

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.

and reaffirm their commitment to the Partn	ers Pledge.				
SECTION A	FACILITY INI	FORMATION	<u></u>		
Name of facility No-Sag Products Leggett & Platt Inc.					
Name of parent company (<i>if applicable</i>) Leggett & Platt Incorporated					
Street address (number and street) 2225 Production Road					
City / State / ZIP code Kendallville, IN 46755					
County Noble					
Website of facility / company https://lpfurniturecomponents.com					
How many employees (full time equivalent					
		NFORMATION			
Name of Primary Contact (Mr. / Mrs. / Ms. Mr. Russell Dunton	/ Dr.)	Title General Manager			
Telephone number (800) 345-0775	Mobile phone number (260) 242-3023	E-mail address russ.dunton@leggett.com			
Mailing address (if different from facility ad	ddress)				
City / State / ZIP Code					
Name of Secondary Contact (Mr. / Mrs. / I Mrs. Jessica Morris	Ms. / Dr.)	Title Quality Manager			
Telephone number (800) 345-0775_ext: 2070	Mobile phone number ()	E-mail address jess.morris@leggett.com			
Mailing address (if different from facility ad	Mailing address (if different from facility address)				
City / State / ZIP Code					
	REPORTI	NG PERIOD			
Reporting period dates from prior calenda 03/01/2021 - 03/01/2023					
1a. Is this the fourth ESP Annual Perfor ☐ Yes—If yes, answer question 1b ☐ No—If no, skip to question 2a.	mance Report of your membership t	term?			
1b. Do you wish to renew your Indiana ☑ Yes—If yes, please answer quest ☐ No—If no, please answer questi	stion 2a and complete all sections of	n membership? f this annual report. nis 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.					

20 B delt 4		RIOD (CONTINUED)	
∣	ertify your Partners for Pollution Prevention (Partners ease complete all sections of this annual report. se complete all sections of this annual report except t	-	
In your ESP application changes or additions to	and, perhaps, in previous annual performance report your facility's list of products or activities?	INFORMATION s, you described what your facility do	pes or makes. Have there been any
	s, please describe them:		
⊠ No			
SECTION B		PERFORMANCE REPORTING	
	nformation? wenvironmental information was shared with the		What do you need to do? Describe how the facility has shared and
public. Please briefly describe the	ne activities that your facility conducted during this re	porting paried to interact with the cou	plans to share environmental information.
report publicly on its env	ironmental performance. Annual Chamber of Commi	porting period to interact with the cor erce Banquet	nmunity on environmental issues and to
Please indicate which of	the following methods your facility plans to use to ma	ake its FSP Annual Performance Re	nort available to the nublic. Please check
as many as appropriate.			
Web site (http://www_	https://leggett.com/sustainability) Den house Meetings	Press releases
SECTION C	ENVIRONMENTAL MANAGI	EMENT SYSTEM ASSESSMENT	
Why do we need this in	formation?		What do you need to do?
Facilities need to have im- criteria and use an ISO 1 thirty-six (36) months to a	plemented an EMS that meets certain 4001 EMS Lead Auditor at least every assess the EMS.		Answer the following questions about your EMS.
	cent date that an ISO 14001 EMS Lead Auditor perfo	rmed an EMS assessment at your fa	icility? 092519
	anization of ISO 14001 EMS Lead Auditor who condu	ucted the most recent EMS assessm	ent:
3. Is the date of the mo	ost recent EMS assessment performed by an ISO 140	001 EMS Lead Auditor within the pas	st thirty-six (36) months?
Yes—If yes	s, skip to Question 4.		
☐ No—If no, meet	please have your ISO 14001 EMS Lead Auditor com s the listed criteria for ESP membership:	plete and sign the following checklis	t, indicating whether or not your EMS
☐ Yes ☐ No	Evidence of senior management support, commitn	nent, and approval.	
Yes No	A written environmental policy directed toward con	npliance, pollution prevention, and co	ontinuous improvement.
Yes No	Identification of the environmental aspects at the e	entity.	~
Yes No	Prioritization of the environmental aspects and a d environmental impacts and applicable laws and re	gulations.	
Yes No	Established priorities, and environmental objective for ensuring compliance with applicable environme beyond current legal requirements and specify the implementation activities, and projected time frame	ental laws, regulations, and permit co environmental media, types of pollut	onditions. Objectives and targets must go
Yes No	An established community outreach mechanism the community of important matters that affect the comenvironmental policy and significant aspects.	nat includes identifying and respondir	ng to community concerns; informing the ncluding reporting to the public on the
Yes No	Incorporation of environmental and pollution preve and modifications of existing processes.	ntion planning in the development of	new products, processes, and services
Yes No	Evidence of clear responsibility for implementation compliance with applicable environmental laws, re	, training, monitoring, EMS maintena gulations, and permit conditions.	nce, taking corrective action, and ensuring
Yes No	Documentation of the implementation procedures a		
☐ Yes ☐ No	Appropriate written EMS procedures.		
Yes No	An annual evaluation of the EMS with written result	ts provided to senior management a	nd affected employees.
Signature of ISO 140	001 EMS Lead Auditor	Ds.	ate (month, day, year)
		Da	ite (monur, day, year)

