

To	<b>State of Wisconsin</b> Department of Natural Resources P.O. 7921, Madison, WI 53707
From	<b>Donaldson Company</b> 5200 Coye Drive Stevens Point, WI 54481
Subject	<b>Green Tier Annual Report</b>
Attachments	FY2015 EMS Audits (in compliance with s.299.83(6m)(a)) FY2015 Targets and Objectives Sustainability Metrics

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 2015 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 and the Sustainability Metrics spreadsheet available from the Green Tier website.

Please feel free to contact me with any questions.

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

**bsi.**



**Assessment Report.**  
Donaldson Company Inc.

**Report Author** Mark Donnelly  
Visit Start Date 02/09/2015

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## 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
8100268 Continuing Assessment (Surveillance) 02/09/2015 1.5 Day(s) No. Employees: 485	EMS 69178 BS EN ISO 14001:2004	Donaldson Company 5200 Coye Drive Stevens Point Wisconsin 54481 USA

### Client management system version(s):

Stevens Point ISO 14001 Environmental Management Manual, Table of Contents updated 12/5/2014, each procedure has current revision level and date.

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organizations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO 14001:2004 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

## Management Summary.

### Overall Conclusion

The objectives of this assessment have been achieved. I would like to thank all the audit participants for their assistance and co-operation which enabled the audit to run smoothly and to schedule. Based on the objective evidence detailed within this report, the areas assessed during the course of the visit were found to be effective.

There were no outstanding nonconformities to review from previous assessments.

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.

### **Organization / EMS Changes; Preparation for Reassessment : 4.1, 4.2**

There have been no notices of violation, court order, or consent decrees related to environmental concerns since the last assessment or during the course of this assessment. There have been no changes to the manufacturing processes, level of staffing, or personnel associated with the EMS other than training of a new quality associate, Kelly Hunt, to be the backup on environmental programs to the current EMR.

The facility headcount has been stable over the course of the assessment cycle and the days (5) established for the duration of the reassessment audit scheduled for August 3 to 8, 2015, are within the requirements of MD-5 guidelines. Process areas have been added to the reassessment schedule.

The facility participates in the "Green Tier" program with the Wisconsin DNR. Areas of focus within the program include limiting discharge or emissions of pollutants, minimizing the negative effects of raw materials, voluntarily engaging in restoring or preserving natural resources, helping other entities comply with environmental requirements, organizing uncoordinated entities that produce environmental harm into a program that reduces that harm, reducing waste or the use or production of hazardous substances in the design, production, delivery, use, or reuse of goods or services, conserving energy or nonrenewable natural resources, reducing the use of renewable natural resources through increased efficiency, adopting methods that reduce the depletion of, or long-term damage to, renewable natural resources.

### **Management Processes (includes aspects, objectives, targets, programs) : 4.3.1, 4.3.3**

Environmental Aspects are identified and reviewed according to the procedure Environmental Aspects Identification, EMS016-431.001.000, rev. 8 dated 1/15/11. The aspects are reviewed by process and most aspects apply to multiple processes and are rated together as an aspect category for the determination of Significant Aspects. The aspects list has been updated to include several new chemicals used in the manufacturing process. Aspects are reviewed for new processes and new chemicals according to a rating system established and maintained by the corporate program structure. Significant aspects determined for the site include Cleanup Materials, Facility Maintenance and Land Management, Lubricant and Oil usage, Filter Media, Miscellaneous Product Materials, Paint and Related Materials, Process Materials and Related, and Used Equipment and Related. There is opportunity to review the entire significance ratings periodically to ensure global process or other management changes that apply to more than one process are taken into account during the aspects rating process.

Upcoming process modifications are reviewed by the management of change procedures. The corporate MOC process includes review of new processes by the site Environmental Contact.

The objectives, targets and programs that were established for FY 2015 are: (1) reduce hazardous waste generation if possible by reclassifying toweling waste according to a new EPA regulation (carried over from 2014), (2) reduction or reuse of the scrap media used in the facility (carried over from 2014), and (3) investigate recycle of solvent onsite using equipment that has been added to operations at another corporate site. Minutes from the July 7, 2014 and February 4, 2015 management review meetings were reviewed for update on environmental programs. The 2015 meeting minutes discussed the status of each of the three objectives for FY 2015 that are detailed above. No significant progress has been achieved on any of the objectives since August 2014 but the state of Wisconsin has issued a rule potentially clarifying applicability of new EPA rules on characterization of shop towels for applicability to site Hazardous Waste stream and progress in the other objectives was stated in management review as a goal for the first half of CY 2015.

**Management Review : 4.6**

Management review (semiannual) was last conducted on February 4, 2015, with all but one of the EMS core team in attendance. The review was conducted and documented in accordance with the site management review procedure. Minutes are comprehensive and cover all requirements of the standard, including policy programs, communication, legal and other requirements applicable to the site, internal audits, and corrective and preventive action status. Status of environmental programs is discussed above. There were no changes to policy or major elements of the EMS and the management review process reflects the continued effectiveness of the system.

**Internal Audits : 4.5.5**

The fiscal year (FY) 2014 internal audits were completed as scheduled. The FY2015 internal audit schedule was reviewed. A total of 14 audits are scheduled and cover all areas of the system are scheduled to be audited. The audit schedule covers ISO 14001 program elements and also air, water, waste, and chemical management are audited for all processes for all three shifts and for the maintenance department. The first three audits on the schedule were reviewed and complete with no nonconformities recorded. One audit focused on the closure and determination of effectiveness of an internal audit finding from the 2015 schedule. Forms and procedures used in the internal audit process are specified in Internal Audit Procedure DBOS016- 822.001.000. Audit records consisted of completed checklists, auditor notes, and highlighted procedures related to auditor observations. This process is effective.

**Corrective and Preventive Actions : 4.5.3**

Corrective and Preventive Action documentation appears to effectively addresses analysis of the root cause and generation of corrective and preventive actions for external and internal audit findings. The process is completed according to site procedure . Corrective actions document action plans based on root cause analysis. Corrective action reports incorporate 8-D for root cause analysis and corrective action determination. The log of corrective and preventive actions is maintained in the same system as QMS/TS corrective and preventive actions and managed according to the same procedure. One corrective action were generated within the most recent internal audit cycle, related to an instance that low pressure readings on paint booth filters were recorded without calling maintenance as prescribed by the procedure and form, and corrective actions implemented in response included more detailed guidance in what to do in this situation. Corrective actions initiated in response to this finding were reviewed for effectiveness and determined effective.

**Legal and Other Requirements and Evaluation of Compliance : 4.3.2 4.5.1, 4.5.2**

effective.

Compliance tracking is accomplished following procedure for maintenance of the "Legal and Other Requirements List" EMS016-432.001.000, rev. 6, dated 8/17/11, and associated "Environmental Regulatory Requirements Schedule," EMS016-432.002.000, rev. 6, dated 7/30/12. Schedule was observed for 2014 to contain requirements specified according to this procedure. Donaldson corporate environmental engineers are tasked with annual review of applicable regulatory requirements. Last documented review observed noted 8/2/13. The plant environmental contact appears to be well informed on the environmental regulations applicable to site operations and receives timely updates on regulatory changes applicable to the facility.

"Compliance Evaluation" EMS016-452.001.000, rev. 2, dated 7/26/12, was reviewed. This procedure establishes the criteria upon which compliance will be determined, specifically (1) review of regulatory schedule and submittals of regulatory requirements by their due dates, (2) regulatory audit results, (3) regulatory communications, and (4) results of five-year compliance audits by the corporate staff. The group uses these metrics to determine the degree to which legal requirements are satisfied. Reviewed the annual compliance schedule prepared by corporate environmental staff for this plant and maintained by the environmental coordinator. Items were specified in detail with due dates for all regulatory submittals shown in red (incomplete) or green (complete). Items other than regulatory compliance items were shown in yellow for incomplete. This process presents a very clear visual picture of the compliance status of the facility. The corporate compliance evaluation 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.

### **Air Management : 4.4.6**

Air Management activities appear to be effective. The latest Part 70 air permit received in July 2014 was reviewed including changes from the previous permit. Air compliance reporting requires the usage data for all VOC-containing materials that are specified in the permit. Reporting is done per document "Documenting and Updating the 12-Month Rolling Usage Spreadsheet," DBOS016-451.001.004, rev. 5, dated 11/15/13. The EC collects these data by a combination of bill-of-materials data for each product manufactured and material usage data from the warehouse or storage rooms for items not incorporated into the product. These data are summarized in reports on a monthly basis and compliance data in the form of 12-month rolling averages and/or daily or monthly usage rates are generated and reported as required. The calculations were observed and were up to date. Air permit reporting requirements are listed on the Compliance Chart maintained by the Environmental Contact and reports submittals are up to date.

