

To **State of Wisconsin**
Department of Natural Resources
P.O. 7921, Madison, WI 53707

From **Donaldson Company**
5200 Coye Drive
Stevens Point, WI 54481

Subject **Green Tier Annual Report**

Attachments FY2013 EMS Audits (in compliance with s.299.83(6m)(a)), Minor Non-conformance Actions, corrective actions acceptance letter, FY2013 & FY2014 Targets and Objectives

Honoring our Green Tier 1 statement of commitments, please find attached our ISO14001 surveillance audits in compliance with s.299.83(6m)(a).

Included in this annual report is our fiscal 2013 and 2014 Objectives and Targets related to limiting discharges or emissions of pollutants, minimizing the negative effects of raw materials, reducing waste or the production of hazardous substances and conserving energy.

Please feel free to contact me with any questions.

Mike Keel
Environmental Coordinator
Donaldson Co., Inc.
5200 Coye Drive
Stevens Point WI, 54481



Assessment Report.

Assessment Report.

Donaldson Company

Report Author John Cooke

Visit Start Date 08/29/2012

Page 1 of 12

...making excellence a habit.

Introduction.

This report has been compiled by John Cooke and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
7710252 Re-certification Audit (RA Opt 2) 08/29/2012 5 day(s) No. Employees: 516	EMS 69178 BS EN ISO 14001:2004	Donaldson Company 5200 Coye Drive Stevens Point Wisconsin 54481 USA

Client management system version(s):

Policy Manual / 23 August 2012

The objective of the assessment was to conduct a re-assessment of the existing certification to ensure that all elements of the proposed scope of registration and the entire requirements of the management standard are effectively addressed by the organization's management system.

Management Summary.

Overall Conclusion

We are pleased to recommend the continuation of your registration.

However, a corrective action plan for each nonconformity will be required. Root cause analysis is required for each nonconformity identified within this report, and corresponding corrective actions defined. In considering effective resolution of nonconformities, the system within which the nonconformity was observed should be reviewed, not just the nonconformity itself, to ensure the cause of the nonconformity has been addressed, not just the effect. Additionally, there should be a review to determine whether the actions taken to resolve the identified nonconformities can be applied to other similar processes and products, to prevent the same nonconformity occurring elsewhere within the organization.

Upon acceptance of this plan, the recommendation made will be subject to independent review by Head Office. On successful completion of this review, your ISO/14001 certificate will be issued.

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

2 nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please submit a plan to BSI detailing the nonconformity, the cause and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 09/21/2012 by e-mail or fax to your assessor, referencing the report number. Please send to john.cooke@bsigroup.com or N/A.

Areas Assessed & Findings.

Scope Confirmation & Overall Risk Assessment Summary

The scope of certification was verified as correct and the aspects and rankings of significance were confirmed in the audit and appeared reasonable for the activities seen. There are currently no Notices of Violation, No Pending Litigation for alleged Environmental infractions, No Court Orders of Operation or any reportable environmental incidents. The risk classification of Low identified in the A513 questionnaire was verified as accurate over the course of the assessment.

Management Process/ Legal and Other requirements and Communications 4.6, 4.5.4, 4.4.3, 4.3.2

The EMS Core Team meetings are held quarterly. Minutes from 30 Jul 12, 06 Oct 11, 17 Dec 10 and 29 Mar 10 were reviewed. Minutes are comprehensive and cover all requirements of the standard. The minutes included a summary of external communications and changes to legal and other requirements. There have not been any changes to legal and other requirements that impact the organization. There was a mercury spill in October from a mercury switch that was contained and cleaned up by a qualified contracted service. Actions are being completed to replace or contain all mercury switches still in use, and put system controls in place to prevent introduction of mercury into the plant in the future. There was an update summary of objectives, targets, and programs, and a summary of pending projects. Projects are now going to be tracked based on fiscal year instead of calendar year, as this schedule better aligns with the required Green Tier reporting. The organization achieved Wisconsin Green Tier I level and held a celebration in August 2011. One on one discussion with the plant manager demonstrated that the organization is committed to improving the environment and being compliant with all legal regulations. The management process was found to be effective.

Internal Audits/ Compliance Evaluation 4.5.5, 4.5.2, 4.5.4

The fiscal 2013 internal audit schedule was reviewed, however no internal audits have been completed. The 2012 schedule was also reviewed and found that all audits scheduled were completed. No new auditors have been added. There is a procedure titled Compliance Evaluation Document #EMS 016.452.001.000 that references the corporate compliance evaluation that is required every five years. The last compliance audit was conducted the week of March 5, 2010, where 7 nonconformities were raised and corrective was implemented and completed. The next corporate compliance audit is planned for March 2015. Both processes were found effective.

Nonconforming, Corrective and Preventive Action 4.5.3, 4.5.4

Corrective and preventive processes are documented in DBOS 016-414.001.001 and DOS 016-853.001.000. Currently there were no open corrective actions. The Corrective Action Form follows the 8D Format. There preventive actions also follow the 8 D format and there were no preventive actions that were open. The Nonconforming, Corrective and Preventive Action processes were found to be effective.

Environmental Aspects/ Objectives, Targets and Programs 4.3.1, 4.3.3, 4.5.4

Aspects have been identified by department on a significant Aspects ID list, there are individual tabs for each department. Line walks are done to confirm if there are any changes to the environmental aspects. The environmental aspects list is evaluated at the completion of any project to determine if the ranking would change. The aspects identification and determination of significance appears effective and serves as an input to Objectives, Targets and Programs.

The objectives, targets and programs under consideration for fiscal 2013 are: To Reduce or Reuse Wastes, Reduce Energy consumption, Improve Employee Inputs to the EMS Suggestion program. An opportunity for improvement was identified. There appears to be a loss of linkage from data collection and baseline objects to the implementation of environmental projects. The Environmental Aspects/Objectives, Targets and Programs processes were found to be effective for the most part.

