



**INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM  
ANNUAL PERFORMANCE REPORT**

State Form 53475 (R7 / 2-21)  
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 <b>ROBERT BOSCH LLC</b>			
Name of parent company (if applicable) <b>Robert Bosch Corporation</b>			
Street address (number and street) <b>1613 Progress Drive</b>			
City / State / ZIP code <b>Albion, IN 46701</b>			
County <b>Noble</b>			
Website of facility / company <b>www.bosch.com</b>			
How many employees (full time equivalents) currently work at your facility? <b>320</b>			
CONTACT INFORMATION			
Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) <b>Alison Hudson</b>		Title <b>HSE Coordinator, Sr.</b>	
Telephone number <b>(260) 636-4205</b>	FAX number <b>(260) 636-1106</b>	E-mail address <b>Alison.Hudson@us.bosch.com</b>	
Mailing address (if different from facility address)			
City / State / ZIP Code			
Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.) <b>Dan Gallo</b>		Title <b>VP, Plant Manager</b>	
Telephone number <b>(260) 636-1005</b>	FAX number <b>(260) 636-1106</b>	E-mail address <b>Daniel.Gallo@us.bosch.com</b>	
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) <b>01/01/2021-12/31/2021</b>			
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 the "Change in Information" section of this report.			
1b. Do you wish to renew your Indiana Environmental Stewardship Program membership? <input checked="" type="checkbox"/> Yes—If yes, please complete all sections of this annual report. <input type="checkbox"/> No—If no, please 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. <b>They are not a member of the Partners</b> <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: Facility expansion completed in July 2021 of 102,000 SF. Warehouse operations previously located in Ft. Wayne, IN were moved into the Albion, IN expansion.  
 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. **Compliance Reports, Website, Newsletters**

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.bosch.com>)  Open house  Meetings  Press releases  Other Compliance Reports

**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? 01/24-28/2022

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

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: Yes, Update Aspects & Impacts  
 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: 03/2021  
 Who headed the review (name and title)? Alison Hudson, HSE Coordinator, Sr.
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 Audit  
 Month(s) / Year(s): May 5, 2021  
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Woodard & Curran
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?  
 No emergencies. Updated emergency and contingency plans to include the Phase 4 building expansion, 102,000 SF.
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).  
 Albion required to update environmental aspects of its activities, products and services to include the IT Server Room and the Main Office.  
 No—If no, please explain your plans to correct these instances.  
 No such instances identified.

**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.  
 VPP Star with Indiana OSHA - 3 year inspection performed July 24-28, 2021 and approved November 16, 2021 and Ford Q1 Status
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.  
 Meetings only
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, great exchange of information, networking, and sharing of best practices.

## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	7. Your facility has participated in two or more Partners meetings in the last year.
<input checked="" 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 checked="" 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: CO2 Reduction Indicator 1: Electricity Usage	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2020	2021	Increased cost of \$32,219
Actual quantity (per year)	9605700	9902700	Increase due to expansion of Phase 4 102,000 SF
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units KWH	Production lbs.
Production Quantity	4026756	4121638	NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity ÷ Actual baseline quantity) x Normalization factor			
Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. Electrical usage did increase in 2021 due to the building expansion called Phase 4 coming online in July 2021.			

## Initiative #2

Category 2: Water Reduction Indicator 2: Water usage	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2020	2021	Decreased cost of \$529.28
Actual quantity (per year)	1157623	1163000	Increase due to expansion of Phase 4, 102,000 SF
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units GALLONS	Production lbs.
Production Quantity	4026756	4121638	NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity ÷ Actual baseline quantity) x Normalization factor			
Briefly describe how you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. Water usage did increase in 2021 due to the building expansion called Phase 4 coming online in July 2021.			

## SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS  
CONTINUED

## Initiative #3

Category 3: Indicator 3:	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	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.			
1. Briefly describe the <i>impacts or wastes</i> eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically. Bosch is continuing to upgrade cooling technology in the presses. The new technology reduces the amount of process water required from the city as well as reducing the amount of wastewater discharged to the POTW. However, the addition of Phase 4 did increase the wastewater discharge amount due to the increased Headcount now operating in the plant.			
2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)? The additional of Phase 4 did increase the amount of electricity consumed in KWH from July thru Dec 2021. High efficiency lighting and air handling systems have been installed to minimize electrical consumption. Bosch is continuing to evaluate and monitor presses to upgrade equipment and/or presses to be more efficient with variable speed drive motors.			
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. N/A			
4. Please provide a narrative summary of progress made toward <i>qualitative, significant</i> EMS objectives and targets, if any. N/A			
5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL). N/A			
6. Is your entity 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION F**

**ENVIRONMENTAL IMPROVEMENT INITIATIVE**

**Why do we need this information?**

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

**What do you need to do?**

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

1. Select the appropriate boxes in the following table to indicate the category and indicator(s) that represents the next environmental improvement initiative selected by your facility. For the category and indicator selected, list the baseline year (e.g., 2015) and the future year (e.g., 2016). 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 21	Future Year 20 22	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			Pounds, tons
	<input type="checkbox"/> Hazardous/toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input checked="" type="checkbox"/> Water Use	<input checked="" type="checkbox"/> Total water used	1163000 gallons	Reduce 3%	Gallons
<input type="checkbox"/> Energy Use	<input checked="" type="checkbox"/> Electricity	9902700 kWh	Reduce 3%	kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft <sup>3</sup>
	<input checked="" type="checkbox"/> Natural gas	41658 ccf	Reduce 3%	Btu / MMBtu
	<input checked="" type="checkbox"/> Diesel	3962	Reduce 3%	Gallons
	<input checked="" type="checkbox"/> Propane / LPG	552	Reduce 3%	Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
<input type="checkbox"/> Other: _____			_____	
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO2E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NOx, SOx, PM <sub>2.5</sub> , PM <sub>10</sub> , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
<input type="checkbox"/> Non-hazardous Waste <input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
	<input checked="" type="checkbox"/> Landfill	204911 lbs	Reduce 3%	Pounds, tons
	<input checked="" type="checkbox"/> Incineration	184326 lbs	Reduce 3%	Pounds, tons
	<input checked="" type="checkbox"/> Reused/recycled off-site	708026 lbs	Reduce 3%	Pounds, tons, gallons
	<input checked="" type="checkbox"/> Other: <u>Universal Waste</u>	3153 lbs	Reduce 3%	Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons

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**

- 2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe. \_\_\_\_\_  
N/A
  
- 3. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? \_\_\_\_\_  
Continued training on pollution prevention, waste recycling, and waste management. Increasing our Zero Waste to Landfill. Currently at 19% to landfill. Researching vendors to accept plastic bottles, aluminum cans, plastic strapping, shrink wrap and foam packaging to further increase recycling volumes.
- 4. Does this initiative address a significant aspect in your EMS?  
 Yes  
 No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative: \_\_\_\_\_

**CERTIFICATION AND PLEDGE**

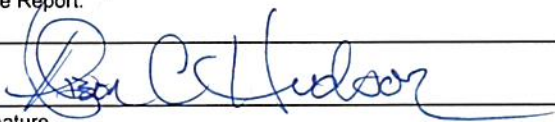
On behalf of (name of facility) ROBERT BOSCH LLC

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, ROBERT BOSCH 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 1<sup>st</sup> 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)  
3/30/2022

Printed signature  
ALISON HUDSON

Title  
HSE COORDINATOR, SR