Reviewed the following procedures which covered in detail the various air emissions compliance reports that are required by the permit:  
"Semi-Annual Monitoring Report and Semi-Annual Compliance Report," EMS016-451.001.005, rev. 3, dated 10/31/14.  
"Annual Air Operation Compliance Certification Report," EMS016-451.001.006, rev. 2, dated 10/31/14.  
"Annual Progress Report for Formaldehyde Reduction," EMS016-451.001.007, rev. 1, dated 11/4/14.

The latest air permit is updated to include process oven limitations and performance evaluation per the requirements of subpart DDDDD. The first requirement of this standard, energy evaluation of process ovens, was completed by an outside contractor in February 2015 and results are pending.

### **Water Management : 4.4.6**

Water Management activities appear to be effective. Water from the washing process is sampled semiannually for site pretreatment requirements. Records of monitoring for the phosphate and washing process wastewater discharge, including the required pH and metals analysis are maintained and were reviewed. The procedure "Sewer Discharge Points," EMS016-451.001.001, rev. 6, dated 11/15/13, identifies sewer discharge points within the plant and specifies what methods should be used to document compliance with applicable water and sewer city ordinances. The semi-annual sampling records for the pre-treatment of phosphatizing water discharge at three process locations were reviewed and found to be complete per the facility's requirements. Water sampling is conducted and documented per the procedure "Pretreatment Wastewater Sampling," EMS016-451.001.003, rev. 2, dated 1/7/14. Results from 2014 semiannual sampling conducted by an external laboratory conducted were reviewed. The laboratory analysis indicate that the chemistry of the discharges is within the state requirements for the specified metals and cyanide, which when detected were generally less than one-tenth and in all cases less than one-third of the monthly average allowable. No exceedences were recorded in 2014.

The Environmental Coordinator completes a semiannual audit of all process water discharge points which is recorded on form 451.001.001-01, rev. 2/14. This form documents various in-process checks of data regulated by the permit such as pH and temperature of discharge as a spot-check to confirm operator data is accurate and complete. Checks are based on limits established by the applicable local sewer ordinance and additionally for metals and cyanide by categorical pretreatment standards for metal finishing. There is no sewer discharge permit required.

The facility maintains an SPCC plan for oil management. All significant oil storage is in drums other than process hydraulic oil contained in two large hydraulic presses. The plan includes a Facility Inspection Checklist that is completed monthly, last observed 1/31/14. The locations specified on the inspection sheet and appear to be maintained as prescribed in the plan with most drums provided with containment carts or pallets and all stored in the prescribed areas. No oil leaks have been reported at this facility. The plan was last



updated August 28, 2014 and self-certified.

**Energy Management : 4.4.6**

Energy Management activities appear to be effective. Energy conservation goals are reflected in site environmental goals and targets and energy usage is monitored by the Environmental Contact and used to track facility CO2 emissions estimates. Much has been done at the facility in energy management over the last several years and there are no large projects currently in process. The facility has a small test program to monitor and evaluate potential cost savings from the use of LED lighting fixtures and has installed some outside to light emergency exits.

**Chemical Management : 4.4.6**

Air Management activities appear to be effective. The .The chemical management program is generally effective. One minor nonconformity is discussed above. A site walkthrough to observe chemical storage areas was conducted and generally chemical containers observed in all areas were managed according to site procedures. However some observations were made where procedures were not being followed. In general there were many chemicals in different work areas and procedure compliance was high; the nonconformity seems to reflect a few isolated instances.

The MSDS system is effectively managed and controlled. Site procedure DBOS016-415.006.006 requires receiving to label all drums with NFPA information from the MSDS on a prescribed label and all chemical drums and other larger containers were observed with this label. Site procedure requires secondary containers on chemical to be labeled with this information and all containers observed in process areas and storage cabinets were properly labeled. MSDSs are available online in a corporate system that is user-friendly and allows the site to search company and service provider databases for new chemicals and also add local chemicals to the database by scanning and direct upload. The EC maintains a file of local MSDS to back up the online system and also a spreadsheet that indexes chemical MSDS to environmental reporting requirements.

During the course of the visit logos were found to be used correctly.

## 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
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Scott Jackson	Plant Manager
Mike Keel	Quality Engineer / Environmental Contact
Walt Footit	Manufacturing Engineering Manager
Kelly Hunt	Quality Technician
Craig Wilkins	Quality Manager
Tom Mains	Operations Manager
Ted Osenga	Maintenance Manager

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 Coye Drive Stevens Point Wisconsin 54481 USA	EMS 69178	
	Visit interval:	6 months
	Visit duration:	1.5 Days
	Next re-certification:	08/01/2015

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.

DONALD-0009500186-009|EMS 69178

	<span>Visit1</span> <span>Visit2</span> <span>Visit3</span> <span>Visit4</span> <span>Visit5</span> <span>Visit6</span>
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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	5.0
Air Management		X		X		X	X
Chemical Management			X			X	X
Communication		X			X		X
Competence, Awareness, Training			X		X		X
Compliance Evaluation		X		X		X	X
Contractor Management				X			X
Emergency Preparedness and Response		X			X		X
Energy Management			X			X	X
Organization/ EMS Changes		X	X	X	X	X	X
Management Processes (includes aspects, objectives, targets, programs.)		X	X	X	X	X	X
Management Review		X	X	X	X	X	X
Internal Audits		X	X	X	X	X	X
Corrective/ Preventive Actions		X	X	X	X	X	X
Preparation for Recertification						X	
Roof & Grounds			X		X		X
Waste Management			X		X		X
Water Management		X		X		X	X
System Documentation / Documents and Records Control						X	X
Process - Stamping, Machining, Washing, Painting							X
Process - Media Laminator, Cutting, Pleating							X
Process - Assembly Areas							X

## Next Visit Plan.

### Visit objectives:

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

The scope of the assessment is the documented management system with relation to the requirements of ISO 14001:2004 and the

defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

If this visit is part of a multi-location assessment, the final recommendation will be contingent of the findings from all assessments.

Date	Assessor	Time	Area/Process	Clause
08/03/2015	Assessor 1	8:00	Opening Meeting	
		8:30	Organization/ EMS Changes	4.1, 4.2
		9:00	Management Processes (includes aspects, objectives, targets, programs.)	4.3.1, 4.3.3
		10:00	Management Review	4.6
		10:30	Internal Audits	4.5.5
		11:30	Corrective/ Preventive Actions	4.5.3
		12:00	Lunch	
		12:30	Compliance Evaluation	4.3.2, 4.5.2
		1:30	System Documentation / Documents and Records Control	4.2.3, 4.2.4, 4.5.4
		2:30	Roles and Responsibilities, Communication	4.4.1, 4.4.3
		3:30	Interim Meeting	
		4:00	Leave Site	
08/04/2015		7:00	Waste Management	4.4.6
		10:30	Water Management	
		12:00	Lunch	
		12:30	Water Management	
		2:00	Roof & Grounds	
		3:00	Interim Meeting	
		3:30	Leave Site	
08/05/2015		7:00	Chemical Management	
		9:00	Process - Stamping, Machining, Washing, Painting	
		10:30	Process - Media Laminator, Cutting, Pleating	

		12:00	Lunch	
		12:30	Maintenance and Energy Management	
		2:00	Contractor Management	
		3:00	Interim Meeting	
		3:30	Leave Site	
08/06/2015		7:00	Process - Assembly Areas	
		9:00	Air Management	
		12:00	Lunch	
		12:30	Emergency Preparedness and Response	
		3:00	Interim Meeting	
		3:30	Leave Site	
08/07/2015		7:00	Competence, Awareness, Training	
		9:00	Audit Trails	
		11:00	Report Preparation	
		12:00	Lunch	
		12:30	Report Preparation	
		3:00	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](http://www.bsigroup.com/j4c) to register. When registering for the first time you will need your client reference number and your certificate number



## Assessment 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  
12950 Worldgate Drive  
Suite 800  
Herndon  
VA  
20170  
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.

