



**INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM
ANNUAL PERFORMANCE REPORT**

State Form 53475 (R3 / 1-11)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance

MC 64-00, Room IGCS W041

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Indianapolis, IN 46204-2251

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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. Section C of your APR should be signed by your ISO 14001:2004 EMS Lead Auditor. 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 :Camcar LLC

Name of parent company (If applicable) Acument Global Technologies

Street address (number and street) 4366 N Old US Hwy 31

City / State / ZIP code Rochester/IN/46975

Web site of Facility/Company www.acument.com

CONTACT INFORMATION

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

Title Ms. Jill Wood

Telephone number 574-223-9384

FAX number 574-223-1238

E-mail address jwood@acument.com

Mailing address (if different from facility address)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (month, day, year)

1a. Is this the third 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: We will be adding heat treating in the facility but it is not operational yet.
 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. Copies of the Plant Emergency Organizational Manual were distributed to the LEPC & the Fire Dept.

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.acument.com>) Open house Meetings Press releases Other

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 14001:2004 EMS Lead Auditor at least
 Every 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 14001:2004 EMS Lead Auditor performed an EMS assessment at your facility? 11/1-2/10

2. Is the date of the most recent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor within the past 36 months?

Yes—If yes, skip to Question 3.

No—If no, please have your ISO 14001: 2004 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 14001:2004 EMS Lead Auditor

Date (month, day, year)

3. Were any deficiencies found during the most recent EMS assessment?

No—If no, skip to Question 4.

Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency:

4. Name, title, and organization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Robert Fair/Lead Assessor/Intertek

5. What type of protocol was used to perform the independent EMS assessment?

ISO 14001:2004 Certified audit

Responsible Care EMS audit

Responsible Care 14001 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 14001:2004

Responsible Care EMS

Responsible Care 14001

No

7. When was the last Senior Management review of your EMS completed?

Month / Year: 2/11

Who headed the review (name and title)? Brian Richter, Plant 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: Compliance with existing state and federal regulations

Month(s) / Year(s): 4/09

Who conducted the audit(s) (e.g., facility staff, corporate, third party)? IDEM (Jim Weingart). We asked him to conduct the audit instead of paying a consultant fee.

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? Our plant did not have any environmental emergencies during the last year. We did conduct our drills (fire, tornado and spill) per the plan for both shifts. Our Plant Emergency Organization Manual was updated on October 15, 2010. This manual is sent to the Fire Dept., the LEPC, and the spill companies.

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.

11. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section E. You may limit the summary to environmental aspects that are significant and towards which progress has been made during the last calendar year. Attach additional sheets as necessary.

Environmental aspect	Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)

SECTION D ADDITIONAL INFORMATION

Why do we need this information? This information will help IDEM effectively manage the Environmental Stewardship Program

What do you need to do? Answer the questions as completely as possible.

- In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months. We did not receive any environmental awards. We did achieve IN-SHARP Certification with the state in Sept. 2010.
- Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider. We did have our air permit revised twice (2009 and 2011) but we didn't have the same person as suggested as part of our incentives but we have always had very good turn around with the state.
- 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? We were registered for many years before pursuing the ESP membership.

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.

What do you need to do? Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR.

Category: <u>Energy Use</u>	Baseline Quantity	Future Goal Quantity	Current Quantity	Cost Savings
Indicator: <u>Total (non-transportation) energy use by fuel type</u>				
Calendar year	2009	2010	2010	
Actual quantity (per year)	4,393,723 kWh	4,366,453kWh	5,789,007kWh	
Normalized quantity (per year)	.024		.017	
Basis for your normalizing factor (e.g., gallons of paint produced)	kWh used per pcs through all operations			
Measurement unit (e.g., pounds)	kWh			

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. We worked more hours and produced more pieces in 2010 as compared to 2009 so our normalized quantity is more accurate because it does show a decrease in the kWh per pcs produced.

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

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.

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., 2009) and the **future year** (e.g., 2010). Next list the **baseline annual quantity** (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 2010	Future Year 2011	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 type="checkbox"/> Water Use	<input type="checkbox"/> Total water used			Gallons
<input type="checkbox"/> Energy Use	<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"/> 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			MTCO2
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NOx, SOx, PM ₂ , 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 type="checkbox"/> Landfill			Pounds, tons
	<input type="checkbox"/> Incineration			Pounds, tons
	<input checked="" type="checkbox"/> Reused/recycled off-site	75 Pounds	0 Pounds	Pounds, tons, gallons
<input type="checkbox"/> Hazardous Waste	<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"/> 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

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)? Recharging alkaline batteries instead of throwing them away as a universal waste. The life of the battery could be extended up to 5 years.

CERTIFICATION AND PLEDGE

On behalf of Acument Global Technologies, Camcar LLC, Rochester Operations, 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, Acument Global Technologies, Camcar LLC, Rochester Operations, 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 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 three 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 	Title Plant Manager	Date (month, day, year) 3/14/11
Printed signature Brian Richter		

SECTION D

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 14001:2004 EMS Lead Auditor at least every 36 months to assess the EMS.

What do you need to do?
Have your ISO 14001:2004 EMS Lead Auditor sign Section C containing your EMS meets ESP requirements.

1. What was the date of the last independent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor at this facility (month/year)? This date must be within the past 36 months to qualify for ESP membership: 11/10

2. Does the applicant's EMS meet the following criteria for membership (to be completed by the ISO 14001:2004 EMS Lead Auditor)?

- 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 14001:2004 EMS Lead Auditor

Date (month, day, year)

Signature of Facility Contact

Date (month, day, year)

3. Were any deficiencies found during the most recent EMS assessment?

- No—If no, skip to Question 4.
- Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: _____

4. Name, title, and organization of ISO 14001:2004 EMS Lead Auditor that conducted the last EMS assessment: Intertek

5. What type of protocol was used to perform the independent assessment?

- ISO 14001:2004 Certified audit
- Responsible Care EMS audit
- Responsible Care 14001 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 14001:2004
- Responsible Care EMS
- Responsible Care 14001

No.