Water Management 4.3.2, 4.4.6, 4.5.1, 4.5.4

The organization has a "No Exposure Certification" for stormwater and conducts inspections twice a year to demonstrate continued compliance. Completed PM records for the washer pH discharge were reviewed, and are being completed per defined requirements. The triple rinse log which is used to check pH before discharge to the sewer is now being completed per the work instruction. And the NCR from the last assessment was closed. The Semi-annual sampling records for the Pre-treatment of phosphate were reviewed and found that not all records are being properly maintain, hence the minor nonconformity in this report. Currently the laboratory analysis indicate that the chemistry of the discharges is within the state requirements. An inspection of cross connection water and sewage treatment was completed by the city of Stevens Point contracted agency, and all actions as a result of this inspection were completed and verified by Donaldson. An opportunity for improvement was identified where a visual inspection of storm sewers could be added to insure there are no issues. The water management process is effective, except for the minor nonconformity.

Waste Management 4.3.2, 4.4.6, 4.5.1, 4.5.4

Waste streams are well identified and records of waste stream analysis were reviewed. This plant is a large quantity generator of hazardous waste. Almost all the hazardous waste is used for fuel blending. The annual hazardous waste report and submission for 2012 were reviewed. There was evidence of training on handling of hazardous waste, RCRA and DOT required training for the janitorial staff. Waste manifest records were well organized, and there is a detailed instruction list, which includes return receipt, and evidence of sending copies of hazardous waste manifests to the state when waste has been shipped out of state. Procedures detail oversight of hazardous waste vendors, which includes evaluation of online ECHO reports, and potential for an audit. Other wastes include lamps, batteries, barrels, scrap metal, cardboard, and paper that are recycled. There are several operational control procedures written for the various wastes. The waste handling and storage areas were reviewed. Hazardous waste drums were less than 60 days in storage. All wastes were labeling, including universal waste with the date of accumulation start, so it can be shipped prior to one year. The records of the weekly inspection of the waste area were reviewed, and found to be completed per schedule. The waste management process was found to be effective.

Energy Management 4.3.2, 4.4.6, 4.5.1, 4.5.4

Energy savings are achieved through the annual infrared scan identification and repair of "hot spots", the use of low cure media which reduces oven energy required for curing, and the line changeover to urethane which does not require oven cure. Ultra sonic testing for air leaks and low energy compressors. The energy management system was found to be effective.

Contractor Management 4.4.2, 4.4.6, 4.5.4

EMS016-442.002.000. divides the contractors whose actions could have a significant impact on the environment into three groups; Waste Disposal & Contractor List, Environmental Laboratories list and Consultants, Equipment/ Facility Contractors. There are five waste haulers that are subject to an audit at least every five years, and the date the review is due is included on the environmental compliance calendar. For contractors not subject to an audit, an annual review of their regulatory compliance history is done using ECHO online. The records of this review from 2012, 2011 and 2010 were reviewed. Contractors who come on site at the plant sign-in indicating they have read and understood the "Donaldson Work Rules". These include information about the chemical and waste management requirements and a copy of the environmental policy. The contractor/vendor management process was found to be effective.

Chemical Management 4.3.2, 4.4.6, 4

Based on observation and evidence Chemical control program is found to be effective. Chemical Management is listed in the Aspects as a Paint and related materials and includes oil processes.

Assessment of the production, waste oil, and chemical storage area was conducted. The assessment included a walk through of the facility, observations of general conditions, chemical use, and storage along with observations work practices were noted. Interviews

with personnel, were conducted regarding their knowledge of the company's chemical program, specific job related issues dealing with chemicals and spill clean up. All persons interviewed were knowledgeable of the spill program and how to obtain MSDS. Several Chemicals found on the floor were labeled and marked with HMIS information.

Emergency Preparedness 4.4.7

Based on observations and evidence these areas were found to be effective. As part of the environmental management system the site has developed a Emergency plan to aid in the event of an emergency situation. The plan was updated in 2012. The plan covers reasonably foreseeable emergency situations such as Fire, weather, bomb, spills etc. The plan is reviewed and updated to address changes within the system.

The spill response protocol is defined according to quantity and type of spill. The spill response plan includes emergency contact information. The Emergency plan is available at key locations in the plant. The plan is controlled electronically and updated as needed. During the site walk auditor observed emergency equipment at key locations including spill kits and fire fighting equipment. The emergency equipment is periodically inspected and tested. Maintenance of fire extinguishers and sprinkler systems were reviewed and found them satisfactory.

Spill kit locations and content were reviewed in the shipping areas and in the battery charging areas and found to be satisfactory. Emergency Drills have been performed to ensure timely response and effectiveness.

Reviewed procedures and training records and found them satisfactory.. Overall, reviewed processes were found to be effectively implemented and maintained

Water management/ SPCC 4.4.6

Based on the observation and evidence these areas were found to be effective. The site has a No Exposure Certification for storm water. SPCC program is required for this facility. The Plan was last updated August, 2012. Waste oil and new oil were maintained and controlled. Secondary containments are used. Records of inspection were maintained per the SPCC plan last inspection was conducted on 7/27/2012. Emergency plans and numbers are posted by the storage area.

Site tour/ Grounds & Land Management 4.4.6

Based on the observation and evidence these areas were found to be effective. The roof was well maintained and free of any staining.

The facility and grounds are well maintained. No significant environmental concerns were noted. No significant issues were noted in regard to the storage of potentially polluting materials on the facility grounds. The outside areas were found to be well organized, clean, and no staining of soils or stressed vegetation were observed.

Maintenance 4.4.2, 4.4.3.2.1, 4.5.4, 4.5.1, 4.4.6

Based on the observation and evidence these areas were found to be effective. Assessment of the maintenance and production area was conducted. The assessment included a walk through of the facility. Observations of general conditions, fire extinguishers, chemical use, and storage along with observations of work practices were noted.

