



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R5 / 2-17)

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.

SECTION A**FACILITY INFORMATION**

Name of facility

Milestone AV Technologies, Da-Lite

Name of parent company (if applicable)

Milestone AV Technologies

Street address (number and street)

3100 North Detroit St

City / State / ZIP code

Warsaw / IN / 46582

Website of facility / company

www.milestone.com**CONTACT INFORMATION**

Name of Contact (Mr. / Mrs. / Ms. / Dr.)

Mr. Guillermo Barbosa

Title

Continuation Engineer

Telephone number

(574) 372-1334

FAX number

()

E-mail address

guillermo.barbosa@milestone.com

Mailing address (if different from facility address)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (mm/dd/yyyy – mm/dd/yyyy)

1/1/2017 - 12/31/2017

1a. Is this the fourth Annual Performance Report of your membership term?

☒ Yes—If yes, answer question 1b.☐ 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?

☒ 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.

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 Available by 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? June 2017
2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: Ray Kirton, Auditor, AJA Registrars
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) _____

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
- ☐ ISO 14001:2004 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
- ☐ ISO 14001:2004
- ☐ Responsible Care EMS
- ☐ Responsible Care 14001

☐ No

SECTION C

ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT
CONTINUED

7. When was the last Senior Management review of your EMS completed?
 Month / Year: 5/18/17
 Who headed the review (*name and title*)? Elizabeth Cruz, Material Inventory Control 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: ISO 14001:2015 Audt
 Month(s) / Year(s): June 2017
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? AJA Registrar
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 in 2017, therefore no changes in emergency/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 compliance audit(s).
Drums not properly logged into book, in waste shed.
☐ 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.
We are members in the Partners for Pollution Prevention, we offer electronic recycling to our employees.
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
No
3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?
Registered prior to joining Environmental Stewardship Program

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: <u>Water use</u> | Baseline | Current | Cost Savings |
| Indicator 1: <u>Total Water Used</u> | (indicate measurement unit) | (indicate measurement unit) | |
| Calendar year | 2016 | 2017 | |
| Actual quantity (per year) | 3,342,000 | 3,276,000 | 0 |
| Production unit (select one) | X Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.) | | |
| Production Quantity | 12,072 hrs/wk | 13,386 hrs/wk | NA |

Normalization factor (Current year production ÷ Baseline year production) 1.11

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor - 73,181.87

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.
Removed old compressors and associated systems, the old tank was draining water continuously during operations. Also, major renovations in the following areas: restrooms (toilets now have 2 controls for water usage, faucets in restrooms have been upgraded to a sensing system, the cafeteria and office area breakroom.

SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS
CONTINUED

Initiative #2

| | | | |
|---|---|--|-----------------|
| Category 2: _____ Indicator 2: _____ | 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 this environmental initiative or, if relevant, any circumstances that delayed progress. | | | |

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 this environmental initiative 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. We reduced the amount of water usage, although we are on a well system, we have driven to reduce our water usage as an environmental impact. | | | |
| 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. N/A | | | |
| 4. Please provide a narrative summary of progress made toward <i>qualitative, significant</i> EMS objectives and targets, if any. We are continuing to work on our internal sustainability goals to help reduce our environmental impact to the community. | | | |
| 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 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____ | Future Year 20____ | 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"/> Materials used | | | Pounds, tons |
| | <input type="checkbox"/> Hazardous materials used | | | Pounds, tons |
| <input type="checkbox"/> Material Use | <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 | 3,342,000 | 3,276,000 | Gallons |
| | <input type="checkbox"/> Electricity | | | kWh / MWh, Btu / MMBtu |
| | <input type="checkbox"/> Steam | | | kWh / MWh, gallons, ft ³ |
| | <input type="checkbox"/> Natural gas | | | Btu / MMBtu |
| | <input type="checkbox"/> Diesel | | | Gallons |
| | <input type="checkbox"/> Propane / LPG | | | Btu / MMBtu, gallons |
| <input type="checkbox"/> Energy Use | <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"/> Total GHGs | | | MTCO ₂ E |
| | <input type="checkbox"/> VOCs | | | Pounds, tons |
| <input type="checkbox"/> Air Emissions | <input type="checkbox"/> NO _x , SO _x , PM _{2.5} , PM ₁₀ , 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"/> COD or BOD | | | Pounds, tons |
| | <input type="checkbox"/> Toxics | | | Pounds, tons |
| <input type="checkbox"/> Discharges to Water | <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"/> Pathogens | | | MPN/ml, CFU/ml |
| <input type="checkbox"/> Non-hazardous Waste | <input type="checkbox"/> Landfill | | | Pounds, tons |
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Incineration | | | Pounds, tons |
| | <input type="checkbox"/> Reused/recycled off-site | | | Pounds, tons, gallons |
| | <input type="checkbox"/> Other: _____ | | | 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"/> Expected lifetime energy use | | | kWh / MWh, Btu / MMBtu |
| | <input type="checkbox"/> Expected lifetime water use | | | Gallons |
| <input type="checkbox"/> Products | <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 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: _____
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)? _____
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) Milestone AV Technologies, Da-Lite

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, Milestone AV Technologies, 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)

3/26/2018

Printed signature
Tony Hill

Title
Sr. Director, Operations

Registration Certificate

This is to certify that the Management Systems of

Milestone AV Technologies

have been assessed by AJA Registrars and registered
against the requirements of

ISO 14001:2015

Certificate No. : **AJA17/18374**

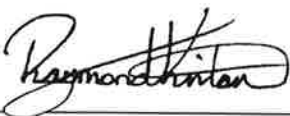
Date of Original Registration : **March 26th 2014**

Expiry Date : **March 26th 2020**

Date of Re-Registration : **August 23rd 2017**



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Chief Executive - AJA Registrars Ltd



This certificate is issued in respect of the locations & scope of registration detailed in the Associated Registration Schedule.
This certificate is the property of AJA Registrars Ltd Unit 6 Gordano Court Gordano Gate Business Park Serbert Close Portishead Bristol UK BS20 7FS
and must be returned on request. A member of the AJA Group of Companies

Registration Schedule

SCOPE OF REGISTRATION

Manufacture of Vinyl Projection Screen Surfaces

Company Name: **Milestone AV Technologies**

Sites Registered: 11500 Williamson Road, Cincinnati OH 45241, USA

Standard: **ISO 14001:2015**

EAC: 14, 17

Certificate Number: AJA17/18374

Date of Re-Registration: August 23rd 2017

Expiry Date: March 26th 2020

Next Re-Audit Due Date: January 26th 2020



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Chief Executive - AJA Registrars Ltd



This certificate is the property of AJA Registrars Ltd and must be returned on request.
This certificate has been issued by AJA Registrars Ltd Unit 6 Gordano Court Gordano Gate Business Park Serbert Close Portishead Bristol UK BS20 7FS