**Report Author** Mark Donnelly

Visit Start Date 02/09/2015

**bsi.**



**Assessment Report.**  
Donaldson Company Inc.

**DRAFT**

**Report Author** Mark Donnelly  
Visit Start Date 08/03/2015

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## 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
8186251 Re-certification Audit (RA Opt 2) 08/03/2015 5 Day(s) No. Employees: 480	EMS 69178 BS EN ISO 14001:2004	Donaldson Company 5200 Coye Drive Stevens Point Wisconsin 54481 USA

### Client management system version(s):

Environmental Management System Manual, Dated 8//3/2015, individual documents dated and controlled electronically.

The objective of the assessment was to conduct a re-assessment of the existing certification to ensure the elements of the scope of registration and the 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 certification. A recommendation is made subject to submission and acceptance of the client's corrective action plan.

The objectives of this assessment have been achieved. I would like to thank all the audit participants for their assistance and co-operation which enabled the audit to run smoothly and to schedule. Based on the objective evidence detailed within this report, the areas assessed during the course of the visit were generally found to be effective.

There were no outstanding nonconformities to review from previous assessments. 2 Minor 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, correction and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 09/08/2015 by e-mail or fax to your assessor, referencing the report number.

## Mandatory Requirements – Re-Certification.

**Review of assessment finding regarding conformity, effectiveness and relevance of the management system:**

**Management system strategy and objectives:**

**Review of progress in relation to the organisation's objectives:**

**Review of assessment progress and the re-certification plan:**

**BSI Client Management Impartiality and Surveillance Strategy:**

The client managers associated with this assessment cycle have had and retain all applicable P and T codes. The assessment cycle has been calculated properly. The next assessment cycle will be adjusted to every twelve months.

**Do you want the current Total assessment days / Cycle to continue ?**

No

Contained within A513 for this site. The time will not change as the headcount remains similar (a little less but within the same range.) The proposed assessment cycle is 2.5 days per year and 5.0 days reassessment.

## Areas Assessed & Findings.

**Organization / EMS Changes : 4.1, 4.2**

There have been no notices of violation, court orders, or consent decrees related to environmental concerns since the last assessment or during the course of this assessment. There have been no changes to the manufacturing processes, level of staffing, or personnel associated with the EMS other than continued training of a new quality associate, Kelly Hunt, to be the backup on environmental programs to the current EMR.

The facility headcount has been stable over the course of the assessment cycle and the days (5) established for the duration of this reassessment audit are within the requirements of MD-5 guidelines. Process areas have been added to the reassessment schedule.



**Management Processes (includes aspects, objectives, targets, programs), Management of Change : 4.3.1, 4.3.3**

Environmental Aspects are identified and reviewed according to the procedure Environmental Aspects Identification, EMS016-431.001.000, rev. 8 dated 1/15/11. The Significant Aspect Determination Scoring Sheet, EMS016-431.003.000, rev. 7 dated 12/21/11 presents aspects review and scoring results. The aspects list continues to be reviewed and updated to include several new chemicals used in the manufacturing process. Significant aspects determined for the site include Cleanup Materials, Facility Maintenance and Land Management, Lubricant and Oil usage, Filter Media, Miscellaneous Product Materials, Paint and Related Materials, Process Materials and Related, and Used Equipment and Related have not changed over the course of the assessment cycle.

Upcoming process modifications are reviewed by the management of change procedures. The corporate MOC process includes review of new processes by the site Environmental Contact (EC). Records were observed and reviewed of site EC input to the process, which is controlled by corporate project/process engineering but includes steps of approval by the site EC that were completed appropriately and documented within the system.

The objectives, targets and programs that were established for FY 2015 are: (1) reduce hazardous waste generation if possible by reclassifying toweling waste according to a new EPA regulation (carried over from 2014), (2) reduction or reuse of the scrap media used in the facility (carried over from 2014), and (3) investigate recycle of solvent onsite using equipment that has been added to operations at another corporate site. Status on these projects is updated quarterly through meetings of the Environmental Steering Committee and recorded within Management Review. Minutes from the July 24, 2015 management review meeting were reviewed for update on environmental programs. The meeting minutes discussed the final FY status of each of the three objectives for FY 2015 that are detailed above. The state of Wisconsin has issued a rule potentially clarifying applicability of new EPA rules on characterization of shop towels for applicability to site Hazardous Waste stream, and this rule's guidance is targeted for implementation at the site during the last part of CY 2015 (FY 2016). Reuse of scrap media for energy recovery is still not a viable disposal option at this time, although a contact has been identified in July 2015 and this is being investigated. A contact with an equipment provider has been made and a demonstration of onsite solvent recycling may be conducted, a site visit has been scheduled for August.

**Management Review : 4.6**

Management reviews are now quarterly and reviews were last conducted on April 22, 2015, and July 24, 2015. The review was conducted and documented in accordance with the site management review procedure. Minutes are comprehensive and cover all requirements of the standard, including policy programs, communication, legal and other requirements applicable to the site, internal audits, and corrective and preventive action status. Status of environmental programs is discussed above. There were no changes to policy or major elements of the EMS and the management review process reflects the continued effectiveness of the system.

**Internal Audits : 4.5.5**

The FY2015 internal audit schedule was reviewed. A total of 14 audits are scheduled and cover all areas of the system are scheduled to be audited. The audit schedule covers ISO 14001 program elements and also air, water, waste, and chemical management are audited for all processes for all three shifts and for the maintenance department. Forms and procedures used in the internal audit process are specified in Internal Audit Procedure DBOS016- 822.001.000. Audit records consisted of completed checklists, auditor notes, and highlighted procedures related to auditor observations. Reviewed three audits scheduled in April 2015 that were completed with no nonconformities recorded. One of the two auditors had especially detailed notes and a very effective audit report. This process is effective.

**Corrective and Preventive Actions : 4.5.3**

Corrective and Preventive Action documentation appears to effectively address analysis of the root cause and generation of corrective and preventive actions for external and internal audit findings. The process is completed according to site procedure EMS016-453.001.000. Corrective actions document action plans based on root cause analysis. Corrective action reports incorporate 8-D for root cause analysis and corrective action determination using form 414.012.00.001. The log of corrective and preventive actions is maintained in the same system as QMS/TS corrective and preventive actions and managed according to the same procedure. No corrective actions were generated within the most recent internal audit cycle. The corrective action process was reviewed for the Environmental Compliance Audit findings (see below), maintained separately but completed based on the same requirements.

**Legal and Other Requirements and Evaluation of Compliance : 4.3.2 4.5.1, 4.5.2**

Compliance tracking is accomplished following procedure for maintenance of the "Legal and Other Requirements List" EMS016-432.001.000, rev. 6, dated 8/17/11, and associated "Environmental Regulatory Requirements Schedule," EMS016-432.002.000, rev. 6, dated 7/30/12. Environmental reporting requirements are tracked by the Environmental Contact and the schedule was observed for 2015 to contain requirements specified according to this procedure. This process presents a very clear visual picture of the compliance status of the facility. The chart includes regulatory reporting as well as recurring environmental inspections and monitoring requirements. The schedule as observed was up to date. A tabular list of regulatory and permit requirements is also maintained with general Federal, State, and Local regulatory references given for all identified requirements tracked within the compliance calendar.

Donaldson corporate environmental engineers are tasked with annual review of applicable regulatory requirements. The plant environmental contact appears to be well informed on the environmental regulations applicable to site operations and receives timely updates on regulatory changes applicable to the facility.

The corporate compliance evaluation is required every five years. The last compliance audit was conducted the week of June 8, 2015. Ten findings were recorded. Findings have been reviewed internally with review documented, root cause identified, and corrective action plans developed for all findings. Reviewed status of corrective actions, some of which have been completed and some of which are ongoing.

**Waste Management : 4.4.6**

The waste management process is for the most part effectively implemented and controlled. One minor nonconformity was recorded. Waste management includes hazardous waste (large quantity generator status) almost all of which is recycled, universal waste batteries, lamps, and mercury-containing items, recycled cardboard, plastic wrap, metals (bulk steel from stamping and aluminum from machining), and consumer recyclables, and some media and pallets and plastic strapping which are not recycled. Waste accumulation and storage areas were observed, including hazardous waste cleanup solvent in satellite accumulation areas in the painting and printing process areas and the general hazardous waste storage area located within the "Paint Vault". Waste cleanup solvent is collected in five-gallon containers and transferred by the janitorial staff to waste accumulation in the hazardous waste storage area when required, in accordance with procedure EMS016-446.000.021, rev 3, Hazwaste Duties Assigned to the Janitor. Rags and wipes contaminated with solvent are managed in a similar manner, accumulated in red cans in areas of use and brought to a compactor in the Paint Vault area where they are compacted in a waste drum. Most waste containers observed were labeled with the proper labels according to the applicable procedures, but one waste paint accumulation container was not labeled properly. See Minor Nonconformity, above.