All persons interviewed were knowledgeable of the EMS program and emergency preparedness. Maintenance is involved with managing the PM and work orders for the air permitted units and the records for these activities. Several PMs were checked. from the monitoring equipment list. There were no PMS overdue. (EMs016-451.001)

HR / Training/ Awareness, Competence/ 4.4.2

Reviewed new hire orientation process and found it satisfactory. Sign in sheets are maintained by the HR. Also reviewed hazardous communication, spill, hazardous waste and labeling training records and found them satisfactory. Overall, reviewed processes were found to be effectively implemented and maintained.

Air Management 4.3.2, 4.4.6, 4.5.

Based on the observation and evidence these areas were found to be effective
Air Permit# 700040720-P12&P13 expires June 2013.

The plant has a Title V air permit as it has for several years; requirements for it are listed on the Compliance Chart There is an Emergency procedure to follow if the system is to shut down without being a planned maintenance operation (Malfunction Prevention and abatement Plan January 2010).

. The permit also requires that the pressure drop across the filter system shall be monitored and recorded a minimum of once for every 8 hours of source operation or once per day, whichever yields the greater number of measurements. Operations conduct daily PMs of Monitoring and measuring equipment, Operational control procedure (DBOS16-409-0990057 p3.3) are in place to help maintain and instruct the operators in the importance of maintaining these measuring devices. The plant has logs of those as well as whether the process is operating each line and each shift.

The limits are 0.01 to 0.5 inches of water. Records of calibration of the manometers were also reviewed.

Maintenance conducts regular PM checks on the Paint system, paint application, and the paint Ransburg system. The last PM was conducted on June 2012. These documents are maintained by maintenance on the EPAC system.

Recertification Audit.

Review of assessment progress and the re-certification plan:

Since the last Recertification held on 09 October 2009 a total of 12.5 days of assessment (including this audit) have been completed. This was in line with scheme requirements and the recertification plan (three year plan)

Review of assessment findings:

There were no areas of concern over the three year period.

Review of progress in relation to the organization's objectives:

Donaldson Company of Stevens Point has been generally very successful in meeting their service delivery objectives over the last three years.

Management system strategy and objectives:

Objects for the most part were attained, but when targets were not met, corrective actions were put into place to correct.

BSI Client Management:

Over the past 5 assessments conducted by Rose Koronkiewicz, seven minor nonconformities were identified. Assorted interviews with key personnel, working in the facility were conducted regarding their knowledge of the company's environmental program, specific job related issues dealing with segregation of product and waste were found to be very knowledgeable.

Minor Nonconformities Raised at Last Assessment.

Ref	Area/Process	Clause
A682266/1	Production - Triple Rinse Booth	4.5.1
Details:	<p>System Nonconformity: Monitoring and measuring not effectively maintained.</p> <p>Specification / Standard / Customer Specific Requirement(s) ISO14001:2004 Clause 4.5.1 Monitoring and Measurement - The organization shall establish, implement, and maintain a procedure to monitor and measure, on a regular basis, the key characteristics of the operations that can have a significant environmental impact. The procedure shall include the documenting of information to monitor performance, applicable</p>	

	operational controls and conformity with the organization's environmental objectives and targets. Donaldson Work Instruction EMS016-446.000.016 Empty Plastic Barrel Handling 3.5.3 - pH meter calibration and pH checks before discharging Objective Evidence: Form 446.000.016-01 for pH meter calibration and verification of pH before discharge of triple rinse water is not completed for "yes/no" or buffer solution expiration date on records since 9/11.
Requirements:	
Objective Evidence:	
Actions:	Corrective Action A682266-1 8D Triple Rinse identified a root cause of lack of understanding of training. Action taken was to retrain the operators in the Laminator area to ensure understanding of the requirements. Investigation demonstrated that the buffer solutions were within expiration dates and the meter was in calibration per records found, therefore the risk of a discharge outside of the POTW limits was very low. They have added a section in the discharge audit to review checksheet at triple rinse. Based on the evidence and observations the actions taken were found to be effective and the NCR can be closed.
Closed?:	Yes

Minor Nonconformities Arising from this Assessment.

Ref	Area/Process	Clause
A774756/1	Document Control	4.4.5
Details:	The system was not fully effective in ensuring that documents are reviewed and updated.	
Requirements:	<p>Control of documents</p> <p>Documents required by the environmental management system and by this International Standard shall be controlled. Records are a special type of document and shall be controlled in accordance with the requirements given in 4.5.4.</p> <p>The organization shall establish, implement and maintain a procedure(s) to</p> <ul style="list-style-type: none"> a) approve documents for adequacy prior to issue, b) review and update as necessary and re-approve documents, c) ensure that changes and the current revision status of documents are identified, d) ensure that relevant versions of applicable documents are available at points of use, e) ensure that documents remain legible and readily identifiable, f) ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the environmental management system are identified and their distribution controlled, and g) prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose. 	
Objective	1.Chemical storage and labeling audits are no longer done one a weekly basis.	

Evidence:	2. MSDS information on the front of flammable cabinets.
-----------	---

Ref	Area/Process	Clause
A774756/2	Control of Records	4.5.4
Details:	No objective evidence records are being maintained as record.	
Requirements:	Control of records The organization shall establish and maintain records as necessary to demonstrate conformity to the requirements of its environmental management system and of this International Standard, and the results achieved. The organization shall establish, implement and maintain a procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records. Records shall be and remain legible, identifiable and traceable.	
Objective Evidence:	Records required by procedure for discharge of wastewater to the POTW were missing from July 9 and August 13, including the absence of information from August 20.	

Shift Details.

The shifts are identical in terms of process outputs and as a result it has been determined that the effectiveness of all shifts can be seen from outputs records and coverage within the normal assessment times.

Assessment Participants.

On behalf of the organization:

Name	Position
Mike Keel	EMS Management Representative
Patrick Smith	Corp. Senior Environmental Engineer
Craig Wilkins	Quality Manager
Scott Jackson	Plant Manager
Paul Nied	Advanced Product Development / Lean Manager
Mike Kalopotek	Associate
Dave Eiden	Receiving
Bruce Przybylski	Receiving

Dan Paulbarch	Supervisor 16-777
Steve Pertz	Shipping Supervisor
Rob Mulinski	Associate
Zack Fuller	Associate

The assessment was conducted on behalf of BSI by:

Name	Position
John Cooke	Team leader
Connie Mull	Team member

Continuing Assessment.