Date (month, day, year)

	THE PROPERTY ASSESSMENT
SEC	CTION 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
	What type of protocol was used to perform the independent EMS assessment?
5.	ISO 14001:2015 Certified audit
	ESP Independent Assessment Protocol
	☑ Other (please specify): AHFA, EFEC
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)?
	Responsible Care EMS
	Responsible Care 14001 No
7.	When was the last Senior Management review of your EMS completed?
\ '·	Month / Year: Feb. 2020
	Who headed the review (name and title)? J. Manake, H.R. Mg
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: Environmental Compliance
	Month(s) / Year(s): Sept. 2019 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? L&P Corporate Environmental Affairs
	Will collected the addit(s) (c.g., lability stain, sorporate, time party).
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?
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 ☐ No—If no, please explain your ☐ No such instances identified. ☐ plans to correct these instances.
	compliance audit(s).
	Corrective Actions: Repair numerous air leaks/Replace signage on Re-Use-Recycle containers/
SE	CTION D ADDITIONAL INFORMATION
W	hy do we need this information? What do you need to do?
Th En	ovironmental Stewardship Program.
1.	In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months.
2.	Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should
	consider.

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?							
nas ESP been instrumental in achieving registration?							
4. Are	the ESP	and/or Partners	group meeting your expectations?	Please provide feedback or sug	gestions.		
SECTIO	ON D		ADDIT	IONAL INFORMATION (CONT	INUED)		
		ember of Partner o pollution prever		organization's pledge to the Part	tners and provide additional information regarding		
Yes	No						
		Ensure em	nployees are aware of the facility's	commitment to P2 and understa	and their role in implementing P2 objectives and goals		
		in the facil	ity.				
			y has incorporated P2 planning in				
			y established a mechanism to mo				
			y has established a process to list				
			y makes available your general wa f requested?	aste reduction and P2 informatio	n to members of our community, IDEM, and the		
		6. Your facilit	y has participated in or conducted	outreach activities that include o	details of your P2 efforts; please specify:		
-		7. Your facilit	y has participated in two or more l	Partners meetings in the last yea	ır.		
	 		y supported the annual Pollution F				
	<u></u>						
SECTION		d this informatio		IMPROVEMENT INITIATIVE R	RESULTS What do you need to do?		
Facilitie	es need to	share the results	s of the environmental improvemen	nt Refe	rence Section F for "Category" and "Indicator" options to		
		s pursued during i e program reducti	the reporting period. IDEM needs i on results.	the initiative	section. Summarize your facility's progress on achieving a you identified in the application or last year's APR. For		
1-141-41	#4			assistance	, please call (800) 988-7901 or email <u>esp@idem.IN.gov</u> .		
Initiativ			Baseline	Current			
	ry 1: Natu or 1: Thei		(indicate measurement unit)	(indicate measurement unit)	Cost Savings		
Calend			2014 2021	2022			
	guantity (per year)	16,896,510 14506015	17,118,900			
			Earned Labor Hours	XProduction units Produ	ction lbs.		
Produc	Production unit (select one) Other specify (e.g. Gallons, length, etc.)						
Produc	tion Quan	ntity	18179529 20992484	64221458	NA		
Normal	lization fa	ctor (Current year	r production ÷ Baseline year produ	ction) 3.532 3.06			
			nt year quantity - Actual baseline o				
Absorp	tion of an	other facility into	ours and a marked increase dema	nd for our product resulted in red	rcumstances that delayed progress. cord production rates, and our fuel consumption was		
remarkably similar. We believe that the this is a result of the fact that our ovens run 20 hours a day regardless of through put.							
Initiati							
1	ory 2: Nois		Baseline	Current	Cost Savings		
Indiant	0r2. 4D4						
	or 2: dBA lar year		(indicate measurement unit) 2014 2021	(indicate measurement unit)			

