

US EPA ARCHIVE DOCUMENT



Environmental Stewardship Program  
Initial Application Intake and Review  
B-001-OPP-PP-XX-07-S-R0  
**Standard Operating Procedure**  
**Office:** *Office of Pollution Prevention & Technical Assistance*  
**Branch:** *Pollution Prevention*  
**Section:** *NA*

**Revised:** *May 21, 2009* **Revision Cycle:** *Two years*  
**Effective date:** *July 17, 2007*

**Scope of operations**

This SOP covers the standard process for receiving initial applications for membership into the Environmental Stewardship Program. The SOP describes steps to be taken once the application is received and steps taken to review the application to determine if the applicant meets the membership criteria.

**Scope of applicability**

This SOP is to be used by staff in the Office of Pollution Prevention and Technical Assistance including Administrative Assistants, the Branch Chief, the Assistant Commissioner, and the Program Manager.

**Authorizing Signatures**

I approve and authorize this Standard Operating Procedure:

\_\_\_\_\_  
Rick Bossingham, Assistant Commissioner  
Office of Pollution Prevention & Technical Assistance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jennifer Schick, Branch Chief  
Office of Pollution Prevention & Technical Assistance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fred Saylor, Branch Quality Assurance Coordinator  
Office of Pollution Prevention & Technical Assistance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stacey Martindale, Senior Environmental Manager 1  
Office of Pollution Prevention & Technical Assistance

\_\_\_\_\_  
Date

This Standard Operating Procedure is consistent with Agency requirements.

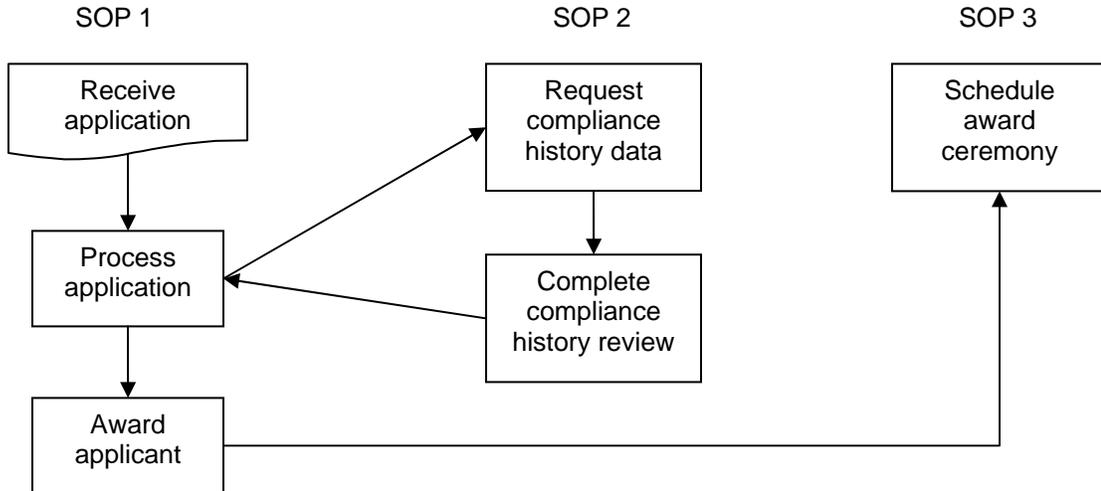
\_\_\_\_\_  
Quality Assurance Program, Planning and Assessment  
Indiana Department of Environmental Management

\_\_\_\_\_  
Date

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## 1.0 Overview “work-flow” flowchart



SOP 1 refers to the Environmental Stewardship Program Initial Application Intake and Review SOP. SOP 2 refers to the Environmental Stewardship Program Compliance Check SOP. SOP 3 refers to the ESP Award Ceremony SOP. Refer to Section 5 for more details on the ESP Application Review procedures.

## 2.0 Definitions

- 2.1. “Administrative Assistant (AA)” – A non-supervisory agency staff responsible for fulfilling tasks as outlined in the Environmental Stewardship Program Initial Application Intake and Review SOP.
- 2.2. “Announcement Date” – The date applicant decisions are released. The Announcement date for applications submitted in April through May will be a date in early September. The Announcement date for applications submitted in September through October will be a date in early February. IDEM should strive to have announcement dates as close to the first of the month as possible.
- 2.3. “Assistant Commissioner” – The Assistant Commissioner of the Office of Pollution Prevention and Technical Assistance.
- 2.4. “Contracts Administrator” – An Agency staff member in the Business Service Division of the Office of External Affairs responsible for preparing and coordinating MOUs, MOAs and Contracts for the entire Agency. (A-027-OEA-06-P-R0, A-013-OEA-06-P-R1)
- 2.5. “Environmental Stewardship Program (ESP)” – “Environmental Stewardship Program (ESP)” – The Environmental Stewardship Program is a voluntary environmental performance based leadership program to promote continuous environmental improvement in Indiana. Members are afforded recognition and regulatory incentives from the Indiana Department of Environmental Management.

