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
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Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
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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
American Axle Fremont Manufacturing (Formerly reported as Metaldyne BSM LLC)

Name of parent company (*if applicable*)
American Axle

Street address (*number and street*)
307 S. Tillotson Street

City / State / ZIP code
Fremont IN 46737

Website of facility / company
www.aam.com

CONTACT INFORMATION

Name of Contact (Mr. / Mrs. / Ms. / Dr.)		Title
Mr. David Clarkson		Plant Manager
Telephone number (260) 495-4833	FAX number (260) 495-4732	E-mail address david.clarkson@aam.com

Mailing address (*if different from facility address*)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (*mm/dd/yyyy – mm/dd/yyyy*)
01/01/2018-12/31/2018

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. Information about our recycling programs is available on our welcome presentation in the lobby for anyone in the community to view. We participate in the local Industrial Guild and share information about our sustainability programs with the community.We annually report our hazardous chemicals with the Indiana Department of Homeland Security and the TRI-MEweb which is available to the public.

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 lobby powerpoint

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? July 31 2018

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

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)*

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: see attached addendum

   ☐ 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: July 2018
   Who headed the review *(name and title)*? Julie Carmicheal, EMR

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: EMS System Audit
   Month(s) / Year(s): June 2018
   Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate and Facility Staff

9. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?
   none this year

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).
Audit of secondary labeling completed and corrected and subsequent Labeling system improvements

☐ 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.
   P2P

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

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

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: Non-Haz Waste Indicator 1: Recycling/Reuse	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2017	2018	
Actual quantity *(per year)*	7130	7477	
Production unit *(select one)*	Earned Labor Hours Production units XProduction lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	7112248	6557233	NA
Normalization factor (Current year production ÷ Baseline year production) .92			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 319.92			

Briefly describe *how* you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.
Continuation of prior year absorbent recycling project. Last year totally eliminated the waste stream, this year continued recycling of absorbents.

SECTION E	ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS *CONTINUED*		
Initiative #2			
Category 2: Non-Haz Waste Indicator 2: Recyling/Reuse	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2017	2018	
Actual quantity *(per year)*	246	424	
Production unit *(select one)*	Earned Labor Hours Production units xProduction lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	7112248	6557233	NA
Normalization factor (Current year production ÷ Baseline year production) .92			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 164.11			
Briefly describe *how* you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. Maintaining our relationship with vendors supporting environmental sustainability and our glove recycling program continuation.			

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 Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			
Briefly describe *how* you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. Our environmental programs include continual education of associates in awareness of recycling initiatives.			

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.
Reduction in general refuse waste stream through recycling program

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

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.
Even though we did not reduce usage based on normalization our heightened awareness and training did raise awareness to continue our initiative.

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.
see attached powerpoint regarding the glove recycling program and continuous improvement.

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? ☒ Yes ☐ 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 2018	Future Year 2019	Unit
☐ Material Procurement	☐ Recycled content			Pounds, tons
	☐ Hazardous/toxic components			Pounds, tons
☐ Suppliers' Environmental Performance	☐ Specify indicator: _____			As specified for the particular indicator
☐ Material Use	☐ Materials used			Pounds, tons
	☐ Hazardous materials used			Pounds, tons
	☐ Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			Pounds, tons
☐ Water Use	☐ Total water used			Gallons
☐ Energy Use	☐ Electricity			kWh / MWh, Btu / MMBtu
	☐ Steam			kWh / MWh, gallons, ft^3
	☐ Natural gas			Btu / MMBtu
	☐ Diesel			Gallons
	☐ Propane / LPG			Btu / MMBtu, gallons
	☐ Gasoline			Gallons
	☐ Solar			kWh / MWh
	☐ Wind			kWh / MWh
	☐ Landfill gas			Btu / MMBtu
	☐ Combined heat and power			kWh / MWh, Btu / MMBtu
	☐ Other: _____			_____
☒ Land and Habitat	☒ Land and habitat conservation	7.1	7.1	Square feet, acres
	☐ Community land revitalization			Square feet, acres
☐ Air Emissions	☐ Total GHGs			MTCO2E
	☐ VOCs			Pounds, tons
	☐ 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
☐ Discharges to Water	☐ COD or BOD			Pounds, tons
	☐ Toxics			Pounds, tons
	☐ Total suspended solids			Pounds, tons
	☐ Nutrients			Pounds, tons of N or P
	☐ Sediment from runoff			Pounds, tons
	☐ Pathogens			MPN/ml, CFU/ml
☒ Non-hazardous Waste ☐ Hazardous Waste	☐ Landfill			Pounds, tons
	☐ Incineration			Pounds, tons
	☒ Reused/recycled off-site	184600	175370	Pounds, tons, gallons
	☐ Other: _____			Pounds, tons, gallons
☐ Noise	☐ Noise			dBA
☐ Vibration	☐ Vibration			Inches per second
☐ Products	☐ Expected lifetime energy use			kWh / MWh, Btu / MMBtu

	☐ Expected lifetime water use			Gallons
	☐ 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 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. Planting trees and flowers to increase bees and butterflies.

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)? Fluids management, PM improvements, Cost savings

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*) American Axle Fremont Manufacturing Facility

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, AAM Fremont Manufacturing Facility, 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)*
David W. Clarkson/jc	03/28/2019
Printed signature	**Title**
David W. Clarkson	Plant Manager