Actual quantity (per year)

Production unit (select one)	Earned Labor Hours	Production units	Production lbs.
	Other specify (e.g. Gallo	ons, length, etc.)	
Production Quantity			NA NA
Normalization factor (Current year			a factor
Normalized quantity (Actual curren			n lactor
Briefly describe how you achieved	l improvements for environmental	initiative #2 or, if feleva	nt, any circumstances that delayed progress.
Initiative #3			
Category 3:	Baseline	Current	Cost Savings
Indicator 3:	(indicate measurement unit)	(indicate measureme	ent unit)
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours Other specify (e.g. Gall	Production units ons, length, etc.)	Production lbs.
Production Quantity			NA
Normalization factor (Current year	r production ÷ Baseline year produ	uction)	
Normalized quantity (Actual curre	nt year quantity - Actual baseline	quantity) x Normalizatio	n factor
			tive(s). If multiple initiatives, please indicate which specifically.
3. If the objectives and targets as environmental initiative(s). If mul	ssociated with the environmental in tiple initiatives, please indicate wh	mprovement initiative(s) ich specifically.	were not attained, please verify continued progress toward the
Please provide a narrative sur	nmary of progress made toward <i>q</i>	ualitative, significant EN	MS objectives and targets, if any.
5. Please list any state, U.S. EPa award application).	A, or other partnership programs t	o which you are reporti	ng this data (e.g., Energy Star, DOE Energy Performance, state
Would your facility be willing t and/or a Partners for Pollution P	o share the environmental improv	ement initiative(s) and i	ts best management practices (BMPs) at the ESP Annual Meeting 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
☐ Material Procurement	☐ Recycled content			☐ Pounds, ☐ tons ☐ gallons
	☐ Hazardous/toxic components			☐ Pounds, ☐ tons ☐ gallons
Suppliers' Environmental Performance	☐ Specify indicator:			As specified for the particular indicator
	☐ Materials used			☐ Pounds, ☐ tons ☐ gallons
☐ Material Use	☐ Hazardous materials used			☐ Pounds, ☐ tons ☐ gallons
	Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			☐ Pounds, ☐ tons
☐ Water Use	☐ Total water used			Gallons
	☐ Electricity			☐ kWh, ☐ MWh
	☐ Steam			│ kWh, │ MWh, │ gallons, │ ft³
	⊠ Natural gas	14,506,689,015	hold gains with increased production	☐ Btu, ☐ MMBtu
	☐ Diesel			Gallons
☐ Energy Use	☐ Propane / LPG			☐ Btu, ☐ MMBtu, ☐ gallons
	☐ Gasoline			Gallons
	☐ Solar			☐ kWh, ☐ MWh
ļ	☐ Wind			☐ kWh, ☐ MWh
	☐ Landfill gas			☐ Btu, ☐ MMBtu
	☐ Combined heat and power			☐ kWh, ☐ MWh, ☐ Btu, ☐ MMBtu
	☐ Other:			D Dia, D MINIDLE
	☐ Land and habitat conservation			☐ Square feet, ☐ acres
☐ Land and Habitat	Community land revitalization			☐ Square feet, ☐ acres
	☐ Total GHGs			MTCO2E
	□VOCs			☐ Pounds, ☐ tons
☐ Air Emissions	□ NOx, SOx, PM _{2.5} , PM ₁₀ , or CO			☐ Pounds, ☐ tons
	☐ Air toxics			☐ Pounds, ☐ tons
	Odor			European Odour Units
	Radiation			☐ Curies, ☐ Becquerels
	☐ Dust			☐ Pounds, ☐ tons
	☐ COD or BOD			☐ Pounds, ☐ tons
	☐ Toxics			☐ Pounds, ☐ tons
	☐ Total suspended solids			☐Pounds, ☐ tons
☐ Discharges to Water	□ Nutrients			☐ Pounds, ☐ tons of ☐ N or ☐ P
	☐ Sediment from runoff			□Pounds, □ tons
	Pathogens			☐MPN/ml, ☐ CFU/ml

