



Environmental Stewardship Program

Application Instructions

SECTION A

Provide the name of the facility applying for membership. If you are submitting an application for multiple facilities in one corporation, you must call (800) 988-7901. Also, if your company has multiple members in the program (or plans to have multiple members in the future), we suggest you choose facility names that distinguish one facility from another.

If your facility is owned by another company, a division of a larger company, or is the responsibility of another company, provide the name of that company in the parent company field. Please note any parent company you list will not appear on ESP documentation. If it is important the parent company appear in the facility's title, then please include it in the facility name section.

In the Location of Facility section, provide the physical location of the facility applying for membership. Please list all addresses of sites or buildings considered part of your facility.

In the Contact Information section, provide information for the individual who should be contacted for additional information about your facility's application. If applicable, use the Mailing Address section to provide an alternate mailing address for the facility contact person.

SECTION B

Please provide some basic information about your facility in this section.

1. What do you do or make at your facility?

Briefly describe the primary products that you manufacture, prepare, or assemble at your facility. For non-manufacturing facilities, describe the services you provide or activities you conduct. Provide the Standard Industrial Classification (SIC) Code(s) or North American Industrial Classification System (NAICS) Code(s).

2. Provide the Employer Identification number (EIN) or Federal Identification number for your facility.

3. In what ways have you learned about ESP?

Please select all the ways that you learned about ESP. This helps us to be more efficient in our program outreach.

4. Check all applicable environmental regulations that apply to the building(s) and location(s) included in this application and provide the associated permit or identification number.

5. List the date your EMS was first implemented.

An Environmental Management System (EMS) is a requirement for the ESP Program.

6. List the number of employees at your facility.

SECTION C

In this section, identify the environmental improvement initiative you commit to pursue during your first year of ESP membership. Your initiatives must be expressed in terms of quantitative improvements in indicators listed in the "Environmental Performance Table." If you choose an indicator that is regulated, then you must commit to performance goals that go beyond the Federal, State, tribal, and local regulatory requirements.

1. Briefly describe the environmental initiatives you plan on pursuing during your ESP membership term.



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2. 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)?

Describe the actions you will take to meet this initiative, like process changes, equipment upgrades, product redesign, or shutting off equipment while not in use. Please provide a brief description of how you are going to accomplish your goal.

3. Does this initiative address a significant aspect in your EMS?

During the planning phase of your EMS, you should have designated some of your environmental aspects as “significant.” If this initiative addresses one of those significant aspects, check “Yes.” Otherwise, check “No.” If you answered “No,” please explain why you believe the selected indicator should be used as an improvement initiative.

4. Identify your environmental improvement initiative.

Select one box from the category column and associated box(es) from the indicator column that best fit your environmental improvement initiative. Then provide the baseline year and the future year for data collection in the top row of the table. Insert the annual quantity recorded from the baseline year and the quantity you are committing to achieve in the respective columns. The environmental improvement initiative data should be measured in the unit listed for that particular category and indicator and should represent the absolute goal.

Environmental performance can be measured by the absolute amount of environmental impacts (called “environmental footprint”) or by the environmental impact relative to economic activity (called “eco-efficiency”). A complete picture of a facility’s environmental progress should include both measurements. Regardless of whether you have decided to commit to a normalized or absolute goal, in your annual performance reports you will be asked to report your progress in both absolute and normalized terms.

A normalizing factor will allow this conversion between the absolute and relative impacts, while protecting the confidentiality of production levels, product content, or other sensitive information. The best normalizing factors are direct measures of production. For example, number of cars produced, kilowatt hours of electricity generated, or dollars of sales adjusted for inflation. Depending on the facility, “production” may instead refer to services delivered or to some other productive output from the facility.

SECTION D

In this section, provide information about your environmental management system (EMS). We need to know about your EMS because it represents your facility’s systematic efforts to meet environmental requirements and improve environmental performance.

1. What was the date of the last independent EMS assessment performed by an ISO 14001:2015 EMS Lead Auditor at this facility (month/year)? This date must be within the past 36 months to qualify for ESP membership.

All facilities applying to ESP must have had an independent assessment of their EMS prior to applying. An independent assessment is one that is performed by an ISO 14001:2015 EMS Lead Auditor who is neither directly employed by your facility nor someone who has played a substantive role in developing your EMS. Enter the month and year of your last independent EMS assessment.

2. Name, title, and organization of the ISO 14001:2015 EMS Lead Auditor that conducted the last EMS assessment.



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3. Does the applicant's EMS meet the following criteria for membership (to be completed by the ISO 14001:2015 EMS Lead Auditor)?

All facilities applying to ESP must have had an independent assessment of their EMS prior to applying. Your ISO 14001:2015 EMS Lead Auditor needs to complete the checklist by selecting "Yes" or "No" to indicate if your EMS meets membership requirements. Your auditor then needs to sign and date in the space provided confirming the answers in Question #3. The facility contact should also sign and date in the space provided

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

When conducting the EMS assessment, your ISO 14001:2015 EMS Lead Auditor may find some areas not in conformance with the current EMS standards. These deficiencies found in the EMS assessment must be listed here and also the actions that were taken to correct the deficiency. You may attach an addendum if you need more room.

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

When conducting the EMS assessment, auditors can use the ISO 14001:2015 certification audit, Responsible Care EMS or 14001 audits, the ESP Independent Assessment Protocol, or some other independent assessment, like a corporate audit, with approval from IDEM. Check the box indicating which protocol was used to perform the assessment.

6. Is your EMS certified to a recognized standard?

Check "Yes" and the type of certification or "No" if your EMS is not certified to a recognized standard.

APPLICATION AND PARTICIPATION STATEMENT

The purpose of this section is for the facility to certify that the information reported in the application is true, accurate, and complete, and that the facility continues to adhere to all the criteria for participation in the Indiana Environmental Stewardship Program.

The person who signs the form must a) be the senior manager with responsibility for the facility, b) be fully authorized to execute the statement on behalf of the corporation or other legal entity whose facility is part of the Indiana Environmental Stewardship Program, and c) have examined and be familiar with the information contained in the application. Once the rest of the application is completed, this person should read the Participation Statement in its entirety, ensure that each of the lines at the bottom of the page is completed, and sign and date the form in the space provided.