The program of continuing assessment is detailed below.

Site Address	Certificate Reference/Visit Cycle	
Donaldson Company 5200 Coye Drive Stevens Point Wisconsin 54481 USA	EMS 69178	
	Visit interval:	6 months
	Visit duration:	12 hours
	Next re-certification:	08/01/2012

Re-certification will be conducted on completion of the cycle, or sooner as required. An entire system re-assessment visit will be required.

Re-certification Plan.

Business area/Location	Date (mm/yy):	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
		2/13	8/13	2/14	8/14	2/15	8/15
	Duration (days):	1.5	1.5	1.5	1.5	1.5	5
Organization/ EMS Changes		✓	✓	✓	✓	✓	✓
Management Processes (includes aspects, objectives, targets, programs.)		✓	✓	✓	✓	✓	✓
Internal Audits		✓	✓	✓	✓	✓	✓

Compliance Evaluation	✓	✓	✓	✓	✓	✓
Corrective/ Preventive Actions	✓	✓	✓	✓	✓	✓
Communication	✓	✓	✓	✓	✓	✓
Emergency Response	✓		✓			✓
Air Management	✓		✓		✓	✓
Chemical Management		✓	✓		✓	✓
Waste Management		✓		✓		✓
Water Management	✓		✓	✓	✓	✓
Energy Management		✓		✓		✓
Roof & Grounds		✓		✓		✓
Contractor Management			✓			✓
Competence, Awareness, Training		✓		✓		✓

Next Visit Plan.

Visit objectives:

Assess the continued suitability of the Environmental Management System at the Stevens Point Facility

Visit scope:

All processes associated with the EMS and BS EN ISO 14001:2004

Date	Assessor	Time	Area/Process	Clause
03/04/2013	Rose Koronkiewicz	08:00	Business Office / Opening Meeting	
03/04/2013	Rose Koronkiewicz	08:30	Business Office / Changes to the EMS	
03/04/2013	Rose Koronkiewicz	09:00	Management Processes (includes aspects, objectives, targets, programs.)	4.6, 4.5.5, 4.5.3, 4.4.5, 4.5.4
03/04/2013	Rose Koronkiewicz	11:00	Internal Audits	4.6, 4.5.5,
03/04/2013	Rose Koronkiewicz	12:00	Business Office / Working Lunch	
03/04/2013	Rose Koronkiewicz	12:30	Compliance Evaluation	4.5.2, 4.4.3
03/04/2013	Rose Koronkiewicz	13:00	Corrective/ Preventive Actions	4.5.3

03/04/2013	Rose Koronkiewicz	14:00	Communication	4.4.3 &
03/04/2013	Rose Koronkiewicz	14:30	Emergency Response	4.4.7
03/04/2013	Rose Koronkiewicz	16:00	Business Office / Daily Wrap Up	
03/05/2013	Rose Koronkiewicz	08:00	Air Management	4.4.6
03/05/2013	Rose Koronkiewicz	09:00	Water Management	4.4.6
03/05/2013	Rose Koronkiewicz	10:00	Business Office / Audit Trails and start Report	
03/05/2013	Rose Koronkiewicz	12:00	Business Office / Closing Meeting	

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Notes.

The assessment was based on sampling and therefore nonconformities may exist which have not been identified.

If you wish to distribute copies of this report external to your organization, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organization and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number

Should you wish to file an appeal then this must be completed in writing and to the address below. The appeals process will be completed within 30 days of the date of this report.

As part of BSI's Terms, it is necessary for you to notify BSI of any of the following: Major changes to Management System; Change of ownership, merger or acquisition; Significant change to employee numbers; Introduction of new products/processes; Introduction of new customers; Initiation of customer-enforced sanctions. Notification should be made to your Client Manager within 5 business days of occurrence. Your Client Manager will evaluate the impact of the notification, review this with the BSI Scheme Manager and contact you as necessary to discuss any additional activities required as a result.

This report and related documents is prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report.

Should you wish to speak with BSI in relation to your registration, please contact our Operations Support Team:

BSI Management Systems
12110 Sunset Hills Road



Suite 200
Reston
VA
20190

Tel: +1 (800) 862 4977 Fax: +1 (703) 437 9001

Regulatory Compliance.

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.



8 Discipline (8D) Form

8D Originator:	Customer Name:	8D Initiated Date:
Mike Keel		8/31/2012
8D Identification Number:	Customer Location:	8D Rev Date: See Steps for Updates
A774756-1 8D Document Control		
SupportTrak Number:	Customer Part Number:	Customer Contact:
N/A		
Donaldson Part Number:	Customer Part Revision:	Contact Phone Number:
N/A		
Donaldson Part Revision:	Customer Rejection #:	Plant:
N/A		Stevens Point
Business Unit:	NCR Number	
Engine Liquid		

*Note: For instructions place cursor over the **RED** triangle at each step.*

STEP 1: Identify the Team:

Team Leader: Mike Keel - Environmental Contact (EC)

Team Members: Craig Wilkins - Quality Manager

STEP 2: Identify the Problem: (attach photos and other supporting information below and to the right)

System Non-conformity: The system was not fully effective in ensuring that documents are reviewed and updated.

Specification/Standard/Customer Specific Requirement(s): ISO14001:2004 Clause 4.5.4 Control of Documents -

Documents required by the environmental management system and by this International Standard shall be controlled.

Records are a special type of document and shall be controlled in accordance with the requirements given in 4.5.4.

The organization shall establish, implement and maintain a procedure(s) to

- a) approve documents for adequacy prior to issue,
- b) review and update as necessary and re-approve documents,
- c) ensure that changes and the current revision status of documents are identified,
- d) ensure that relevant versions of applicable documents are available at points of use,
- e) ensure that documents remain legible and readily identifiable,
- f) ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the environmental management system are identified and their distribution controlled, and
- g) prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose.