Used oil is collected in drums that are stored inside and used oil is removed periodically for recycling. All universal waste storage areas were also observed with containers labeled and dated appropriately. Hazardous, universal, and used oil storage areas were generally in order and no evidence of spills or leaks was observed in these areas. Waste accumulation area inspection reports were reviewed and found up to date. Records reviewed included shipment manifests for hazardous waste, universal waste, and used oil, hazardous waste annual report, and data collected to track the waste generation and disposal quantities for all types of wastes and recycled materials.

Procedures are available as work instructions, generally with pictures, and were reviewed for hazardous waste, universal waste storage, used oil handling, disposal of aerosol cans, and general hazardous waste management. The hazardous waste management procedure (EMS016-446.000.011) provides forms for shipment tracking and hazardous waste storage area inspection. Several other procedures are available and are detailed in requirements of most types of waste streams generated, including handling of non-hazardous waste and procedures for each specific type of universal waste.

#### **Water Management : 4.4.6**

Water Management activities appear to be effective. Water from the washing process is sampled semiannually for site pretreatment requirements. The site discharges continuously from final rinse tanks at specified flow rates, and empties other process tanks at regular maintenance intervals. Records of pH are kept for the process tank releases. The process control system controls rinse pH to the required discharge levels effectively. Records of monitoring for the phosphate and washing process wastewater discharge, including the required pH and metals analysis are maintained and were reviewed. The procedure "Sewer Discharge Points," EMS016-451.001.001, rev. 6, dated 11/15/13, identifies sewer discharge points within the plant and specifies what methods should be used to document compliance with applicable water and sewer city ordinances. The points sampled are the phosphatizing tanks, which have the highest metals concentrations within the system. The semi-annual sampling records for the pre-treatment of phosphatizing water discharge at three process locations were reviewed and found to be complete per the facility's requirements. Water sampling is conducted and documented per the procedure "Pretreatment Wastewater Sampling," EMS016-451.001.003, rev. 2, dated 1/7/14. Results from 2015 semiannual sampling conducted by an external laboratory, last conducted in June 2015 for the three washing processes, were reviewed. The laboratory analysis indicate that the chemistry of the discharges is within the state requirements for the specified metals and cyanide, which when detected were generally less than one-tenth and in all cases less than one-third of the monthly average allowable. This has been the recent trend at the site. No exceedences were recorded in 2014 or 2015. The recent addition of a RO makeup water system in 2014 appears to have resulted in extended effective life of the tank solutions as well as reduction in metals concentration in the discharge.

The Environmental Coordinator completes a semiannual audit of all process water discharge points which is recorded on form 451.001.001-01, rev. 2/14. This form documents various in-process checks of data regulated by the permit such as pH and temperature of discharge as a spot-check to confirm operator data is accurate and complete. Checks are based on limits established by the applicable local sewer ordinance and additionally for metals and cyanide by categorical pretreatment standards for metal finishing. There is no sewer discharge permit required.

The facility maintains an SPCC plan for oil management. The plan was last updated August 28, 2014 and self-certified. All significant oil storage is in drums other than process hydraulic oil contained in three large hydraulic presses. The plan includes a Facility Inspection Checklist that is completed monthly, completed all months of 2015 and up to date within files. The locations specified on the inspection sheet and appear to be maintained as prescribed in the plan with most drums provided with containment carts or pallets and all stored in the prescribed areas. There is currently an investigation into concerns with some staining on the foundation on the west side of the building near the location of the can presses. No free liquids and no soil contamination has been identified and this is not considered a release at this time.

#### **Outside Walk, Grounds Tour including Roof : 4.4.6**

A complete tour of the outside of the facility was conducted to observe any operations conducted outside and any potential impacts to stormwater runoff at the site. The facility maintains a no-exposure certification for stormwater. The site walk confirms that no industrial activity is conducted outside. An outside open storage area is used to store triple-rinsed plastic drums prior to return for reuse and is inspected weekly. There is a storage shed within this area that is used for storage of empty drums to be returned to the oil vendor that supplies these drums. Stormwater from the site drains from the roof, employee parking area, and outside of the shipping and receiving

docks toward the front (south side) of the building. There is a small stormwater retention pond at the southeast corner of the property that collects some surface runoff from the east docks and parking area. The back (north) employee parking area drains to the west and the west and south side drainage is collected in a dry sump area at the southwest corner of the property maintained by the city for stormwater control. The outside stormwater pathways and other outside areas of the property are well maintained and no visible sign of impact of any industrial activity was observed. The roof was accessed and observation indicates that there are no indications of industrial activity on the roof. There were no areas of staining or other impacts observed near the stacks that provide air pollutant emission points.

#### **System Documentation, Document and Record Control :**

The EMS is documented within the requirements of the corporate system. Procedures are numbered in a coordinated fashion with "EMS016" designating the Stevens Point facility. EMS documents are controlled by the site Environmental Contact and evidence observed that documents are reviewed annually and revised as necessary in accordance with site procedures. A records retention list is maintained and all records appear to be maintained as required.

#### **Roles Responsibility and Authority, Communication : 4.4.1, 4.4.3**

Roles and responsibilities are shared within the corporate EHS group and the site representatives. The ultimate responsibility for compliance is with the corporate group, which provides resources and expertise within the environmental program, shared with the site quality department and plant manager. Site management is extensively involved in and supportive of the program.

Communication programs both internal and external are effective. External communication logs are maintained, and consist primarily of contact with regulatory agencies. Records maintained in both a communications log and as electronic and print copies of relevant communications. No external communications from public interested parties have been received. Internal communication consists of postings of policy, programs, and status of achievement of objectives in employee break and work areas as well as presentations of these items on monitors located in the facility including the front lobby and break area. Communication through monthly environmental and safety topics is effective.

#### **Chemical Management : 4.4.6**

The chemical management program is generally effective. One minor nonconformity is discussed above. A site walkthrough to observe chemical storage areas was conducted and generally chemical containers observed in all areas were managed according to site procedures. In general there were many chemicals in different work areas that were observed with the appropriate labeling and the conformance with the site procedure has improved significantly over the course of this certificate cycle. There was only one instance in which an unlabeled container was observed. The nonconformity was a bucket used to collect coolant within the process at the 300-ton press that was not labeled but otherwise well managed.

The MSDS system is generally effectively managed and controlled. MSDSs are available online in a corporate system that is user-friendly and allows the site to search company and service provider databases for new chemicals and also add local chemicals to the database by scanning and direct upload. Chemicals were searched and up to date MSDS or SDS were available except for one chemical located within the Paint Vault storage area for which an MSDS was not in the files. The EC maintains a file of local MSDS to back up the online system and also a spreadsheet that indexes chemical MSDS to environmental reporting requirements for air and EPCRA. Site chemical inventories are used to assist in preparation of Tier II and Form R reporting requirements. These reports were observed as completed for 2015 submittal requirements.

Site procedure DBOS016-415.006.006 requires receiving to label all drums with NFPA information from the MSDS on a prescribed label and all chemical drums and other larger containers were observed with this label. Site procedure requires secondary containers on chemical to be labeled with this information and all containers observed in process areas and storage cabinets were properly labeled.

#### **Emergency Preparedness and Response : 4.4.7**

The site has developed an Emergency Contingency Plan that provides details for response to various emergency situations. The plan was updated last in 2015 to amend the site emergency contact list. The plan details response procedures to address fire, severe weather, and chemical spills, as well as other emergency situations, and is reviewed at each management review with review notes documented in the last management review in July 2014. 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 a distribution list is maintained for hard copy distribution to all emergency coordinators and outside agencies such as fire department and area hospital. The site map attachments to the plan identify locations of fire extinguishers and other emergency equipment.

Spill kits are tagged to indicated access, all spill kits observed had not been accessed since the previous inspection. Spill kit monthly inspection records are maintained and were up to date, indicating when kits were sealed and if not that the contents had been checked and restocked if necessary to the levels indicated on the inspection sheet.

