



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM APPLICATION

State Form 52772 (R2 / 8-09)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention & Technical Assistance
100 North Senate Avenue IGCS W041
Indianapolis, Indiana 46204-2251
Telephone: (800) 988-7901
Fax: (317) 233-5627
E-mail: esp@idem.IN.gov

Please use this form when you are applying to the Indiana Environmental Stewardship Program. E-mail the completed application to the Indiana Department of Environmental Management (IDEM) at esp@idem.IN.gov. IDEM will notify you of receipt.

For ESP membership, you must identify three (3) environmental improvement initiatives for each 3-year membership term. One (1) initiative must be identified in this application and the remaining initiatives shall be identified each year at the time the annual summary is submitted to IDEM. The initiative will be measured by the environmental indicator you select. You must choose an indicator from the Environmental Performance Table. The indicator you select for your initiative should be related to the objectives and targets in your environmental management system (EMS). Where possible, indicators also should be identified as having a significant environmental impact in your EMS. No more than two of your indicators can be from the same environmental category during the 3-year term. If you are not sure how your objectives and targets fit into the indicators from the Environmental Performance Table or whether your indicators are significant, call IDEM at (800) 988-7901.

Your application should be reviewed and signed by a senior manager at your facility prior to submittal. The Application and Participation Statement must be signed by a senior manager at the facility and faxed, e-mailed, or mailed to IDEM. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.

APPLICANT INFORMATION

Name of facility*

Name of parent company**

Facility location (number and street address)

Facility location (city, state, and ZIP code)

If your facility has multiple street addresses, please list any other addresses for its sites or buildings:

* The name you enter for your facility will appear on all documents pertaining to ESP participation, which can include, but is not limited to: acceptance certificates, ESP membership directories, press releases, alphabetized lists on IDEM Web sites, and so on. If your company has or will have multiple members in the program, we suggest facility names are provided that distinguish the facilities from one another.

**Please note that any parent company listed will not appear on ESP documentation. If it is important that your parent company appear in the facility's title, then please include it in the facility name above.

CONTACT INFORMATION

Name of contact (Mr., Mrs., Ms., or Dr.)

Title

Telephone number

Fax number

E-mail address

Facility / company Web site

Mailing address (if different from street address)

City, State, and ZIP code

SECTION A**ABOUT YOUR FACILITY****Why do we need this information?**

IDEM needs background information on your facility to evaluate your application.

What do you need to do?

Provide background information on your facility.

1. What do you do or make at your facility?	
2. List your facility's Federal Identification number (i.e., the identification number used on federal tax forms). _____	3. List the North American Industrial Classification System (NAICS) codes you use to classify business at your facility. _____
4. How many employees (full-time equivalents) currently work at your facility? <input type="checkbox"/> Fewer than 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-1,000 <input type="checkbox"/> More than 1,000	5. In what ways have you learned about ESP? (<i>Select all that apply</i>) <input type="checkbox"/> At a professional conference <input type="checkbox"/> Through a trade association: _____ <input type="checkbox"/> Market phone call or e-mail <input type="checkbox"/> News media / professional journal: _____ <input type="checkbox"/> Environmental consultant <input type="checkbox"/> Internet/Web site <input type="checkbox"/> Other (<i>please specify</i>) _____

SECTION B**ABOUT YOUR ENVIRONMENTAL MANAGEMENT SYSTEM****Why do we need this information?**

Facilities need to have implemented an EMS that meets certain criteria and has been assessed by an independent third-party.

What do you need to do?

Confirm your EMS meets the Environmental Stewardship Program criteria and confirm you have had an independent assessment of your EMS.

1. Is your EMS certified to a recognized standard? <input type="checkbox"/> Yes—If yes, what standard does the EMS follow? <input type="checkbox"/> ISO 14001:2004 (<i>Please provide a copy of the most recent certificate</i>) <input type="checkbox"/> Responsible Care EMS <input type="checkbox"/> Responsible Care 14001 <input type="checkbox"/> No—If no, read the EMS requirements in the ESP Application Instructions and indicate if your EMS meets the following requirements:					
Environmental Policy	Planning	Implementing and operation	Checking and corrective action	Management review	Public outreach
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you implemented the EMS (plan-do)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. How has your EMS been assessed by an independent party? <input type="checkbox"/> ISO 14001:2004 Certified audit <input type="checkbox"/> Responsible Care EMS audit <input type="checkbox"/> Responsible Care 14001 audit <input type="checkbox"/> ESP Independent Assessment Protocol (<i>Please provide a copy of the completed Protocol with the ESP Application</i>) <input type="checkbox"/> Other (<i>please specify</i>):					
4. Who performed the assessment (<i>name, title, and organization</i>)?					
5. What was the date of the last independent EMS assessment (<i>month/year</i>)?					
6. Have you completed an aspect analysis evaluating all activities conducted at your facility that could impact the environment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Have you determined your significant aspects based on their potential harm to the environment, on community concerns, or on other objective factors? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. When did you last update your aspect analysis (<i>month/year</i>)?					