	·			
Category	Indicator	Baseline Year 20	Future Year 20	Unit
	☐ Landfill			□Pounds, □ tons
	☐ Incineration			☐Pounds, ☐ tons
☐ Non-hazardous Waste ☐ Hazardous Waste	☐ Reused/recycled off-site			□Pounds, □ tons, □gallons
	☐ Other:			□Pounds, □ tons, □gallons
□ Noise	⊠ Noise	93dBA	*Replacing 5 manual cells with quieter automation this year	dBA
☐ Vibration	☐ Vibration			Inches per second
	Expected lifetime energy use			□kWh, □ MWh, □ Btu, □ MMBtu,
	Expected lifetime water use			Gallons
Products	☐ Expected lifetime waste to air, water, or land from product use			☐ Pounds, ☐ tons
	☐ Waste to air, water, or land from disposal or recovery			☐ Pounds, ☐ tons
If you need assistance fillin	g out the form, please contact the ESF	P program manager at eith	er <u>esp@idem.in.gov</u> or 1	-(800) 988-7901.
	,			
SECTION F	FUTURE YEAR E	NVIRONMENTAL IMPROVE	EMENT INITIATIVE	
220110111		CONTINUED		
1. If the future environments	al improvement initiative(s) will be qualitat	— <i>tive</i> in nature, please descrit	oe.	
, Hara ratalo ominomo	,			
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)?				
Adding aditional automation * please note that the five machines expected last year were delayed due to suply chain issues and will complete in 2022, we are expecting to be able to hold or improve on our noise gaines. While the average of noise measurments was higher this year we are				
2022. we are expecting to be able to hold or improve on our noise gaines. While the average of holse measurments was higher this year we are pleased with the ability to hold our reduction in noise levels in the plant.				
<u></u>				
3 Does this future initiative	address a significant aspect in your EMS	67		
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:				
	CERTIFIC	CATION AND PLEDGE		
On behalf of (name of facility)	No-Sag Products, Leggett & Platt Incorp	orated		
I certify that the information or	ontained in this Annual Performance Rep	ort and attachments is accur	rate to the best of my knov	vledge and that this facility is
to the best of my knowledge a	and based on reasonable inquiry, current	y in compliance with all appl	licable federal, state, and l	ocal environmental
requirements, or has a correct	tive action program in place to attain com	pliance.		
Mr. N. O. D. S. C. C.	tt 9 Dlatt Incornavated		commit to maintaining the	principles and goals outline
We, No-Sag Products, Leggett & Platt Incorporated , 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 promulated by	the U.S. EPA, state, or local jurisdiction:	s. We agree to promote the	Indiana Environmental St	ewardship Program and to
an regulations promulgated by	other facilities. We understand that we	must meet the requirement	of implementing one (1) ne	ew, independent
environmental improvement ir	nitiative each year of membership (for a te	otal of four (4) initiatives), th	at the Annual Performance	Report must be submitted t
IDEM by April 1st of each year	r, and that we must reapply to the Indiana	a Environmental Stewardship	o Program every four (4) y	ears.
I understand that the informat	ion provided in this Annual Performance	Report will be public record.	I am the senior facility ma	anager 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	$ \downarrow \downarrow $			Date (month, day, year)
/ /				04/18/22
1	i i			i e

Printed signature	Title
Russell E. Dunton	Director of Central & West Coast Opperations