- 2.6. "Initial Completeness Review" – A cursory review of the application to ensure all basic information required to be submitted is included in the application. This review is not a determination of whether the information submitted is adequate for membership.
- 2.7. "Operations Branch Program Director" – An agency staff person responsible for reviewing the Environmental Stewardship Program Initial Application Intake and Review SOP.
- 2.8. "Pollution Prevention Branch Chief (P2 BC)" – A Branch Chief in the Office of Pollution Prevention & Technical Assistance and responsible to the Assistant Commissioner.
- 2.9. "Senior Environmental Manager 1 (SEM1)" – A non-supervisory agency staff responsible for fulfilling tasks as outlined in the Environmental Stewardship Program Initial Application Intake and Review SOP.
- 2.10. "Site Visit" – A general trip to the applicant's location, the purpose of which is solely to view the operations taking place at the location and to meet face to face with the applicant. Discussion at the site visit may include topics such as: the proposed environmental improvement initiative, the applicant's environmental management system, and the applicant's compliance history.
- 2.11. "Year of Announcement" – The year in which the applicant would be announced as a member if the applicant is accepted into the program. Applications submitted in September 2008 through October 2008 will be announced in February 2009. Therefore the Year of Announcement for those applications will be 2009. Applications submitted in April through May 2009 will be announced in September 2009. Therefore the Year of Announcement for those applications will be 2009.

### 3.0 Roles

#### 3.1. Responsibilities:

- A. SOP Writer / Senior Environmental Manager 1
  - 3.1.A.1. Review SOP and project files annually and update as necessary
  - 3.1.A.2. Develop and present training for new staff on an as needed basis
  - 3.1.A.3. Conduct ESP Application Intake and Review as indicated in Section 5
- B. Administrative Assistant
  - 3.1.B.1. Conduct Environmental Stewardship Program Initial Application Intake and Review SOP as indicated in Section 5
- C. Pollution Prevention Branch Chief
  - 3.1.C.1. Ensure ESP application review occurs in a timely fashion
- D. Assistant Commissioner
  - 3.1.D.1. Conduct ESP application review as indicated in Section 5

#### 3.2. Training and Experience requirements:

- A. SOP Writer / Senior Environmental Manager 1
  - 3.2.A.1. Microsoft Word, Microsoft Excel, Microsoft PowerPoint
  - 3.2.A.2. Public speaking
  - 3.2.A.3. SOP design and development

- 3.2.A.4. Environmental management systems
- B. Administrative Assistant
  - 3.2.B.1. SOP design and development
  - 3.2.B.2. Microsoft Word and Microsoft Excel
- C. Pollution Prevention Branch Chief
  - 3.2.C.1. Environmental management systems
  - 3.2.C.2. ESP Independent Assessment Protocol
  - 3.2.C.3. SOP design and development
- D. Assistant Commissioner
  - 3.2.D.1. Environmental management systems
  - 3.2.D.2. ESP Independent Assessment Protocol
  - 3.2.D.3. SOP design and development
  - 3.2.D.4. Interdepartmental relationships between program areas

**4.0 Description of equipment, forms, or software to be used**

<b>Equipment</b>	
C5058 Copier	Scan applications to electronic documents.
<b>Documents</b>	
Environmental Stewardship Program Compliance Check B-006-OPP-P-XX-09-S-R1	The Compliance Check SOP is the official procedure for conducting the screening analysis and compliance status for the Indiana Environmental Stewardship Program.
Initial Completeness Review Checklist	The Initial Completeness Review Checklist is a table that OPPTA staff can use to determine if ESP applications contain the basic information required to be submitted by the applicant. Available at I:\P2\Stacey\ESP\Application\Application.
<b>Forms</b>	
ESP Application Form	ESP Application Form is used by Indiana organizations to become recognized in the Indiana Environmental Stewardship Program. Available at <a href="http://www.in.gov/icpr/webfile/formsdiv/2909.htm">http://www.in.gov/icpr/webfile/formsdiv/2909.htm</a> .
ESP Independent Assessment Protocol	The ESP Independent Assessment Protocol is used to verify completion of environmental management system documentation and implementation. Available at <a href="http://www.in.gov/idem/4434.htm">http://www.in.gov/idem/4434.htm</a> .
ESP Program Checklist for Potential Regulatory Incentives	The ESP Program Checklist for Potential Regulatory Incentives is used by new members to request regulatory incentives. Available at <a href="http://www.in.gov/icpr/webfile/formsdiv/">http://www.in.gov/icpr/webfile/formsdiv/</a> .
<b>Software</b>	
Awards and Recognition Program Database	Records communication and contact with entities receiving awards or recognition from IDEM.

## 5.0 Procedure

### 5.1. Procedure

#### A. Receiving applications:

Task or Process	Person Responsible	Time Frame
<p>Create applicant file folders. All applicant file folders are stored in OPPTA ESP / CLEAN file cabinet. Applications received via:</p> <ul style="list-style-type: none"> <li>• Mail – place original application in applicant’s folder</li> <li>• E-mail – print and place in applicant’s folder</li> <li>• Electronic information – file in applicant's e-mail file folder</li> </ul>	SEM1	Immediate upon receiving information
<p>Email applicant names to “ESP Weekly Application Listserv” for each week that an application is received. See listserv list at I:\P2\Stacey\ESP\Application\Application.</p>	SEM1	Once each week for duration of 60-day application period (no email is sent if no applications are received that week)

#### B. Conduct initial ESP application completeness review:

Task or Process	Person Responsible	Time Frame
<p>Email applicant confirming application was received</p>	SEM1	Within two days of receipt
<p>Conduct initial completeness review using “Initial Completeness Review Checklist” at I:\P2\Stacey\ESP\Application\Application.</p> <ul style="list-style-type: none"> <li>• If application <b>incomplete</b>: identify needed items; phone or e-mail applicant requesting needed items; allow five days (or by end of application period) for applicant to respond with needed information                             <ul style="list-style-type: none"> <li>○ Receive all requested application items and proceed to internal review process</li> <li>○ Requested items are not received during timeframe allotted; send letter to applicant stating must reapply during next application period (send updates to AC containing status of application completeness prior to removing applicant)</li> </ul> </li> </ul>	SEM1	Within one week of receipt