Objective Evidence: 1. Chemical storage and labeling audits are no longer done one a weekly basis as stated in EMS016-452.001.004, section 3.1.

2. MSDS information on the front of flammable cabinets as stated in EMS016-446.000.022, section 3.1.2.



8 Discipline (8D) Form

STEP 3: CONTAINMENT:

(attach supporting evidence to the right as necessary)

	Area	Total # Pieces	# of Defective Pieces	Disposition	Sorted Units Marked? How?
1	Finished Goods	0			
2	WIP	0			
3	Plant Schedule	0			
4	In-Transit	0			
5	Cross dock Location	0			
6	DCI Dist Ctr Global	0			
7	Customer Dist Ctr.	0			
8	Other Customer Loc.	0			
9	Affect other customer's	0			
10	Affect other P/N's	0			
11	Other Plant Dept's	0			

STEP 4A: Identify Root Cause - 5 Why Analysis:

You must complete either the Cause and Effect or 5 Why's Worksheet as a part of this 8D

See 5 Why's Worksheet tab for complete root cause analysis

Changes are made to the EMS system on a regular basis and the majority of changes are reflected in the documented procedures/work instructions. Because of the manual nature of the change process there is a risk of a particular change being inadvertently missed.

STEP 5: Identify Corrective Action:

(attach supporting evidence)

Occurrence:

EMS016-452.001.004 & 446.000.022 will be revised by the Environmental Contact (EC) to reflect current practice. This will be completed by 9/30/12. All other EMS procedures/work instructions will be reviewed by the EC to verify current practice. This will be completed by 10/31/12.

Escape:

An annual review of all EMS procedures/work instructions will be implemented beginning in Sept. 2013. This will be added to the Stevens Point compliance chart.



STEP 6: Verify Effectiveness of Corrective Action:

Occurrence:

Internal audit to be completed in 2Q F13

Escape:

Internal audit to be completed in 2Q F13

STEP 7: Preventive Action and/or Corrective Action Impact:

(attach supporting evidence)

Reviewed	Yes	No	If No - Why?
Work Instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Control Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Inspection Documents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
PFMEA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
DFMEA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Gages / Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Process Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
PPAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Engineering Change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Product Family Review	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Competency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

STEP 8: Close the Loop:

The following questions must be completed to close this 8D.

Is the Corrective Action complete?

Yes

How have you determined it is effective?

Internal audit 2Q FY13 (Nov.- Jan.)

Is the customer satisfied with the 8D?

Yes

Approval:

Craig A Wilkins

Date: 11/8/12

Save this file to your hard drive using using the 8D identification number as the file name. Then click the link below and Upload your completed 8D.

[Save this 8D - SharePoint Link](#)



8 Discipline (8D) Form

8D Originator:	Customer Name:	8D Initiated Date:
Mike Keel		8/31/2012
8D Identification Number:	Customer Location:	8D Rev Date: See Steps for Updates
A774756-2 8D Record Control		
SupportTrak Number:	Customer Part Number:	Customer Contact:
N/A		
Donaldson Part Number:	Customer Part Revision:	Contact Phone Number:
N/A		
Donaldson Part Revision:	Customer Rejection #:	Plant:
N/A		Stevens Point
Business Unit:	NCR Number	
Engine Liquid		

*Note: For instructions place cursor over the **RED** triangle at each step.*

STEP 1: Identify the Team:

Team Leader:

Mike Keel - Environmental Contact (EC)

Team Members:

Kris Herek - Supervisor, Mike Mlynarski - Supervisor

STEP 2: Identify the Problem:

(attach photos and other supporting information below and to the right)

System Non-conformity: No objective evidence records are being maintained as record.

Specification/Standard/Customer Specific Requirement(s): ISO14001:2004 Clause 4.5.4 Control of Records -

The organization shall establish and maintain records as necessary to demonstrate conformity to the requirements of its environmental management system and of this International Standard, and the results achieved.

The organization shall establish, implement and maintain a procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records.

Records shall be and remain legible, identifiable and traceable.

Objective Evidence: Records required by procedure for discharge of wastewater to the POTW were missing from July 2 and August 13, including the absence of information from August 20.



8 Discipline (8D) Form

STEP 3: CONTAINMENT:

(attach supporting evidence to the right as necessary)

Area	Total # Pieces	# of Defective Pieces	Disposition	Sorted Units Marked? How?

1	Finished Goods	0			
2	WIP	0			
3	Plant Schedule	0			
4	In-Transit	0			
5	Cross dock Location	0			
6	DCI Dist Ctr Global	0			
7	Customer Dist Ctr.	0			
8	Other Customer Loc.	0			
9	Affect other customer's	0			
10	Affect other P/N's	0			
11	Other Plant Dept's	0			

STEP 4A: Identify Root Cause - 5 Why Analysis:

You must complete either the Cause and Effect or 5 Why's Worksheet as a part of this 8D

See 5 Why's Worksheet tab for complete root cause analysis

The area where the records are stored was recently rearranged during a 6S project and some records were misplaced during the moving of filing cabinets and records. The 2nd shift Supervisor for the area did a further search and located the records in question.

STEP 5: Identify Corrective Action:

(attach supporting evidence)

Occurrence:

The 6S rearrangement is complete and normal filing will occur going forward.

Escape:

The 2nd shift 1679 Supervisor will forward copies of the PM sheets with the pH records to the Environmental Contact (EC) weekly for filing in the environmental files, making for easier retrieval of pH records. This also allows for the EC to followup with the supervisor if records are not being forwarded. This will begin the week of 9/24/12.