Emergency Drills have been performed and documented. Fire and severe weather drill records were reviewed for fire evacuation conducted in October 2014 and severe weather evacuation conducted in April 2015 on all three shifts in accordance with plan requirement. Evaluations reviewed documented the drills and indicated that drills were completed successfully, including setting up at one exit a "blocked by fire" situation. There were several minor corrective actions recorded in response to the fire evacuation and these were completed successfully. A potential mock spill cleanup drill was not conducted in FY 2015, current planning is for this drill to be conducted in FY 2016. Overall the emergency preparedness process has been demonstrated as effectively maintained

#### **Competence, Awareness, and Training : 4.4.2**

Personnel having responsibilities for hazardous waste or generally using any hazardous material as well as all supervisors and managers receive annual hazardous waste refresher training. Records and training content observed for training conducted in December 2014 for this training class, developed and conducted with assistance from corporate EHS. Training designed to cover requirements of hazardous and universal waste management and spill cleanup and prevention, including the SPCC annual required training. This training requirement is tracked by position by the plant EC and includes all supervisors, two janitors responsible for hazardous waste management activities, staff responsible for painting and printing operations, and all maintenance staff. The EC is working to prepare a training session specifically for SPCC based on a finding from the last site regulatory compliance audit. Records were available for DOT training requirements for staff responsible for hazardous waste shipments as well as receiving personnel who may receive hazardous materials for process usage.

New employee orientation includes a session on the management environmental programs presented by the EC, which includes basic introduction to ISO 14001 system, policy, significant aspects, and programs, and also basics of waste management and recycling programs. Reviewed this program, which appears to be effectively maintained.

**Maintenance and Energy Management : 4.4.6**

Maintenance activities related to oil changes within the production equipment are controlled by oil sampling and the maintenance manager keeps a log of the oil status of each machine. The replacement interval has been extended significantly for all machines, some more than others, by use of testing and filtration of oil that may be developing contamination. Status of preventive maintenance programs for the paint booths including stack inspection was observed to be up to date, required at three-month intervals and being conducted at two to three months to ensure safety as well as air emissions compliance. The water washing systems PM were also up to date, designed to ensure compliance with site water regulatory requirements. There is an opportunity for improvement to retain records of detail of contractor certification and refrigerant recovery from the site HVAC contractor.

Energy Management activities appear to be effective. Energy usage is monitored by the Environmental Contact and used to track facility CO2 emissions estimates. Much has been done at the facility in energy management over the last several years in terms of energy savings, such as replacing motors and compressors with variable speed drive, high-efficiency motors, and there are no large projects currently in process. The facility is actively replacing outside lighting with LED lighting fixtures and has also installed some outside to light emergency exits. Investigation for indoor LED options remains ongoing but has been determined to be not cost-effective at this time.

## Opportunity for improvement.

Type	Area/Process	Clause
Opportunity for improvement	Maintenance and Energy Management	4.4.6
Scope	EMS 69178	
Details:	There is an opportunity for improvement to retain records of detail of contractor certification and refrigerant recovery from the site HVAC contractor.	

**Air Management : 4.4.6**

Air Management programs are structured within the EC tracking system for material usage to meet permit requirements for site-wide and unit-specific emission limitations included in the latest Part 70 air permit received in July 2014. Air compliance reporting requires the usage data for all VOC-containing materials that are specified in the permit. Reporting is done per document "Documenting and Updating the 12-Month Rolling Usage Spreadsheet," DBOS016-451.001.004, rev. 5, dated 11/15/13. The EC collects these data by a combination of bill-of-materials date for each product manufactured and material usage data from the warehouse or storage rooms for items not incorporated into the product. These data are summarized in reports on a monthly basis and compliance data in the form of 12-month rolling averages and/or daily or monthly usage rates are generated and reported as required. The calculations were observed and were up to date. Reports were reviewed for the six months ending June 2015 and the annual air emissions inventory for CY 2014 and were prepared according to procedures with the site documenting emissions less than half of the applicable limits. Air permit reporting requirements are listed on the Compliance Chart maintained by the Environmental Contact and reports submittals are up to date.

Reviewed the following procedures which covered in detail the various air emissions compliance reports that are required by the permit:  
 "Semi-Annual Monitoring Report and Semi-Annual Compliance Report," EMS016-451.001.005, rev. 3, dated 10/31/14.  
 "Annual Air Operation Compliance Certification Report," EMS016-451.001.006, rev. 2, dated 10/31/14.  
 "Annual Progress Report for Formaldehyde Reduction," EMS016-451.001.007, rev. 1, dated 11/4/14.

Reviewed results of formaldehyde reduction which has been significant at the site but constant since 2010 as formaldehyde content of most media has been reduced significantly or eliminated altogether, based on site records of material specifications from suppliers.

The latest air permit is updated to include process oven limitations and performance evaluation per the requirements of subpart DDDDD. The first requirement of this standard, energy evaluation of process ovens, was completed by an outside contractor in February 2015 and results have been submitted to the corporate EHS department for review.

#### **Contractor Management : 4.4.6**

This process is partially controlled within the documented procedure EMS Compliance, Training, and Awareness, EMS016-442.001.000, rev 7, dated 5/13/13. Section 3.4 of this document contains requirements for contractors and vendors to review the Donaldson Work Rules document and sign an acknowledgement which is retained within the HR department at the front desk area. This document discusses the ISO 14001 program and also contains requirements that contractors disclose the presence of potentially hazardous materials that they may bring onsite and remove these materials when they leave the site at the conclusion of use. Records maintained at the front desk of the building include files maintained by the HR department of review of the site environmental and safety rules for each visitor or contractor. Access is controlled through this entrance and the visitor/contractor record is checked before entry. There is a checklist for contractors doing significant work within the building, controlled by corporate procedure 424.006.000.002, rev. 6, dated 6/1/2014, that covers in more detail the site safety and materials control requirements and is signed by the contractor representative and site representative, usually the Maintenance Manager. These records were also reviewed and appear to be up to date.

The document "Contractor Selection", EMS016-442.002.000, rev 6, dated 6/13/12, requires that all environmental contractors are reviewed. This document lists the approved environmental contractors and laboratories and the extent of review. Corporate environmental staff review and approve the contractors that manage hazardous waste. Review documentation for the hazardous waste disposal facility audit dated 2014 from corporate EHS was available. This review is conducted every five years per corporate procedures and has recently been updated. Standard desk-top review is conducted at the site level and records were available for contractors such as recycling (oil recycler and metals recycler), universal waste, and non-hazardous waste disposal facilities (wastewater disposal facility and municipal landfill). This review consisted of annual EPA ECHO database review that was documented in site files. This process appears to be effective.

#### **Process - Stamping, Machining, Washing, Painting; Laminator; Cutting, Pleating, and Assembly Areas : 4.4.6**

Processes were reviewed for effective management practices and operations appeared to be effectively controlled. In general employees appear to be aware of their responsibilities under various environmental control procedures. There were containers accessible and all areas for waste collection and segregation of recyclables, which were well labeled and appear to be used properly. Personnel within painting areas are trained and qualified to manage cleaning solvents used within these areas. Personnel within stamping and machining areas are trained and qualified on coolant and oil management. Areas were generally well maintained and free of oil, coolant, or chemical on the floors except close to the stamping presses where measures to clean the floors were evident. An opportunity for improvement was recorded to ensure that in all instances recycle containers are used properly. It was not widespread but in several instances there was garbage such as PPE mixed in with the recyclable materials in collection containers. Many chemical containers were observed in process areas and generally labeled per site requirements.

## Opportunity for improvement.

Type	Area/Process	Clause
Opportunity for improvement	Process - Stamping, Machining, Washing, Painting; Laminator; Cutting, Pleating, and Assembly Areas	4.4.6
Scope	EMS 69178	
Details:	There is opportunity to take additional steps to ensure that in all instances recycle containers are used properly. It was not widespread but in several instances there was garbage such as PPE mixed in with the recyclable materials in collection containers.	

During the course of the visit logos were found to be used correctly.