C. Conduct IDEM internal review process:

Task or Process	Person Responsible	Time Frame
Email "ESP Weekly Application Listserv" with final list of ESP applicants requesting routine inspections to be put on hold until end of internal review period	SEM1	First week of 90-day internal review period
Email MACS website coordinator requesting list of applicants be added to ESP website at <a href="http://www.in.gov/idem/4431.htm">http://www.in.gov/idem/4431.htm</a>	SEM1	First week of 90-day internal review period
<ul style="list-style-type: none"> <li>Follow ESP Compliance Check SOP for completing a compliance check on each applicant.</li> <li>Check EPA OTIS and ECHO websites at <a href="http://www.epa-otis.gov/">http://www.epa-otis.gov/</a></li> <li>Check for TRI reporting at <a href="http://www.epa.gov/tri">www.epa.gov/tri</a></li> </ul>	SEM1	First week of 90-day internal review period
Email applicant names, addresses, and Federal ID#'s to Contracts Administrator requesting Revenue and Workforce checks	SEM1	First week of 90-day internal review period
SEM1 sends applicant list to AA5. AA5 enters the applicant's information into the Awards and Recognition database	AA5	First week of 90-day internal review period
Compliance check results are emailed to SEM1 (see ESP Compliance Check SOP)	ESP Compliance Check listserv members and Contracts Administrator	Within two days of receiving compliance check results according to Compliance Check SOP
Applicant's compliance check results are compiled into one document using ESP Applicant Summary template at I:\P2\Stacey\ESP\Application\Application	SEM1	Within two days of receiving compliance check results
<p>Determine type of site visit at each applicant's location and assign OPPTA staff, as needed.</p> <p><u>No CTAP site visit:</u></p> <ul style="list-style-type: none"> <li>a) No violations;</li> <li>b) No SNV / HPV within past 5 years;</li> <li>c) Minor violations.</li> </ul> <p><u>CTAP site visit:</u></p> <ul style="list-style-type: none"> <li>a) Not inspected within past year;</li> <li>b) SNC / HPV within past 5 years;</li> <li>c) Inspected in past year with HPV or SNC.</li> </ul>	SEM1	Within two days of receiving compliance check results
Schedule appropriate ESP site visit and email agenda to applicant. Email site visit meeting request to applicable OPPTA staff including	SEM1	Within one week of receiving compliance check results

facility name, address, contact, "ESP Application Summary," and site visit agenda.		
Conduct site visit using "ESP Site Visit Guideline" located at I:\P2\Stacey\ESP\Application\Application	SEM1 (or OPPTA staff person)	During weeks five through nine of the 90-day internal review period
Notify MACS of upcoming new member press release	SEM1	During week nine of the 90-day internal review period
Compile data collected during site visit and update the "ESP Application Summary." Provide the "ESP Application Summary" to Branch Chief and Assistant Commissioner.	SEM1	Within two days of completing site visits
Assistant Commissioner and Commissioner make final member determination	OPPTA Assistant Commissioner, Commissioner	Within two weeks of receiving ESP Application Summary from OPPTA Assistant Commissioner
Call applicants to inform them of membership or non-membership	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Email "ESP Weekly Application Listserv" with final list of ESP new members	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Add new members, addresses, and contacts to respective "ESP Members List" available at I:\P2\Stacey\ESP\Members	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Create email listserv containing new member contacts and label using name of application round	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Email MACS website coordinator to remove applicant list and add new member list to ESP website at <a href="http://www.in.gov/idem/4431.htm">http://www.in.gov/idem/4431.htm</a>	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Email "ESP Checklist for Potential Regulatory Incentives" state form to approved applicants	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner

Mail declination letters for each applicant using the "ESP Declination Letter Template" located at I:\P2\Stacey\ESP\Application\Application	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Send new member congratulation letter for Governor's signature to Business & Legislative Liaison using the template located at I:\P2\Stacey\ESP\Application\Application	SEM1	Within two days of receiving final determination from OPPTA Assistant Commissioner
Place letters on Governor's office letterhead, obtain signature, and return to ESP Program Manager	Business & Legislative Liaison	
Receive copy of signed congratulation letter, make copy for member's file, and mail letter	SEM1	Within one month of sending for signature
Add new member data to "ESP Tracking Database" at I:\P2\Stacey\ESP\Members\Tracking	SEM1	Within one week of receiving final determination from OPPTA Assistant Commissioner
Request ES3 to revise ESP member map and post to OPPTA P2 metrics board	SEM1 (ES3)	Within one week of receiving final determination from OPPTA Assistant Commissioner
Schedule new member award ceremony following the "ESP Award Ceremony SOP"	SEM1	See "ESP Award Ceremony SOP"

## 6.0 Records Management

The SEM1 stores and maintains all hard-copy documents pertaining to ESP application in the applicant's ESP file folder within the ESP filing cabinet. Hard-copy documents include original application documents, completed Initial Completeness Review Checklist, and completed ESP Independent Assessment Protocol. All electronic documents received are stored and maintained electronically in the SEM1's Outlook e-mail file folder and may also be printed and stored in the applicant's file folder.

## 7.0 Quality Assurance / Quality Control

ESP applications are reviewed against the criteria outlined in Section 5: ESP Application Review Procedure. Future updates to this SOP document are reviewed by Pollution Prevention Branch Chief, Operations Branch Program Director, Assistant Commissioner of Pollution Prevention & Technical Assistance, and Quality Assurance Staff.