8 Discipline (8D) Form

STEP 6: Verify Effectiveness of Corrective Action:

(attach supporting evidence)

Occurrence:

Internal audit in 2Q F13. (Nov. 2012 - Jan. 2013)

Escape:

Internal audit in 2Q F13. (Nov. 2012 - Jan. 2013)

STEP 7: Preventive Action and/or Corrective Action Impact:

(attach supporting evidence)

The EC will revise EMS016-451.001.001 to include wording for supervisor to forward copies of PM sheets. This will be completed by 9/30/12.

Reviewed	Yes	No	If No - Why?
Work Instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Control Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Inspection Documents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
PFMEA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
DFMEA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Gages / Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Process Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
PPAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Engineering Change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Product Family Review	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to EMS
Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Competency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

STEP 8: Close the Loop:

The following questions must be completed to close this 8D.

Is the Corrective Action complete? **Yes**
 How have you determined it is effective? **Internal audit 2Q FY13 (Nov.-Jan.)**
 Is the customer satisfied with the 8D? **Yes**

Approval: **Craig A Wilkins**
 Date: **11/8/12**

Save this file to your hard drive using using the 8D identification number as the file name. Then click the link below and Upload your completed 8D.

[Save this 8D - SharePoint Link](#)

21 September 2012

Mike Keel
Donaldson Filtration Solutions
5200 Coye Drive
Stevens Point, Wisconsin
54481
U S A

Dear Mr. Keel,

**Acceptance of Corrective Action Plan from BS EN ISO 14001:2004,
Report No.: 7710252**

Thank you for providing your corrective action plan, detailing your actions to resolve the nonconformities raised during the recent audit.

I can confirm that I have now had an opportunity to review and accept the correction, associated root cause analysis and the corrective action, and the actions and timescales specified appear to be appropriate for all nonconformities identified in the audit.

Verification of effectiveness of the nonconformities will be performed at your next scheduled surveillance audit, and the duration of this visit may be increased to allow time for the verification. Any additional time requirements will be confirmed prior to the visit.

If you have any queries on the above, please contact me.

Yours Faithfully,

John W. Cooke
Client Manager



Assessment Report.

Donaldson Company

Report Author **Mark Donnelly**
Visit Start Date 03/05/2013

Page 1 of 9 ...making excellence a habit.™

Introduction.

This report has been compiled by Mark Donnelly and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
7785496 Continuing Assessment (Surveillance) 03/05/2013 1.5 day(s) No. Employees: 476	EMS 69178 BS EN ISO 14001:2004	Donaldson Company 5200 Coye Drive Stevens Point Wisconsin 54481 USA

Client management system version(s):

Stevens Point ISO14001 EMS Manual, Version Dated 1/25/13

The objective of this assessment is to determine the ongoing suitability and effectiveness of the Company's Management System in meeting the requirements of ISO 14001:2004.

Management Summary.

Overall Conclusion

The areas assessed during the course of the visit were found to be effective.

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Areas Assessed & Findings.

Changes to the EMS 4.1

No significant changes to the EMS have been recorded since the last recertification visit in August of 2012. There are currently no Notices of Violation, no Pending Litigation for alleged environmental infractions, no Court Orders related to environmental matters, and no reportable environmental incidents since the last assessment.

Management Processes, Aspects and Impacts, Goals and Targets 4.3.1, 4.3.3, 4.6

Management processes are effective.

Aspects have been identified by department on a significant Aspects ID list, there are individual tabs for each department. The environmental aspects list is evaluated for new projects by the Environmental Contact to adjust significance ratings. The aspects identification and determination of significance appears effective and serves as an input to Objectives, Targets and Programs.

Report Author **Mark Donnelly**

Visit Start Date 03/05/2013

Assessment Report.

The objectives, targets and programs that have been established for fiscal 2013 are: (1) reduction or reuse of the pallets used in the facility, (2) reduction of energy consumption, and (3) collect and evaluate/implement an employee suggestion program for the EMS. Significant progress has been made on items (1) and (3) over the first half of the fiscal year.

The EMS Core Team (management review) meetings are held quarterly. Minutes from the February 8, 2013 meeting were reviewed. Minutes are comprehensive and cover all requirements of the standard. The minutes detailed progress on each of the three objectives over the last six months.

Internal Audits 4.5.5

The fiscal 2013 internal audit schedule was reviewed, and all areas of the system are scheduled to be audited. All scheduled internal audits have been completed, except for the audits scheduled in February, some of which are underway but have not yet been completed. No findings or corrective actions were recorded for these internal audits. This process is effective.

Compliance evaluation and compliance tracking 4.3.2, 4.5.2

There is a procedure titled Compliance Evaluation Document #EMS 016.452.001.000 that references the corporate compliance evaluation that is required every five years. The last compliance audit was conducted the week of March 5, 2010. The next corporate compliance audit is planned for March 2015. This process is effective.

Corrective and Preventive Actions 4.5.3

Corrective and Preventive actions were developed and effectively implemented in response to external audit findings of the last reassessment audit of the EMS system, and effectively addressed the root causes of these findings. No corrective actions were generated as a result of internal audits. The system is effective in analyzing root cause and generating corrective and preventive actions for external and internal audit findings.

Communication 4.4.3

Communication programs are effectively implemented. Communications from outside agencies are logged in the Environmental Contact's office. The "green card" system for collecting employee input on environmental subjects, has been effective in generating ideas for small projects and environmental improvements that have been implemented during FY13. This is one of the organization's objectives for this fiscal year, and documented progress has been made thanks to employee suggestions.

Emergency Response 4.4.7

Based on observations and evidence these areas were found to be effective. As part of the environmental management system the site has developed a Emergency plan that provides details for response to various emergency situations. The plan was updated in 2012, and covers response to fire, severe weather, and chemical spills. The spill response protocol is defined according to quantity and type of spill. The spill response plan includes emergency contact information. The Emergency plan is available at key locations in the plant. The plan is controlled electronically and updated as needed.

During the site walk auditor observed emergency equipment at key locations including spill kits and fire fighting equipment. The emergency equipment is periodically inspected and tested. Maintenance of fire extinguishers and sprinkler systems were reviewed. Spill kits are tagged to indicated access, all spill kits observed had not been accessed since the previous inspection. Emergency Drills have been performed. Fire and severe weather drills have been performed as scheduled for 2012 and evaluation indicated successful drills. The organization's practice is to add variations to the drills such as blocked exits, etc., to test the system.