SECTION C**ENVIRONMENTAL IMPROVEMENT INITIATIVES****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.

Please complete the following questions according to the environmental indicator you selected from the Environmental Performance Table.

- 1a. What **category** was selected from the environmental performance table? _____
- 1b. What **indicator** was selected from the environmental performance table? _____
- 1c. All measurements should represent the performance level for the indicator across the entire facility. For many indicators, you may choose to focus your initiative on a specific subset of the indicator (e.g., a specific material, process, volatile organic compounds, group of toxic air emissions, or particular waste component). Does your initiative include everything covered by the indicator (e.g., all volatile organic compounds, all non-hazardous waste), or a specific process, substance, or component (e.g., ethane, cardboard)?
- All
- Specific—If your initiative is specific to a substance or component, please provide additional detail on your indicator such as the specific chemical to be reduced or specific waste component:
- 1d. 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)?
2. 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:
3. Are you subject to federal, state, tribal, or local regulatory requirements for this indicator?
- Yes—If yes, please explain how your initiative exceeds regulatory requirements:
- No

Stop! If the category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total Greenhouse Gases, please skip Questions 4a – 4b below and turn to Appendix 1 to complete the questions pertaining to the category you listed in Question 1a. After completing the respective table in Appendix 1, return to this section and complete questions 5 and 6. Otherwise, continue answering questions 4-6 below.

- 4a. What unit was selected from the environmental performance table to quantify this indicator? _____
- 4b. List the baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the end of the future year.
- | | |
|--|------------|
| _____ Baseline quantity | Year _____ |
| _____ Future year quantity (<i>not including production</i>) | Year _____ |
5. Does the quantity presented in the future quantity section represent an absolute goal or a normalized goal?
- Normalized goal (i.e., indexed to level of business in baseline year)
- Absolute goal (i.e., demonstrates improvement even if production increases)
6. Whether your goal is absolute or normalized, you will need to provide normalizing factors and normalized quantities in your annual performance reports. Please briefly describe your basis for normalizing. Examples of potential normalizing basis include: gallons of paint produced, square feet of circuit boards sold, number of patients seen, dollars of sales adjusted for inflation, or number of employees (for research and development and administrative sites only).

Energy Use - Non-Transportation

In the table below, please enter the amount of energy that you currently use and that you intend to use in your future reporting year. Break the energy use down by fuel type. Please note that you need only complete those lines that are relevant to your facility. If all of your energy is purchased from a local electricity generator, you may only need to complete the first line. If the facility uses natural gas, please be sure to complete the appropriate line (natural gas is typically combusted on site so it is listed in the "onsite" section). After completing the table, return to question 4 and complete the remaining application questions.

4a. Is the goal of your energy use commitment to:

- Reduce hazardous waste Improve waste management methods Combination of both strategies

4b. How much energy of each type does your facility use?

		Baseline Year 20____	Future Year 20____	Units
Energy generated off-site	Electricity			
	Steam			
	Total energy generated off-site			
Sources of energy generated on-Site	Coal			
	Natural gas			
	Crude oil			
	Fuel oil			
	Diesel			
	Propane / LPG			
	Gasoline			
	Hydrogen powered fuel cells			
	Natural gas / Methane powered fuel cells			
	Biomass			
	Solar			
	Wind			
	Landfill gas			
	Geothermal			
	Hydroelectric			
	Tire derived fuel			
	Other fuel or source Specify: _____			
Total energy generated on-site				
Total renewable energy use				
Total non-renewable energy use				
Total energy use				
Metric tons of CO2 equivalents				
Metric tons of CO2 equivalents				
Offset through purchases of electricity from renewable off-site sources				
Net metric tons of CO2 equivalents				

Waste - Non-Hazardous Waste Generation

In the table below, please enter your facility's amount of non-hazardous waste, broken down by waste management method. Please enter both the amounts you manage currently and that you intend to manage in your future reporting year. "Waste" is defined as all materials sent off-site that are neither product nor product packaging. After completing the table, return to question 4 and complete the remaining application questions.

