) years.

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

Signature 	Date (month, day, year) 3-28-2022
Printed signature David W Moody	Title