## 8.0 References

- 8.1. Environmental Stewardship Program Compliance Check SOP
- 8.2. Environmental Stewardship Program Independent Assessment Protocol
- 8.3. Executing the ESP Application Review SOP meets the statutory requirements as provided in 326 IAC 25, 327 IAC 18, and 329 IAC 18.

## 9.0 History of Revisions

The following table summarizes the history of revisions made to this SOP.

Revision Date	Revision Number	Description of Change	Impacts on Performance
	Original File	Initial SOP Development	Standardization of Procedures
January 5, 2009	1	Revision of initial SOP to include all tasks associated with application intake and review	Standardization of Procedures
April 21, 2009	2	Updated locations of documents found in I: and removed reference to Performance Track	Standardization of Procedures

## 10.0 Appendices

- 10.1. Indiana Environmental Stewardship Program Application Form 52772: <http://www.in.gov/icpr/webfile/formsdiv/idem.html>
- 10.2. Environmental Stewardship Program Independent Assessment Protocol: <http://www.in.gov/idem/4434.htm>
- 10.3. ESP Initial Completeness Review Checklist: I:\P2\Stacey\ESP\Application\Application
- 10.4. ESP Program Checklist for Potential Regulatory Incentives: <http://www.in.gov/icpr/webfile/formsdiv/>
- 10.5. ESP Site Visit Guideline: I:\P2\Stacey\ESP\Application\Application
- 10.6. Event Planner Template: I:\P2\Stacey\ESP\Members

Appendix 10.1



**INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM APPLICATION**

State Form 52772 (R / 2-07)  
 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](mailto:esp@idem.IN.gov)

**When to use this application form...**

**STOP!** Is your facility currently a member or planning to become a member of the U.S. Environmental Protection Agency's National Environmental Performance Track Program (NEPT)? If your facility is currently a NEPT member, please contact IDEM at 800-988-7901 for application information before proceeding.

If your facility wishes to become a member of NEPT **and** the Indiana Environmental Stewardship Program (ESP), do not complete this application. Use the NEPT application found at: [www.epa.gov/performancectrack/apps/app.htm](http://www.epa.gov/performancectrack/apps/app.htm). The U.S. EPA will notify IDEM of your application to both ESP and NEPT.

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

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](mailto:esp@idem.IN.gov) or 800-988-7901.

US EPA ARCHIVE DOCUMENT

APPLICANT INFORMATION
Name of Facility*
Name of Parent Company**
Facility Location, Street Address
Facility Location, City/State/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
Contact Name (Mr./Mrs./Ms./Dr.)
Title
Phone
Fax
E-mail
Facility/Company Website
Mailing Address (if different from street address)
City/State/ ZIP code

SECTION A	ABOUT YOUR FACILITY	What do you need to do?
<b>Why do we need this information?</b> IDEM needs background information on your facility to evaluate your application.		Provide background information on your facility Identify your environmental requirements
<p>1 In what ways have you learned about ESP? (Select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At a professional conference</li> <li><input type="checkbox"/> Marketing mailer</li> <li><input type="checkbox"/> Through a trade association</li> <li><input type="checkbox"/> Market phone call or e-mail</li> <li><input type="checkbox"/> Internally within your company</li> <li><input type="checkbox"/> News media / professional journal</li> <li><input type="checkbox"/> From a peer in your sector</li> <li><input type="checkbox"/> Environmental consultant</li> <li><input type="checkbox"/> Internet/website</li> <li><input type="checkbox"/> Other (please specify) _____</li> </ul> <p>2 What do you do or make at your facility?</p> <p>3 List your facility's Federal Identification number.</p> <p>_____</p> <p>4 List the North American Industrial Classification System (NAICS) codes you use to classify business at your facility.</p> <p>_____</p> <p>5 How many employees (full-time equivalents) currently work at your facility?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fewer than 50</li> <li><input type="checkbox"/> 50-99</li> <li><input type="checkbox"/> 100-499</li> <li><input type="checkbox"/> 500-1,000</li> <li><input type="checkbox"/> More than 1,000</li> </ul> <p>6 If there is something else you would like to tell us about your facility (e.g., receipt of environmental awards, participation in other voluntary programs at the local, tribe, state, or federal level), please describe them here.</p>		
SECTION B	ABOUT YOUR EMS	What do you need to do?
<b>Why do we need this information?</b> Facilities need to have implemented an approved environmental management system (EMS) that meets certain criteria.		Confirm your EMS meets the ESP criteria Confirm you have had an independent assessment of your EMS
<p>1 Are you a Responsible Care-certified facility?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes. If yes, please answer these supplementary questions regarding your Responsible Care certification:                      Please indicate whether your certification is to:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> RC EMS</li> <li><input type="checkbox"/> RC 14001</li> </ul>                     Are you a member of the American Chemistry Council (ACC)?                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>                     Are you a member of the Synthetic Organic Chemical Manufacturers (SOCMA)?                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul> <p style="margin-left: 40px;"><b>Responsible Care-certified facilities may now skip to Section C.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No. If no, please continue to question 2.</li> </ul>		

2 Read the EMS requirements in the ESP Application Instructions and tell us if your EMS meets the requirements for:

Environmental Policy  
 Yes  
 No

Planning  
 Yes  
 No

Implementing and operation  
 Yes  
 No

Checking and corrective action  
 Yes  
 No

Management review  
 Yes  
 No

Public Outreach  
 Yes  
 No

3 Have you done a comprehensive review of all activities conducted at your facility that could impact the environment (i.e., have you completed an aspect analysis)?  
 Yes  
 No