4a. Is the goal of your non-hazardous waste commitment to:

- Reduce hazardous waste Improve waste management methods Combination of both strategies

4b. How much of your waste is handled using each management method?

Method of waste managed	Baseline Year 20____	Future Year 20____	Units
Landfill			
Incineration			
Reused/recycled off-site			
Other management - Specify: _____			
Total non-hazardous waste			

Waste - Hazardous Waste Generation

In the table below, please enter your facility's amount of hazardous waste, broken down by waste management method. Please enter both the amounts that you manage currently and that you intend to manage in your future reporting year. Include all hazardous waste that is treated on-site or sent off-site. After completing the table, return to question 4 and complete the remaining application questions.

- 4a. Is the goal of your hazardous waste commitment to:
 Reduce hazardous waste Improve waste management methods Combination of both strategies
- 4b. How much of your hazardous waste is handled using each management method?

Method of waste managed	Baseline Year 20	Future Year 20	Units
Landfill			
Incineration			
Reused/recycled off-site			
Treated on-site			
Other management Specify: _____			
Total hazardous waste			

Air Emissions – Total Greenhouse Gases

In the table below, please enter your facility's amount of greenhouse gases, broken down by process and source. Please enter both the amounts that you manage currently and that you intend to manage in your future reporting year. After completing the table, return to question 4 and complete the remaining application questions.

- 4a. Is the goal of your Total Greenhouse Gases commitment to:
 Reduce energy use Reduce process-related emissions Combination of both strategies
- 4b. How much greenhouse gas does your facility emit from each source?

Source		Baseline Year 20	Future Year 20	Units
Direct Emissions	Stationary combustion			
	Mobile sources			
	Refrigeration/AC equipment use			
	Process/Fugitive Specify source: _____			
	Process/Fugitive Specify source: _____			
	Process/Fugitive Specify source: _____			
	Total direct emissions Process/Fugitive			
Indirect Emissions	Purchased electricity			
	Purchased steam			
	Purchased hot water			
	Total indirect emissions			
Optional Indirect Emissions	Other Specify source: _____			
	Other Specify source: _____			
	Other Specify source: _____			
	Total optional indirect emissions			
Offsets	Offsets Specify source: _____			
	Offsets Specify source: _____			
	Offsets Specify source: _____			
	Total reductions from offsets			
	Total emissions less offsets			
Supplemental Information	Total CFC			
	Total HCFC			
	Total stationary combustion – biomass CO2			
	Total mobile sources – biomass CO2			
	Electricity trading transactions- Electricity purchase for resale			

APPLICATION AND PARTICIPATION STATEMENT

Print and complete this page.
Send a signed copy of this page to IDEM via fax, mail, or scan and e-mail.

On behalf of _____

I certify that:

- I have read and agree to the terms and conditions for application and participation in the Indiana Environmental Stewardship Program (ESP), as specified in the Indiana Environmental Stewardship Program guidelines and application instructions;
- I have personally examined and am familiar with the information contained in this application, including the environmental requirements checklist. The information contained in this application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Indiana Environmental Stewardship Program EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that IDEM's decision whether to accept participants into or remove them from the Indiana Environmental Stewardship Program is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or removal decision. 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 applying to this program.

Signature / date _____

Printed Name Mr., Mrs., Ms., or Dr. _____

Title _____

Telephone Number / E-mail address _____

Facility name _____

Facility address (*number and street*) _____

City, State, and Zip code _____

Mailing address
(if different from facility location): _____

City, State, and Zip code _____

Please e-mail your completed application and attachments to esp@idem.IN.gov.

Please provide IDEM with a signed version of the *Application and Participation Statement*. Once signed, this statement may be faxed, mailed, or e-mailed to IDEM at:

IDEM – OPPTA
Attn: ESP Application
100 North Senate Avenue
MC 64-00 IGCS W041
Indianapolis, Indiana 46204-2251

Fax: 317-233-5627

esp@idem.IN.gov