Assessment Report.

Air Management 4.3.2, 4.4.6, 4.5.1, 4.5.4

Air Management was found to be effective at the site. Title V Air Permit# 700040720-P12&P13 expires June 2013. The permit application for renewal has been submitted to Wisconsin DNR as required on November 29, 2012, and receipt of a complete application has been acknowledged on January 24, 2013. Air permit reporting requirements are listed on the Compliance Chart maintained by the Environmental Contact and reports submittals are up to date. The annual emissions inventory submittal for 2012 was reviewed. The permit requires that the pressure drop across the filter system shall be monitored and recorded a minimum of once for every 8 hours of source operation or once per day, whichever yields the greater number of measurements. Records of this observation were available and are maintained by the organization.

Water Management 4.3.2, 4.4.6, 4.5.1, 4.5.4

The organization has a "No Exposure Certification" for stormwater and conducts inspections twice a year to demonstrate continued compliance. An outdoor walk will be completed at the next continuing assessment visit.

Records of monitoring for the phosphate and washing process wastewater discharge, including pH, were reviewed, and are being recorded per defined requirements. The semi-annual sampling records for the pre-treatment of phosphating water discharge were reviewed and found to be complete per the facility's requirements. Currently the laboratory analysis indicate that the chemistry of the discharges is within the state requirements for the specified metals.

The triple rinse log which is used to check pH before discharge to the sewer is being completed per the work instruction.

Minor Nonconformities Raised at Last Assessment.

Ref	Area/Process	Clause
A774756/1	Document Control	4.4.5
Details:	The system was not fully effective in ensuring that documents are reviewed and updated.	
Requirements:	<p>Control of documents Documents required by the environmental management system and by this International Standard shall be controlled. Records are a special type of document and shall be controlled in accordance with the requirements given in 4.5.4. The organization shall establish, implement and maintain a procedure(s) to</p> <ol style="list-style-type: none"> a) approve documents for adequacy prior to issue, b) review and update as necessary and re-approve documents, c) ensure that changes and the current revision status of documents are identified, d) ensure that relevant versions of applicable documents are available at points of use, e) ensure that documents remain legible and readily identifiable, f) ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the environmental management system are identified and their distribution controlled, and g) prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose. 	
Objective Evidence:	<ol style="list-style-type: none"> 1. Chemical storage and labeling audits are no longer done one a weekly basis. 2. MSDS information on the front of flammable cabinets. 	

Report Author **Mark Donnelly**

Visit Start Date **03/05/2013**

Assessment Report.

Actions:	The relevant procedures have been changed to address the observations above. Additionally a full procedure review was documented complete in October of 2012 and verified complete in the internal audits conducted Nov 2012 through Jan 2013. For preventive action, an annual review of all procedures has been included in the compliance schedule to be conducted by the end of October 2013.
Closed?:	Yes

Ref	Area/Process	Clause
A774756/2	Control of Records	4.5.4
Details:	No objective evidence records are being maintained as record.	
Requirements:	Control of records The organization shall establish and maintain records as necessary to demonstrate conformity to the requirements of its environmental management system and of this International Standard, and the results achieved. The organization shall establish, implement and maintain a procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records. Records shall be and remain legible, identifiable and traceable.	
Objective Evidence:	Records required by procedure for discharge of wastewater to the POTW were missing from July 2 and August 13, including the absence of information from August 20.	
Actions:	It was determined that the root cause of this nonconformity was the misplacement of records during a 6-S project conducted in the area. The records were located soon after the audit and re-filed in their proper location. As a preventive action the second shift 1679 Supervisor sends copy of a weekly PM sheet containing these pH recordings to the plant Environmental Contact as a primary record of this critical parameter.	
Closed?:	Yes	

Shift Details.

The shifts are identical in terms of process outputs and as a result it has been determined that the effectiveness of all shifts can be seen from outputs records and coverage within the normal assessment times.

Assessment Participants.

On behalf of the organization:

Name	Position
Mike Keel	Senior Quality Engineer, Environmental Contact

Report Author **Mark Donnelly**

Visit Start Date 03/05/2013

Assessment Report.

Craig Wilkins	Quality Manager
Scott Jackson	Plant Manager
Tom Mains	Operations Manager
Walt Footit	Manufacturing Engineering Manager
Jessica Huggenvik	HR Manager
Greg Smith	Production Control Manager
Ted Osenga	Maintenance Manager
Vicki Miller	HR Associate

The assessment was conducted on behalf of BSI by:

Name	Position
Mark Donnelly	Team leader

Continuing Assessment.

The program of continuing assessment is detailed below.

Site Address	Certificate Reference/Visit Cycle	
Donaldson Company 5200 Coxe Drive Stevens Point Wisconsin 54481 USA	EMS 69178	
	Visit interval:	6 months
	Visit duration:	12 hours
	Next re-certification:	08/01/2012

Re-certification will be conducted on completion of the cycle, or sooner as required. An entire system re-assessment visit will be required.

Re-certification Plan.

		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Business area/Location	Date (mm/yy):	2/13	8/13	2/14	8/14	2/15	8/15
	Duration (days):	1.5	1.5	1.5	1.5	1.5	5
Organization/ EMS Changes		✓	✓	✓	✓	✓	✓

Report Author Mark Donnelly

Visit Start Date 03/05/2013

Assessment Report.

Management Processes (includes aspects, objectives, targets, programs.)	✓	✓	✓	✓	✓	✓
Internal Audits	✓	✓	✓	✓	✓	✓
Compliance Evaluation	✓		✓		✓	✓
Corrective/ Preventive Actions	✓	✓	✓	✓	✓	✓
Communication	✓		✓			✓
Emergency Preparedness and Response	✓		✓			✓
Air Management	✓		✓		✓	✓
Chemical Management		✓	✓		✓	✓
Waste Management		✓		✓		✓
Water Management	✓		✓		✓	✓
Energy Management		✓		✓		✓
Roof & Grounds		✓		✓		✓
Contractor Management			✓			✓
Competence, Awareness, Training		✓		✓		✓
Preparation for Recertification					✓	

Next Visit Plan.