4 Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors (i.e., have you determined your significant aspects)?  
 Yes  
 No

5 When did you last update your aspect analysis? (mo/yr) \_\_\_\_\_

6 Have you implemented the EMS (plan-do)?  
 Yes  
 No

7 Has your EMS been assessed by an independent party or certified by a recognized standard?  
 Yes. If yes, what method of EMS assessment did you use?  
 IDEM or duly authorized agent of IDEM  
 ISO 14001:2004 Certification (Please provide copy of most recent certificate)  
 Other, please specify \_\_\_\_\_  
 No

8 What was the date of your last independent EMS assessment (mo/yr)? \_\_\_\_\_

9 Who performed the independent assessment? \_\_\_\_\_

**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 in the instructions.

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. In the following table, identify the initiative that will begin this year. The initiative will be measured by the environmental indicator you select. You must choose an indicator from the Environmental Performance Table as provided in the ESP Application Instructions. The indicator you select for your initiative should be related to the objectives and targets in your 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.

Please complete the following questions according to the environmental indicator you selected from the Environmental Performance Table. Additional information is required for air, hazardous waste, solid waste, and energy indicators as requested in Appendix 1.

1a What category have you selected from the Environmental Performance Table? (If the category is Energy Use, Waste, or Air Emissions for Total GHGs, please turn to Appendix 1 to complete additional questions pertaining to the category you have selected.) \_\_\_\_\_

1b What indicator have you 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, VOC, group of toxic air emissions, or particular waste component). Does your initiative include everything covered by the indicator (e.g., all VOCs, 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 (e.g., specific chemical to be reduced, 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)?

2a Does this initiative address a significant aspect in your EMS?

- Yes
- No

2b If no, please explain why you believe this indicator should be included as an environmental improvement initiative.

*Stop! If the category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total GHGs, please skip Questions 3a – 3b below and turn to Appendix 1 to complete the questions pertaining to the category you listed. After completing Appendix 1, return to question 4 and complete the remaining application questions.*

3a What units are you using to quantify this indicator? \_\_\_\_\_  
(Please refer to the Environmental Performance Table for the acceptable units for each indicator.)

3b List the baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year.

_____	Baseline quantity	_____	Year _____
_____	Future year quantity (not including production)	_____	Year _____

4 Does the quantity presented in the future quantity column 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)

5 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 R&D and administrative sites only).

6a Are you subject to Federal, State, tribal, or local regulatory requirements for this indicator?

- Yes
- No

6b If yes, explain how your initiative exceeds regulatory requirements.

**APPENDIX 1 ENVIRONMENTAL PERFORMANCE DATA**  
 Additional questions for environmental improvement initiatives for the following categories/indicators:

**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).

Please note that this table categorizes sources of energy according to where the energy is generated.

3a Is the goal of your energy use commitment to:

- Reduce total energy use
- Invest in renewable energy sources
- Combination of both strategies

3b How much energy of each type does your facility use?

		Baseline Year 20_____	Future Year 20_____	Units
Energy Generated Off-Site	Electricity			
	Steam			
	<b>Total Energy Generated Off-Site</b>			
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: _____				
<b>Total Energy Generated On-Site</b>				
<b>Total Renewable Energy Use</b>				
<b>Total Non-Renewable Energy Use</b>				
<b>Total Energy Use</b>				
<b>Metric Tons of CO2 Equivalents</b>				
<b>Metric Tons of CO2 Equivalents</b>				
<b>Offset Through Purchases of Electricity from Renewable Off-Site Sources</b>				
<b>Net Metric Tons of CO2 Equivalents</b>				

**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.

3a Is the goal of your non-hazardous waste commitment to:

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

3b 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: _____			
<b>Total Non-Hazardous Waste</b>			

**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.

3a Is the goal of your hazardous waste commitment to:  
 Reduce hazardous waste  Improve waste management methods  Combination of both strategies

3b 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: _____			
<b>Total Hazardous Waste</b>			

**Air Emissions – Total GHGs**

3a Is the goal of your Total GHGs commitment to:  
 Reduce energy use  Reduce process-related emissions  Combination of both strategies

3b 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: _____			
	<b>Total Direct Emissions Process/Fugitive</b>			
Indirect Emissions	Purchased Electricity			
	Purchased Steam			
	Purchased Hot Water			
	<b>Total Indirect Emissions</b>			
Optional Indirect Emissions	Other Specify Source: _____			
	Other Specify Source: _____			
	Other Specify Source: _____			
	<b>Total Optional Indirect Emissions</b>			
Offsets	Offsets Specify Source: _____			
	Offsets Specify Source: _____			
	Offsets Specify Source: _____			
	<b>Total Reductions from Offsets</b>			
	<b>Total Emissions Less Offsets</b>			
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, 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./Dr. \_\_\_\_\_

Title \_\_\_\_\_

Phone Number/E-mail \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Mailing Address  
(if different from facility location): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please e-mail your completed application and attachments to [esp@idem.IN.gov](mailto: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](mailto:esp@idem.IN.gov)

US EPA ARCHIVE DOCUMENT

Appendix 10.2. Environmental Stewardship Program Independent Assessment Protocol



# INDEPENDENT ASSESSMENT PROTOCOL

VERSION 1.0  
August 30, 2006

## GUIDE TO ESP INDEPENDENT ASSESSMENT PROTOCOL

This Independent Assessment Protocol provides guidance to independent parties conducting EMS assessments at facilities wishing to apply to the Indiana Environmental Stewardship Program (ESP). This Protocol can be used as a stand-alone document, or it can be incorporated into existing audit protocols. The auditor(s) conducting the assessment must meet the qualifications set out in the ESP Independent Assessment criterion available at

[www.in.gov/idem/idem/prevention/esp/assessmentcriteria.doc](http://www.in.gov/idem/idem/prevention/esp/assessmentcriteria.doc). In addition, the auditor(s) should have a good working knowledge of all of the ESP EMS provisions and be familiar with the other ESP entry criteria.