## Minor Nonconformities Arising from this Assessment.

Ref	Area/Process	Clause
1222688N1	Waste Management	4.4.6
Scope	EMS 69178	
Statement of non conformance:	Operational control of hazardous waste management is not effective in all instances.	
Requirements:	<p>Operational control</p> <p>The organization shall identify and plan those operations that are associated with the identified significant environmental aspects consistent with its environmental policy, objectives and targets, in order to ensure that they are carried out under specified conditions, by</p> <ul style="list-style-type: none"> <li>a) establishing, implementing and maintaining a documented procedure(s) to control situations where their absence could lead to deviation from the environmental policy, objectives and targets, and</li> <li>b) stipulating the operating criteria in the procedure(s), and</li> <li>c) establishing, implementing and maintaining procedures related to the identified significant environmental aspects of goods and services used by the organization and communicating applicable procedures and requirements to suppliers, including contractors.</li> </ul>	
Objective Evidence:	<p>There are three liquid painting areas in the plant where waste paint is generated. Waste paint and waste cleanup solvent are accumulated in satellite accumulation areas within these general operational areas. The waste solvent containers are identified as Satellite Accumulation containers with site-specified label applied according to procedures. Not all paint buckets used as waste accumulation containers were labeled "Satellite Accumulation" and these containers were not specifically included on the site Satellite Accumulation Area monthly inspection form.</p>	

Ref	Area/Process	Clause
1222688N2	Chemical Management	4.4.6
Scope	EMS 69178	
Statement of non conformance:	Operational controls for chemical management are not effective in all instances.	
Requirements:	<p>Operational control</p> <p>The organization shall identify and plan those operations that are associated with the identified significant environmental aspects consistent with its environmental policy, objectives and targets, in order to ensure that they are carried out under specified conditions, by</p> <ul style="list-style-type: none"> <li>a) establishing, implementing and maintaining a documented procedure(s) to control situations where their absence could lead to deviation from the environmental policy, objectives and targets, and</li> <li>b) stipulating the operating criteria in the procedure(s), and</li> <li>c) establishing, implementing and maintaining procedures related to the identified significant environmental aspects of goods and services used by the organization and communicating applicable procedures and requirements to suppliers, including contractors.</li> </ul>	
Objective Evidence:	<p>There was only one instance in which an unlabeled container was observed. The nonconformity was a bucket used to collect coolant within the process at the 300-ton press that was not labeled but otherwise well managed.</p> <p>Chemicals were searched within the online MSDS system and MSDS were available except for one chemical located within the Paint Vault storage area for which an MSDS was not in the files.</p>	

## 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
Scott Jackson	Plant Manager
Mike Keel	Quality Engineer / Environmental Contact
Walt Footit	Manufacturing Engineering Manager
Kelly Hunt	Quality Technician
Vicki Miller	HR and Safety
Craig Wilkins	Quality Manager
Tom Mains	Operations Manager
Ted Osenga	Maintenance Manager
Greg Smith	Production Control Manager
Shiela Hetzel	Senior HR Assistant

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 Coye Drive Stevens Point Wisconsin 54481 USA	EMS 69178	
	Visit interval:	12 months
	Visit duration:	2.5 Days
	Next re-certification:	08/01/2018

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

Report Author **Mark Donnelly**

Visit Start Date 08/03/2015

## Re-certification Plan.

DONALD-0009500186-009|EMS 69178

		Visit1	Visit2	Visit3	Visit4
Business area/Location	Date (mm/yy):	8/15	8/16	8/17	8/18
	Duration (days):	5	2.5	2.5	5
Organization/ EMS Changes		X	X	X	X
Management Processes (includes aspects, objectives, targets, programs.)		X	X	X	X
Management Review		X	X	X	X
Internal Audits		X	X	X	X
Corrective/ Preventive Actions		X	X	X	X
Legal and Other Requirements, Evaluation of Compliance		X	X	X	X
System Documentation / Documents and Records Control		X	X	X	X
Competence, Awareness, Training		X	X		X
Roles Responsibility and Authority, Communication		X		X	X
Air Management		X		X	X
Chemical Management		X	X	X	X
Contractor Management		X		X	X
Emergency Preparedness and Response		X	X		X
Maintenance, Energy Management		X		X	X
Roof & Grounds		X	X	X	X
Management of Change		X	X	X	X
Waste Management		X	X	X	X
Water Management		X	X	X	X
Process - Stamping, Machining, Washing, Painting		X	X		X
Process - Media Laminator		X		X	X
Process - Cutting, Pleating, and Assembly Areas		X		X	X
Preparation for Recertification				X	

## Next Visit Plan.

### Visit objectives:

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to ensure the elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organizations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 14001:2004 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

Date	Assessor	Time	Area/Process	Clause
08/09/2016	Assessor 1	8:00	Opening Meeting	
		8:30	Organization/ EMS Changes	

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.

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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.

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

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VA  
20170  
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.

## Expected Outcomes for Accredited Certification.

### **What accredited certification means:**

The accredited certification process provides confidence that the organization has a management system that conforms to the applicable requirements of the certified standards covered within this assessment and scope of certification.

### **What accredited certification does not mean:**

It is important to recognize that certification defines the requirements for an organization's management system, not for its products or services. It does not imply that the organization is providing a superior product or service, or that the product, service or performance itself is certified as meeting the requirements of an ISO standard or specification or that the organisation can guarantee 100% product, service or performance conformity, though this should of course be a permanent goal.

# CAPA Detail Report

CAPA #: 1011345

Owner: Keel, Mike

Status: Closed

Cust Acct: 0	Complaint: 7-Aug-15	Sales Order: 0
Customer:	Start: 1-Sep-15	Oracle Trans#: 0
	Due: 8-Sep-15	Replacement #: 0
	Closed: 4-Sep-15	Cust Doc #:
Contact:		Cust Part #:
Cust PO:	Team: Mike Keel-Environmental Contact, Tom Mains-Operations Manager	
Sales Rep:		
Sales Channel:		

Ln	Item	Internal Item	Item Description	Ord Qty	Defects	Plant	Ship Date

## Problem Description

Error Type: Audit      Problem: 4 - Quality Management System      Sub Problem: QMS

Plant Validated: No      Fast Track? No  
 Customer Issue: No      Impact: 100

Operational control of hazardous waste management is not effective in all instances.

Requirements: Operational control - The organization shall identify and plan those operations that are associated with the identified significant environmental aspects consistent with its environmental policy, objectives and targets, in order to ensure that they are carried out under specified conditions, by a) establishing, implementing and maintaining a documented procedure(s) to control situations where their absence could lead to deviation from the environmental policy, objectives and targets, and b) stipulating the operating criteria in the procedure(s), and c) establishing, implementing and maintaining procedures related to the identified significant environmental aspects of goods and services used by the organization and communicating applicable procedures and requirements to suppliers, including contractors.

Objective Evidence: There are three liquid painting areas in the plant where waste paint is generated. Waste paint and waste cleanup solvent are accumulated in satellite accumulation areas within these general operational areas. The waste solvent containers are identified as Satellite Accumulation containers with site-specified label applied according to procedures. Not all paint buckets used as waste accumulation containers were labeled "Satellite Accumulation" and these containers were not specifically included on the site Satellite Accumulation Area monthly inspection form.

## Containment

Mfg Date Range From      To

Area	OK	Rejected	Reworked	Scrapped	Total Piece	Containment Date
Inventory	0	0	0	0	0	25-Aug-15
Parts at Customer	0	0	0	0	0	25-Aug-15
Parts at Donaldson	0	0	0	0	0	25-Sep-15
Parts in Transit	0	0	0	0	0	25-Aug-15
Work in Process	0	0	0	0	0	25-Aug-15

CAPA #: 1011345

Owner: Keel, Mike

Status: Closed

**Containment Summary:**

During the monthly scheduled Satellite Labeling audit, waste paint collection areas in departments 1685, 1687, & 1690 were reviewed to identify containers that were used for collecting any liquid waste paint material. Applied Satellite Accumulation labels to containers as needed.

Root Cause

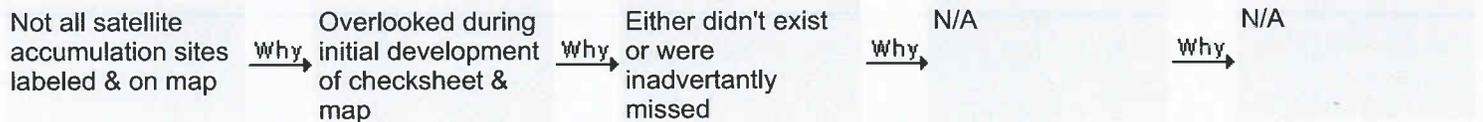
The Satellite Container Labeling Audit was started in 2010. At the time the checksheet and container map were created the use of the paint buckets to collect some paint waste was not captured on the checksheet or map. Due to the location of where the buckets were located in the departments subsequent audits did not identify that these existed.

In Progress:  False      Category:       Est Cost: 1      USD

Supplier Responsible?  No      Supplier:       NCR Ref#:

Five Whys

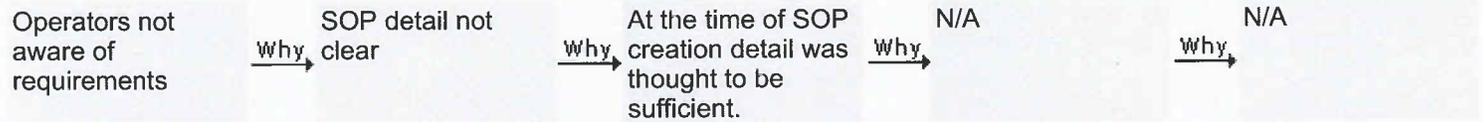
Why did we have the problem?