Visit objectives:

Assess the continued suitability of the Environmental Management System at the Stevens Point Facility

Visit scope:

The following processes associated with the EMS and BS EN ISO 14001:2004, as detailed in the next visit schedule below.

Date	Assessor	Time	Area/Process	Clause
08/21/2013	Mark Donnelly	8:00	Opening Meeting	
08/21/2013	Mark Donnelly	8:30	Organization/ EMS Changes	
08/21/2013	Mark Donnelly	9:00	Management Processes (includes aspects, objectives, targets, programs.)	
08/21/2013	Mark Donnelly	11:00	Internal Audits	
08/21/2013	Mark Donnelly	12:00	Working Lunch	
08/21/2013	Mark Donnelly	12:30	Corrective/ Preventive Actions	

Report Author Mark Donnelly

Visit Start Date 03/05/2013

Assessment Report.

08/21/2013	Mark Donnelly	13:00	Competence, Awareness, Training	
08/21/2013	Mark Donnelly	13:30	Roof & Grounds	
08/21/2013	Mark Donnelly	14:00	Waste Management	
08/21/2013	Mark Donnelly	16:00	Daily Wrap-Up	
08/22/2013	Mark Donnelly	8:00	Energy Management	
08/22/2013	Mark Donnelly	8:30	Chemical Management	
08/22/2013	Mark Donnelly	9:30	Contractor Management	
08/22/2013	Mark Donnelly	10:00	Audit Trails and Report Writing	
08/22/2013	Mark Donnelly	12:00	Closing Meeting	

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Notes.

The assessment was based on sampling and therefore nonconformities may exist which have not been identified.

If you wish to distribute copies of this report external to your organization, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organization and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number

Should you wish to file an appeal then this must be completed in writing and to the address below. The appeals process will be completed within 30 days of the date of this report.

As part of BSI's Terms, it is necessary for you to notify BSI of any of the following: Major changes to Management System; Change of ownership, merger or acquisition; Significant change to employee numbers; Introduction of new products/processes; Introduction of new customers; Initiation of customer-enforced sanctions. Notification should be made to your Client Manager within 5 business days of occurrence. Your Client Manager will evaluate the impact of the notification, review this with the BSI Scheme Manager and contact you as necessary to discuss any additional activities required as a result.

This report and related documents is prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report.

Should you wish to speak with BSI in relation to your registration, please contact our Operations Support Team:

Report Author Mark Donnelly

Visit Start Date 03/05/2013

BSI Management Systems
12110 Sunset Hills Road
Suite 200
Reston
VA
20190

Tel: +1 (800) 862 4977 Fax: +1 (703) 437 9001

Regulatory Compliance.

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.

FY2013 ISO 14001 Targets and Objectives:

Reduce/Reuse Waste - Work with suppliers to identify opportunities to change the pallets being used to ship purchased products to ones that can be reused to ship our finished goods. Target April 2013 for completion. Began reusing pallets from Knowlton at our laminator to send media to stock. Investigate opportunities for recycling cellulose and/or synthetic media. Target July 2013 completion. Capital limitations put this project on hold. Will revisit during F14 if opportunities arise. Significant Aspect(s) and/or Legal & Other Requirements considered: Corporate Other Requirement- Recycling as many waste streams as possible and practical. Green Tier considerations: Reducing waste or the production of hazardous substances.

Reduce Energy Consumption – Use a Focus on Energy assessment to identify energy savings/efficiency improvement opportunities. Target April 2013 for completion. Randy Urness from Focus on Energy did a walk through of the plant in April 2013. More efficient parts washers a possible area to look at. Will carry forward as a project in F14 for washer upgrades in dept.'s 1676 & 1679. Significant Aspect(s) and/or Legal & Other Requirements considered: Corporate/ Other Requirement- Green Tier considerations: Conserving energy, Reducing the use of renewable natural resources through increased efficiency.

Improve Employee Input to Environmental Program – Implement “Green Cards” at department Continuous Improvement (CI) boards. Began program in August 2012. 15 “Green Card” suggestions were received between August 2012 and July 2013. Eight were implemented, others still open and being worked on. Significant Aspect(s) and/or Legal & Other Requirements considered: Corporate/ Other Requirement- Green Tier considerations: Limiting discharges or emissions of pollutants, Minimizing the effects of raw materials, Conserving Energy.

FY2014 ISO 14001 Targets and Objectives:

- **Reduce/Reuse Waste from media pallets** - Work with H&V and Ahlstrom to go to returnable corrugated pallets for media. Significant Aspect(s) and/or Legal & Other Requirements considered: Corporate Other Requirement-Recycling as many waste streams as possible and practical. Green Tier considerations: Reducing waste or the production of hazardous substances.
- **Reduce Energy Consumption** – Replace parts washers at 300T and North spiral liner machine with more efficient washers. Significant Aspect(s) and/or Legal & Other Requirements considered: Corporate/ Other Requirement- Green Tier considerations: Conserving energy, Reducing the use of renewable natural resources through increased efficiency.
- **Reduce Hazardous Waste** – Review EPA’s revised hazardous waste rules on shop towels for applicability to Waste Profile 75-12551. Significant Aspect(s) and/or Legal & Other Requirements considered: Paint and Related Materials (Risk Score 288), Clean up Materials (Risk Score 80), Green Tier considerations: Reducing waste or the production of hazardous substances.
- **Reduce Waste at Laminator** – Utilize media more efficiently at the laminator to reduce amount of waste from slitting Significant Aspect(s) and/or Legal & Other Requirements considered: Media (Risk Score 144) Green Tier considerations: Reducing waste or the production of hazardous substances.