The assessment must cover all of the activities, products, and services within the scope of the “facility” wishing to seek entry into ESP. Note that, for purposes of ESP, a facility may actually comprise buildings, properties, activities, and services that are not co-located on a contiguous parcel of land. The auditor(s) should ascertain the boundaries of the facility and applicability of the EMS – both physical and functional – prior to conducting the assessment. Any questions regarding the acceptability of a particular facility in this sense should be directed to IDEM at [esp@idem.in.gov](mailto:esp@idem.in.gov) or 800-988-7901.

This Protocol is organized into the following major evaluation areas:

### Section I: EMS Evaluation

- Overall EMS
- Policy
- Planning
- Implementation and Operation
- Checking and Corrective Action
- Management Review
- Public Outreach

### Section II: Senior Facility Management Commitment

Following the evaluation sections is a Summary Form that can be used to summarize the auditor(s) findings. Each evaluation topic area contains one or more assessment criteria that must be assessed. Criteria can be assessed as either:

<b>Yes</b>	Conformance. The facility has fully addressed the criterion.
<b>No – Minor</b>	Minor non-conformance. The facility has addressed or marginally addressed the criterion, but still has some discrepancies that could be corrected with minimal organizational, operational, or technical change and within a reasonable time frame.
<b>No – Major</b>	Major non-conformance. The facility has not addressed or adequately addressed the criterion.

Facilities with minor non-conformances may be accepted into ESP if: a) IDEM determines that the non-conformances taken as a whole do not compromise the effectiveness of the facility’s overall EMS, and b) there is an acceptable corrective action schedule in place to address the deficiencies. Facilities with major non-conformances generally will not be eligible for entry into ESP until those deficiencies are corrected. Contact IDEM for any questions on this topic.

# OVERALL EMS

## 1. SCOPE

✓ Does the EMS cover the entire physical area of the facility and all activities including any ancillary operations such as warehouses, power generation facilities, waste management facilities, offices, R&D facilities, other company divisions or product lines onsite, and contractors operating onsite?

YES

NO - MINOR

NO - MAJOR

Objective Evidence:

Comments:

## 2. CHANGE MANAGEMENT

✓ Does the facility consider the impacts of changes (e.g., management, budget, staffing, regulatory, product design, and equipment) on the effectiveness of its EMS and revise it as necessary?

YES

NO - MINOR

NO - MAJOR

Objective Evidence:

Comments:

### 3. EMS IMPLEMENTATION

✓ Has the facility's EMS been fully implemented (Plan, Do)?

YES

NO -  
MINOR

NO -  
MAJOR

**Objective Evidence:**

**Comments:**

# POLICY

## 4. ENVIRONMENTAL POLICY

✓ <b>Does the environmental policy contain a commitment to compliance with legal and other requirements?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Does the environmental policy contain a commitment to pollution prevention?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Does the environmental policy contain a commitment to continuous improvement?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Does the environmental policy contain a commitment to sharing environmental performance information with the community and responding to community concerns?</b> <i>NOTE: if not in policy, facility may have a separate public outreach procedure or functional program in-place.</i>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Is the environmental policy communicated internally?</b> <b>[Auditor should interview appropriate/representative employees to determine whether the policy has been adequately communicated.]</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>

**Objective Evidence:**

**Comments:**

# PLANNING

## 5. LEGAL AND OTHER REQUIREMENTS

✓ Does the facility effectively identify and assess its legal and other requirements?

YES

No - MINOR

No - MAJOR

Objective Evidence:

Comments:



<b>7. OBJECTIVES AND TARGETS</b>			
✓ <b>Are meaningful and measurable objectives and targets set?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are procedures in place to accurately measure progress towards attaining environmental objectives and targets?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
Objective Evidence:			
Comments:			

<b>8. ENVIRONMENTAL MANAGEMENT PROGRAMS</b>			
✓ <b>Are the facility's environmental management programs actively and effectively meeting their objectives and targets?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are objectives and targets supported by the means to achieve them?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
Objective Evidence:			
Comments:			

# IMPLEMENTATION AND OPERATION

## 9. STRUCTURE AND RESPONSIBILITY

✓ Have responsibilities and authorities for <u>managing and improving</u> environmental performance been well defined?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ Have responsibilities and authorities for <u>ensuring compliance</u> with legal and other requirements been well defined?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ Have responsibilities and authorities for <u>public outreach and communication</u> of environmental performance been well defined?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>

**Objective Evidence:**

**Comments:**

**10. TRAINING, AWARENESS, AND COMPETENCE**

✓ <b>Has the organization identified training needs and have all appropriate personnel received the necessary training?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are the facility's employees aware of their roles and responsibilities within the EMS and maintaining compliance with applicable legal and other requirements, and capable of carrying them out?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>

**Objective Evidence:**

**Comments:**

**11. COMMUNICATION**

✓ <b>Does the facility effectively communicate its environmental and EMS information internally?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
--	---------------------------------	--	--