Why did the problem reach the customer?



Why did our system allow the failure?



Fish Bone

# CAPA Detail Report

CAPA #: 1011345

Owner: Keel, Mike

Status: Closed

Solution Implemented on 3-Sep-15

Line	Solution Type	Solution/Corrective Action	Implementer	Solution Status	
1	**N/A**	Apply Satellite Accumulation labels to containers in 1685, 1687 & 1690. Add sites to Satellite Container Location Map & Satellite Container Labeling Checklist.	Keel, Mike	Verification Complete	

Line	Verification Method	Verification Result	QA Verifier	Verif. Effective	Verif. Completed
1	Review areas as noted above for labeling. Review revisions to map & checklist.	Labeling present on paint buckets in departments 1685, 1687 & 1690. Satellite Container Map(J:\1671\ISO14000\Waste Management\Satellite Container Location Map\TowelingContainers-HazWasteSatellite.dwg) revised 8/25/15. Shows addition of containers. Satellite Container Labeling Audit (J:\1671\ISO14000\Forms\Satellite Container Labeling Audit.doc) revised 8/15 shows addition of containers.	Hunt, Kelly	3-Sep-15	3-Sep-15

Preventive Action Implemented on 4-Sep-15

Completed By	Preventative Action	Approved By Name	P/A Effective Date
Keel, Mike	Revise EMS016-446.000.011-Hazardous Waste Management work instruction to photos and detail concerning labeling requirements for satellite containers.	Wilkins, Craig	30-Sep-15

**CAPA #:** 1011346

**Owner:** Keel, Mike

**Status:** VerificationComplete

Cust Acct: 0	Complaint: 7-Aug-15	Sales Order: 0
Customer:	Start: 1-Sep-15	Oracle Trans#: 0
	Due: 8-Sep-15	Replacement #: 0
	Closed:	Cust Doc #:
Contact:		Cust Part #:
Cust PO:	Team: Mike Keel-Environmental Engineer, Tom Mains-Operations Manager	
Sales Rep:		
Sales Channel:		

Ln	Item	Internal Item	Item Description	Ord Qty	Defects	Plant	Ship Date

## Problem Description

Error Type: Audit	Problem: 4 - Quality Management System	Sub Problem: QMS
Plant Validated: No	Fast Track? No	
Customer Issue: No	Impact: 100	

Operational controls for chemical management are not effective in all instances.

**Requirements:**Operational control - The organization shall identify and plan those operations that are associated with the identified significant environmental aspects consistent with its environmental policy, objectives and targets, in order to ensure that they are carried out under specified conditions, by a) establishing, implementing and maintaining a documented procedure(s) to control situations where their absence could lead to deviation from the environmental policy, objectives and targets, and b) stipulating the operating criteria in the procedure(s), and c) establishing, implementing and maintaining procedures related to the identified significant environmental aspects of goods and services used by the organization and communicating applicable procedures and requirements to suppliers, including contractors.

**Objective Evidence:** There was only one instance in which an unlabeled container was observed. The nonconformity was a bucket used to collect coolant within the process at the 300-ton press that was not labeled but otherwise well managed.

Chemicals were searched within the online MSDS system and MSDS were available except for one chemical located within the Paint Vault storage area for which an MSDS was not in the files.

## Containment

Area	Mfg Date Range From				Total Piece	Containment Date
	OK	Rejected	Reworked	Scrapped		
Inventory	0	0	0	0	0	01-Sep-15
Parts at Customer	0	0	0	0	0	01-Sep-15
Parts at Donaldson	0	0	0	0	0	01-Sep-15
Parts in Transit	0	0	0	0	0	01-Sep-15

CAPA #: 1011346

Owner: Keel, Mike

Status: VerificationComplete

Work in Process	0	0	0	0	0	01-Sep-15
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**Containment Summary:**

Labeled coolant collection bucket at 300 Ton press with label for Lamstamp 3478. Obtained SDS for UV Adhesion promotor and added to Stevens Point e-binder on MSDSONline.

Root Cause

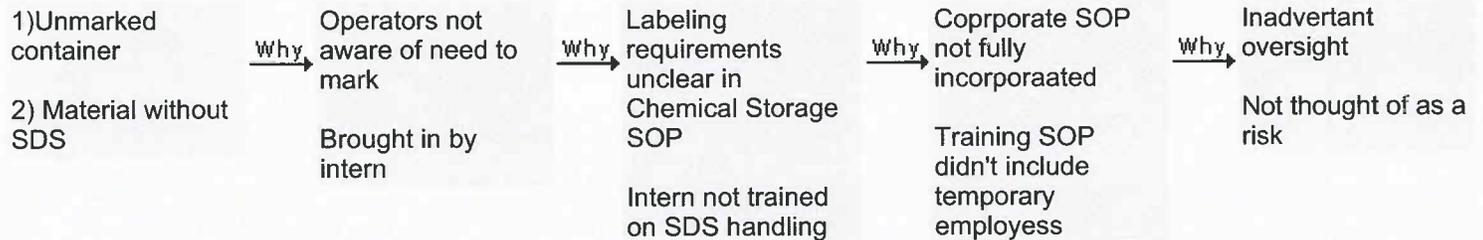
The bucket was being used to collect coolant dripping off a conveyor belt and was in close proximity to the main storage tank for the chemical it was collecting (Lamstamp 3478.) Operators routinely emptied the container and were aware of its' contents and didn't think it needed to be labeled. There is a corporate procedure (424.006.000) that contains requirements for labeling of hazardous materials but those requirements weren't fully incorporated into the plant level SOP's.

It was discovered that one of our Engineering Interns brought the UV Adhesion promotor into the plant for testing on a new silkscreen machine and never received training on the requirements of EMS016-446.000.010, paragraphs 3.1 & 3.2. for obtaining SDS sheets for new materials. Interns were not identified as a risk due to their direct contact with permanent Engineers.

In Progress: False	Category:	Est Cost: 1	USD
Supplier Responsible? No	Supplier:	NCR Ref#:	

Five Whys

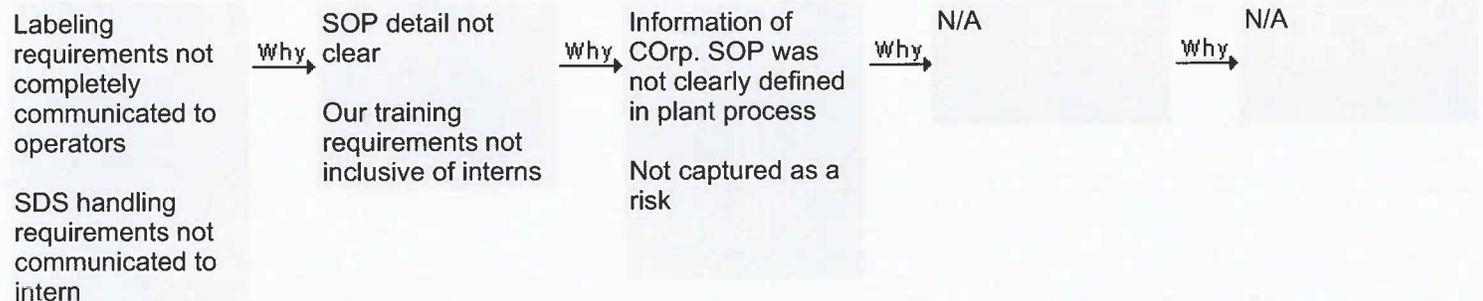
Why did we have the problem?



Why did the problem reach the customer?



Why did our system allow the failure?



