



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

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

ROBERT BOSCH LLC

Name of parent company (if applicable)

Robert Bosch Corporation

Street address (number and street)

1613 Progress Drive

City / State / ZIP code

Albion, IN 46701

County

Noble

Website of facility / company

www.bosch.com

How many employees (full time equivalents) currently work at your facility?

317

CONTACT INFORMATION

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

Alison Hudson

Title

HSE Coordinator, Sr.

Telephone number

(260) 636-4205

FAX number

(260) 636-1106

E-mail address

Alison.Hudson@us.bosch.com

Mailing address (if different from facility address)

City / State / ZIP Code

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

Dan Gallo

Title

VP, Plant Manager

Telephone number

(260) 636-1005

FAX number

(260) 636-1106

E-mail address

Daniel.Gallo@us.bosch.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)

01/01/2020-12/31/2020

1a. Is this the fourth ESP 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.

2a. Are you a member of the Indiana Partners for Pollution Prevention (Partners) Program?

☒ Yes—If yes, answer question 2b.

☐ No—If no, skip to the "Change in Information" section of this report.

REPORTING PERIOD (CONTINUED)

- 2b. Do you wish to recertify your Partners for Pollution Prevention (Partners) Pledge?
- ☒ Yes—If yes, please complete all sections of this annual report.
- ☐ No—If no, please complete all sections of this annual report except for Section F.

CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

☐ Yes—If yes, please describe them: _____

☒ No

SECTION B**PUBLIC OUTREACH AND PERFORMANCE REPORTING****Why do we need this information?**

IDEM needs to know how environmental information was shared with the public.

What do you need to do?

Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. **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? 03/25-26/2021

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

- | | |
|--|---|
| <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: 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: HSE Process & Data Audit
Month(s) / Year(s): July 2020
Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Bosch Corporate HSE 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?
On March 13, 2020, a 5S associate started to pump liquids into the large oily water AST. Level indicator was at 69 inches - tank is full at 72 inches. Liquid came out of overflow vent and down on the floor. Small amount spilled - <10 gallons. 5S team cleaned up the spill and placed material into alternate AST.
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.

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, 2020 GM Supplier Excellence Award, 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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Your facility has participated in two or more Partners meetings in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	8. Your facility supported the annual Pollution Prevention Conference and Trade Show. Please check all that apply: <input type="checkbox"/> Financial sponsorship <input 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	2019	2020	\$139,198
Actual quantity (per year)	12490020	9605700	
Production unit (select one)	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.) KWH		
Production Quantity	5590000	4026756	NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) × Normalization factor			
Briefly describe how you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress. Continued replacement of T8 lighting to LED. Production upgrades included installation of additional variable drive motors that operate on a demand basis, not continual operation.			

Initiative #2

Category 2: Water Reduction Indicator 2: Water usage	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2019	2020	\$3,020
Actual quantity (per year)	1383814	1157623	
Production unit (select one)	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.) GALLONS		
Production Quantity	5590000	4026756	NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) × Normalization factor			
Briefly describe how you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress. New electric presses in the facility are using deionized water that is generated by a separate system, reducing our requirement for city water. In addition, new cooling technology being installed on all remaining presses reduces our demand for city water.			

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.			
<p>1. Briefly describe the <i>impacts or wastes</i> eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically. Covid in 2020 did briefly reduce our production demand; however, 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.</p>			
<p>2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)? Bosch is continuing to evaluate and monitor press utilizations to identify if older, less efficient presses can be removed from the facility. New product lines and presses brought into the plant are manufactured to operate more efficiently with variable speed drive motors.</p>			
<p>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</p>			
<p>4. Please provide a narrative summary of progress made toward <i>qualitative, significant</i> EMS objectives and targets, if any. N/A</p>			
<p>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</p>			
<p>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</p>			

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 20	Future Year 20 21	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	1157623	Reduce 5%	Gallons
<input type="checkbox"/> Energy Use	<input checked="" type="checkbox"/> Electricity	9605700 kWh	Reduce 5%	kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<input checked="" type="checkbox"/> Natural gas	25467 ccf	Reduce 5%	Btu / MMBtu
	<input checked="" type="checkbox"/> Diesel	4004	Reduce 5%	Gallons
	<input checked="" type="checkbox"/> Propane / LPG	392	Reduce 5%	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 checked="" type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO2E
	<input checked="" type="checkbox"/> VOCs	626 lbs	Reduce 5%	Pounds, tons
	<input type="checkbox"/> NOx, SOx, 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"/> 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"/> Pathogens			MPN/ml, CFU/ml
<input checked="" type="checkbox"/> Non-hazardous Waste	<input checked="" type="checkbox"/> Landfill	220976 lbs	Reduce 5%	Pounds, tons
<input type="checkbox"/> Hazardous Waste	<input checked="" type="checkbox"/> Incineration	228143 lbs	Reduce 5%	Pounds, tons
	<input checked="" type="checkbox"/> Reused/recycled off-site	795335 lbs	Reduce 5%	Pounds, tons, gallons
	<input checked="" type="checkbox"/> Other: Universal Waste	2783 lbs	Reduce 5%	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 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
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

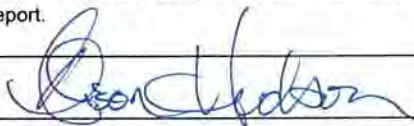
On behalf of (name of facility) ROBERT BOSCH LLC

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 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)
4/1/2021

Printed signature

ALISON HUDSON

Title

HSE COORDINATOR, SR