**Objective Evidence:**

**Comments:**

## 12. EMS DOCUMENTATION

✓ <b>Is the environmental policy adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are the significant environmental aspects adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are objectives and targets adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are roles, responsibilities, and authorities adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Is the compliance audit program adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are the emergency preparedness and response procedures adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Is the EMS audit program adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Are procedures for maintaining compliance with all applicable environmental requirements adequately documented?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
<b>Objective Evidence:</b>			
<b>Comments:</b>			

### 13. DOCUMENT CONTROL AND RECORDS

✓ Does the facility have adequate document control and records retention systems to define and control its EMS?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
---	---------------------------------	--	--

**Objective Evidence:**

**Comments:**

### 14. OPERATIONAL CONTROL

✓ Does the facility have adequate operational procedures to ensure that equipment and other operations comply with legal requirements and address the facility's significant environmental aspects?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ Does the facility define and communicate its procedures to affected employees to ensure that activities are carried out under specified conditions that address significant environmental aspects and legal compliance?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>

**Objective Evidence:**

**Comments:**

## 15. EMERGENCY PREPAREDNESS AND RESPONSE

✓ Does the facility have emergency procedures that identify and prevent the potential for accidents and that mitigate the impacts of accidents?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ Does the facility review and revise, as necessary, its emergency preparedness and response procedures and periodically test such procedures where practicable?	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>

**Objective Evidence:**

**Comments:**

## CHECKING AND CORRECTIVE ACTION

### 16. MONITORING AND MEASUREMENT

✓ <b>Does the facility regularly monitor and measure its operations that can have a significant impact on the environment and record this information?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>
✓ <b>Does the facility have effective procedures in place for monitoring and measuring, on a regular basis, its key environmental performance indicators (e.g., solid waste generation, water and energy usage, water and air emissions, material use)?</b>	YES <input type="checkbox"/>	NO - MINOR <input type="checkbox"/>	NO - MAJOR <input type="checkbox"/>

**Objective Evidence:**

**Comments:**

### 17. EMS AND COMPLIANCE AUDITS

<p>✓ Does the facility adequately audit its conformance with its EMS (e.g., are facility personnel trained and/or competent in EMS auditing; are internal audits conducted on at least an annual basis; are all procedures, activities, products, and services covered in an audit cycle)?</p>	<p>YES <input type="checkbox"/></p>	<p>NO - MINOR <input type="checkbox"/></p>	<p>NO - MAJOR <input type="checkbox"/></p>
<p>✓ Does the facility adequately audit its compliance with applicable legal requirements (e.g., are facility personnel competent in compliance auditing; are internal audits conducted on at least an annual basis; are all regulated activities, procedures, products, and services covered in an audit cycle)?</p>	<p>YES <input type="checkbox"/></p>	<p>NO - MINOR <input type="checkbox"/></p>	<p>NO - MAJOR <input type="checkbox"/></p>

**Objective Evidence:**

**Comments:**

### 18. CORRECTIVE AND PREVENTATIVE ACTION

✓ Does the facility have adequate procedures for investigating, correcting, and preventing nonconformance?

YES

NO - MINOR

NO - MAJOR

Objective Evidence:

Comments:

## MANAGEMENT REVIEW

### 19. MANAGEMENT REVIEW

✓ Does the facility's senior management review, at defined intervals, the effectiveness of its EMSs and are the findings of the review documented and addressed?

YES

NO - MINOR

NO - MAJOR

Objective Evidence:

Comments:



# INTERVIEW WITH SENIOR MANAGEMENT

Intent of interview with senior management is to ascertain whether or not senior management is fully committed to implementing and maintaining the facility's EMS as needed for recognition in ESP.

## 1. MANAGEMENT INVOLVEMENT IN ENVIRONMENTAL POLICY

**Describe your involvement in the development and communication of your facility's environmental policy. How do you use the policy to guide decision-making at your facility?**

**Objective Evidence:**

**Comments:**

## 2. MANAGEMENT ROLE IN EMS

**Discuss your role in managing environmental issues and discuss how you use the facility's EMS to improve environmental performance.**

**Objective Evidence:**

**Comments:**

### 3. MANAGEMENT ATTENTION TO EMS EFFECTIVENESS

How do you as a senior facility manager determine the effectiveness of your facility's EMS?

Objective Evidence:

Comments:

### 4. MANAGEMENT EXPECTATIONS FOR ESP PARTICIPATION

What do you see as the primary benefits of participating in ESP? What can EPA or the State do to improve the value of your participation in the program?

Objective Evidence:

Comments:

End of Document

Appendix 10.3. ESP Initial Completeness Review Checklist

**Indiana Environmental Stewardship Program**

**Initial Application Completeness Review Checklist**

An initial application completeness review will be conducted on Letters of Intent and applications received for the Indiana Environmental Stewardship Program. The Initial Application Completeness Review Checklist will be used to determine if the application or letter meets the minimum program criteria as requested by the Indiana Department of Environmental Management. Indiana Environmental Stewardship Program application renewals will be reviewed using a separate checklist.

To be completed within one week of receiving application:

<b>Task</b>	<b>Yes / No</b>	<b>Comments</b>
Applicant Information and Contact Information are complete (Applicant has provided multiple street addresses)		
All ESP Application questions or Letter of Intent components are complete		
One environmental improvement initiative identified		
Appendix 1 is completed as required for total GHGs, hazardous waste, solid waste, and energy indicators		
Original copy of participation statement with signature present (faxed, emailed, or mailed copy)		
Independent EMS Assessment complete		
CTAP site visit complete as needed		
Site visit completed		

Comments:

US EPA ARCHIVE DOCUMENT

Appendix 10.4. ESP Program Checklist for Potential Regulatory Incentives

State form is available at <http://www.in.gov/icpr/webfile/formsdiv/53706.pdf>.