Fish Bone

# CAPA Detail Report

CAPA #: 1011346

Owner: Keel, Mike

Status: VerificationComplete

Solution Implemented on 4-Sep-15

Line	Solution Type	Solution/Corrective Action	Implementer	Solution Status	
1	**N/A**	Revise EMS016-446.000.022 to include labeling requirements defined in Bloomington procedure 424.006.000. DBOS418.001.000- Employee Training was revised on 8/4/15 to include temporary employees, such as interns, when determining training needs. This revision was the result of an audit finding from our ISO/TS16949 audit. This CA also applies here.	Keel, Mike	VerificationComplete	

Line	Verification Method	Verification Result	QAVerifier	Verif. Effective	Verif. Completed
1	Review 446.000.022 for update.	Section 3.2 added in EMS016-446.000.022 to define hazardous material labeling requirements.	Keel, Mike	4-Sep-15	4-Sep-15

Preventive Action Implemented on

Completed By	Preventative Action	Approved By Name	P/A Effective Date
Keel, Mike	Walk lines to observe for any other unmarked containers. Label as needed. Provide training to all Engineering Dept. interns on paragraphs 3.1 & 3.2 of EMS016-446.000.010-MSDS Handling. Document on training sheet. This will be completed by 9/30/15.	Wilkins, Craig	



## CONTINUAL IMPROVEMENT TRACKING – CI1501

<b>Team Lead:</b> Mike Keel <b>Members:</b>		<b>Starting Date:</b> 8/1/14 (Carried over from FY14)	
<b>Team Objective:</b> Reduce Hazardous Waste			
<b>Measurement Tools:</b> Lbs. of hazardous waste reduced			
Dept # 1677, 1680, 1685, 1687, 1690, 1691, 1692		J:Drive address:1671\ISO14000\CIT'15	
Actions/Results	Responsible	Target Date	Date Completed
<b>Action:</b> Review EPA's revised hazardous waste rules on shop towels for applicability to Waste Profile 75-12551. <b>Results:</b> 12/20/13- Received a summary list of rules applicability from the August Environmental Call. Still in process of reviewing rules for applicability. 4/11/14 – Viewed webinar presented by FET on 1/21/14. Presentation made reference to PUB-WA1207 from the Wisconsin DNR which is the guidance document in Wisconsin concerning contaminated solvent wipes. Need to determine applicability of our wipes using the guidance presented in PUB-WA1207. 7/7/14 – Viewed webinar presented by US EPA on 6/22/14 providing further guidance on new rule. 10/13/14-No additional activity. 2/4/15-No additional activity. 4/22/15-No additional activity. 7/24/15-Discussed with Brenda Halminiak from the DNR when she was in the plant for a RCRA inspection. One of our concerns was that bags filled with disposable toweling could not be placed in the dumpster because of compacting, both in the dumpster or in the truck after pickup. Brenda provided an e-mail from Mike Ellenbecker, the DNR hazardous waste program coordinator, that compacting shouldn't make a difference. A conference call is scheduled 7/29 with Patrick Smith and John Potokar to discuss how to implement this program.	Mike Keel	6/30/15	7/24/15
<b>Action:</b> Report out to Core Team any savings or reductions that have been identified. <b>Results:</b> 7/29/15-Actions developed from call with Patrick & John included 1) Do a walk around to determine chemicals being used at each collection site and whether mixing of PPR, garbage, etc. Is occurring, 2) Contact Veolia to verify that they will accept Exempt Solvent-contaminated wipes in the regular trash, 3) Validate current waste profile with chemicals determined during walkaround.	Mike Keel	7/31/15	7/24/15
<b>Action:</b> Review Significant Aspect scoring sheet for any impact. <b>Results:</b> Not implemented, carryover to F16. No effect	Mike Keel	8/15/15	8/15/15



**CONTINUAL IMPROVEMENT TRACKING – CI1502**

**Team Lead:** Mike Keel

**Members:** Laurie Buchberger

**Starting Date:** 8/1/14

**Team Objective:** Investigate opportunities for recycling media

**Measurement Tools:** \$ saved, tonnage avoided to landfill.

**Dept #** Plantwide

J:Drive address:1671\ISO14000\CIT'13

**Actions/Results**

**Responsible**

**Target Date**

**Date Completed**

**Action:** Investigate opportunities for recycling media at the laminator **Results:** 10/13/14 – No activity to report. 2/4/15-No activity to report. 4/22/15-No activity to report. 7/24/15-Brenda Halminiak from the WDNR provided Chris Lilek as a contact for possible recycling g opportunities for media. Chris will provide us with information about future opportunities if they arise.

Mike Keel/Laurie Buchberger

6/30/15

7/24/15

**Action:** Report out to Core Team any opportunities for savings or reductions that have been identified. **Results:** None currently identified.

Mike Keel

7/31/15

7/24/15

**Action:** Review Significant Aspect scoring sheet for any impact. **Results:** Recycling is currently not a Significant Aspect. No effect

Mike Keel

8/15/15

8/15/15

**Project Summary:** (Improvements made)

*Notify your manager when project is complete.*

**CONTINUAL IMPROVEMENT TRACKING – CI1503****Team Lead:** Mike Keel**Starting Date:** 8/1/14**Members:****Team Objective:** Investigate solvent recovery options similar to what's being done at the Donaldson-Riverbank facility.**Measurement Tools:** \$ saved, lbs. of hazardous waste reduced

Dept # 1685, 1687, 1690

J:Drive address:1671\ISO14000\CIT'15

**Actions/Results****Responsible****Target Date****Date Completed**

**Action:** Investigate available options from local suppliers. Meet at plant and discuss what's available. **Results: 10/13/14** – No activity to report. **2/4/15** – No activity to report. **4/22/15**- Researched several companies the make solvent recovery equipment. Will make contacts to obtain additional information. **7/24/15**-Provided information about our painting process and materials to Barry Thomas, a sales rep for Maratek. He is going to visit the plant during August or September.

Mike Keel

6/30/15

7/24/15

**Action:** Report out to Core Team any opportunities for savings or reductions that have been identified. **Results: 7/24/15**- Determination to be made after Barry's visit.

Mike Keel

7/31/15

7/24/15

**Action:** Review Significant Aspect scoring sheet for any impact. **Results:** Not implemented, carryover to F16. No effect

Mike Keel

8/15/15

8/15/15

**Project Summary:** (Improvements made)*Notify your manager when project is complete.*

**WISCONSIN DNR GREEN TIER  
SUSTAINABILITY METRICS**

Rev. 7/23/2013

Period Covered: August 1, 2014 - July 31, 2015

Company Name:	Donaldson Company
Facility Name:	Stevens Point
Address:	5200 Coye Drive
City, State, Zip:	Stevens Point, WI 54481
Environmental Coordinator:	Michael Keel
Coordinator Phone:	(715) 341-5311
Coordinator E-Mail:	Mike.Keel@Donaldson.com

Metric	Not Collected/ Not Available	Quantity	Units	Period - if not Calendar Year
<b>DEMOGRAPHICS</b>				
Sales		99,742,000	\$	8/1/14-7/31/15
Money saved because of material or process improvements	X		\$	
Profit or Loss	X		%	
Employees		480	Each	
Multiple between highest paid and lowest paid employee	X		%	
Alternative Transportation Support	X		\$ or ?	
Total Purchases	X		\$	
In-State Purchases	X		\$	
% of Purchases Made from Companies that participate in Green Tier or Green Masters:	X		%	
<b>LAND</b>				
Total Land		17	Acres	
Paved/Covered Land	X		Acres or sq ft	
<b>ENERGY</b>				
Electricity		11,928,368	kWh	8/1/14-7/31/15
		3	% increase (adjusted for production)	
Natural Gas		47,804	Mmbtu	8/1/14-7/31/15
Renewable Energy		10	% reduction (adjusted for production)	
<b>WATER</b>				
Total Water Used		19,497,368	gallons/year	8/1/14-7/31/15
		10	% reduction (adjusted for production)	
Water Recycled/Reused	X		gallons/year	
			% reduction	
Regulated Pollutants Discharged	X		lbs/ year	
			% reduction	
<b>AIR</b>				
Total VOC Air Emissions		76,156	lbs/ year	8/1/14-7/31/15
		3	% increase (adjusted for production)	
Ozone-Depleting Substances		0	lbs/ year	8/1/14-7/31/15
			% reduction	
Greenhouse Gas Emissions		11,442	metric tons/ year	8/1/14-7/31/15
		1	% increase (adjusted for production)	
<b>WASTE</b>				
Hazardous Waste Disposal		33717	lbs/ year	8/1/14-7/31/15
		9	% reduction (adjusted for production)	
Non-Hazardous Waste Disposal		8,389,428	lbs/ year	8/1/14-7/31/15
		4	% increase (adjusted for production)	
Material Recycled/ Reused		7,289,265	lbs/ year	8/1/14-7/31/15
		5	% increase (adjusted for production)	
Recycled/ Reused Content	X		% of product	
<b>TRANSPORTATION</b>				
Hybrid Vehicles	X		Each	
Gasoline Used	X		Gallons	
Diesel Used	X		Gallons	
Alternative Fuels Used	X			
<b>ADDITIONAL METRICS</b>				
Please list all other certifications (for example: LEED, Energy Star, ISO 14001):			ISO14001	