Appendix 10.5. ESP Site Visit Guideline

Please obtain the following information during an ESP Application Site Visit. Provide a copy of all site visit notes and names of facility representatives to the ESP program manager.

<b>1. Introduction &amp; Site Visit Overview</b>
<ul style="list-style-type: none"> <li>• Introduce IDEM staff</li> <li>• Obtain names and contact information of applicant representatives</li> <li>• Explain site visit purpose and OPPTA confidentiality clause</li> <li>• Review agenda and make any necessary changes</li> </ul>
<b>2. Application Review</b>
<ul style="list-style-type: none"> <li>• Ensure all application questions have been completed</li> <li>• How did applicant learn of ESP</li> <li>• Discuss the identified environmental improvement initiative and obtain project details                             <ul style="list-style-type: none"> <li>i. Verify baseline and future quantities and years</li> <li>ii. Verify normalizing factor</li> </ul> </li> <li>• Obtain copy of ISO certificate if applicable</li> <li>• Obtain senior management signature on application</li> </ul>
<b>3. Facility Overview</b>
<ul style="list-style-type: none"> <li>• Obtain square footage of facility, number of employees, shifts, year facility opened</li> <li>• Obtain information about facility's major operations, products, and services</li> <li>• Year EMS was implemented</li> </ul>
<b>4. EMS Discussion</b>
<ul style="list-style-type: none"> <li>• Scope of EMS</li> <li>• Members of Cross-Functional Team</li> <li>• Aspect identification procedure</li> <li>• Environmental management programs and goals</li> <li>• Tracking environmental indicators (electricity, natural gas, water, trash, hazardous waste)</li> <li>• Legal requirements identification</li> <li>• Employee training and environmental management program communication</li> <li>• Community outreach</li> <li>• Past environmental improvements or awards</li> </ul>
<b>5. Compliance History &amp; Permits</b>
<ul style="list-style-type: none"> <li>• Review compliance summary with applicant                             <ul style="list-style-type: none"> <li>i. Obtain clarification of issue(s) from applicant</li> <li>ii. Discuss corrective and preventative actions taken</li> </ul> </li> <li>• Obtain type of permit(s)                             <ul style="list-style-type: none"> <li>i. Air: Registered, MSOP, FESOP, Title V</li> <li>ii. Water: NPDES discharger / stormwater, local pretreatment permit, drinking water</li> <li>iii. Land: CESQG, SQG, LQG</li> </ul> </li> <li>• Clearance checks                             <ul style="list-style-type: none"> <li>i. Department of Workforce Development: Beverly Korobkin, 317.232.7487</li> <li>ii. Department of Revenue: 317.232.5977</li> </ul> </li> </ul>
<b>6. Facility Tour</b>
<ul style="list-style-type: none"> <li>• Visual surveillance of facility, operations, environmental aspects, and compliance</li> <li>• Visit operations or areas concerning environmental improvement initiative</li> <li>• Visit operations or areas with past compliance issue(s)</li> <li>• Interview employee(s) in area of significant aspect for awareness and knowledge</li> </ul>

### **7. Senior Management Interview**

- Why did you implement an EMS at your facility?
- How do you support the EMS?
- How do you use the EMS to drive continual improvement?
- What are the limits to environmental improvement?
- How does the EMS help you achieve your business goals?
- Why are you interested in participating in ESP?

### **8. Closing Meeting**

- Discuss pollution prevention suggestions, compliance concerns, and any remaining questions
- Inform applicant that site visit notes will be provided to Commissioner Thomas Easterly for membership determinations
  - i. ESP Program Manager may contact applicant with questions from IDEM management
  - ii. ESP Program Manager will inform applicant of membership determination
- Other

Appendix 10.6. Event Planner Template

# Event Planning

Accept \_\_\_\_\_ Decline \_\_\_\_\_ Date of Event:

Time of Event:

Name of Event: ESP Award Ceremony

Location of Event:

Address of Event:

Tom's involvement: welcome: \_\_\_\_\_ presentation: keynote: \_\_\_\_\_ Tour:

Meals: \_\_\_\_\_

Event contact Person: Phone#:

IDEM contact Person: Stacey Martindale Phone#: 233.5554

How many in attendance: Unknown List IDEM Staff in attendance: Rick Bossingham

Length of speech: 10 minutes Q & A No

Room arrangement: Unknown

Topic: Award ceremony recognizing facility as member of Indiana Environmental Stewardship Program

Talking points attached: Yes  No

Agenda attached: Yes No

**MACS responsibility**

Media Advisory: \_\_\_\_\_

Press Release: \_\_\_\_\_

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Facility Overview

*Facility name:*

*Parent company:*

*Products:*

*Major Processes:*

*Air Permit:*

*RCRA Status:*

*NPDES Permit:*

*Requested ESP member incentives:*

Land:

Air:

Water:

*Other information:*

*Description of Project:*

*ESP Purpose:*

IDEM in partnership with the innovative leaders in industry can show that thoughtful environmental action can strengthen both the environment and the economy.

*ESP Requirements for entry:*

1. Satisfactory compliance record
2. Implemented and EMS
3. Commit to one environmental improvement initiative each ESP membership year

ESP incentives include public recognition, regulatory flexibility, and favorable consideration in OPPTA's innovative grant programs

*Current ESP Membership:*

Driving Directions:

**US EPA ARCHIVE DOCUMENT**