



New York Environmental Leaders Annual Performance Report Form For Leadership Tier Members

New York State Department of Environmental Conservation
Pollution Prevention Unit
625 Broadway, Albany NY 12233

Directions: This form is to be used to report the annual performance of leadership tier members of New York Environmental Leaders (NYEL). Please complete all sections of this Annual Performance Report Form. If there is not enough room to address the question, please attach additional sheets. The completed form must have an original signature by a senior facility manager and shall be submitted to John Vana by email at jmvana@gw.dec.state.ny.us, by fax at 518-402-9168, or to the mailing address at the end of the application.

Facility Information

Date

Name of Facility

Name of Parent Company

Facility Location, Street Address

Facility Location, City/State/ZIP code

Contact Information

Contact Name (Mr./Mrs./Ms./Dr.)

Title

Phone

Fax

E-mail

Facility/Company Website

Mailing Address (if different)

City/State/Zip code

Section A: Facility Information

1. List the North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

2. Have there been any changes to the activities, products, or services that take place at your facility?

Yes No

If Yes, please list the changes:

3. Have there been any changes to the size or location of your facility?

Yes No

If Yes, please list the changes:

4. Have the environmental requirements applicable to your facility changed during this reporting period?

Yes No

If Yes, please list the changes:

Section B: Environmental Management System (EMS)

1. Is your EMS certified to ISO 14001?

Yes No

2. Has your facility had its EMS assessed by an independent party within the past 3 years?

Yes No

If No, please discuss why an independent EMS assessment was not conducted within the past 3 years, and present information on when you plan to have an independent assessment conducted?

If Yes, when was the assessment conducted?

Date: _____

Which assessment protocol was used?

- Corporate or Parent Company Protocol
- ISO 14001 Standards
- Other (Please Specify) _____

Who or what organization performed the independent assessment?

Name: _____

Title: _____

Organization: _____

Which EMS elements were included in the independent EMS assessment (please check all that apply)?

- Policy
- Planning
- Implementation & Operation
- Checking & Corrective Action
- Management Review

Did the independent EMS assessment cover the entire facility or part of the facility?

- Entire Facility
- Partial Facility

3. NYSDEC recommends that NYEL members conduct an internal EMS assessment (partial or complete) every year. Did your facility conduct an internal EMS assessment in the past calendar year?

- Yes No

If you answered No, when do you plan to conduct an internal EMS assessment? _____

If you answered Yes, when was the internal EMS assessment conducted? _____

Which EMS elements were included in the internal EMS assessment (please check all that apply)?

- Policy
- Planning
- Implementation & Operation
- Checking & Corrective Action
- Management Review

Did the assessment cover the entire facility or part of the facility?

- Entire Facility
- Partial Facility

4. NYSDEC recommends that NYEL members conduct a regulatory compliance audit every year. Did your facility conduct any regulatory compliance audits in the past calendar year?

- Yes No

If you answered No, when do you plan to conduct a regulatory compliance audit? _____

If Yes, when was the audit conducted? _____

Which regulations were included in the audit (please check all that apply)?

- Clean Air Act (CAA)
- Clean Water Act (CWA)
- Emergency Planning & Community Right-to-Know Act (EPCRA)
- Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)
- National Pollutant Discharge Elimination System (NPDES)
- Resource Conservation and Recovery Act (RCRA)
- Safe Drinking Water Act (SDWA)
- Superfund Amendments and Reauthorization Act/Comprehensive Environmental Response, Compensation, and Liability Act (SARA/CERCLA)
- Toxic Substances Control Act (TSCA)
- Underground Storage Tank (UST) Regulations
- Other _____

5. Has your facility corrected all instances of potential non-compliance and EMS non-conformances identified during your audits and assessments?

- Yes No No Such Instances Identified

If No, please explain why instances were not been corrected:

6. The NYEL EMS guidance requires a senior management review of the facility's EMS each year.

When was the last senior management review conducted? _____

Who was the senior manager present at the review (include name and title)?

7. When did your facility last conduct a systematic identification and/or review of your environmental aspects?

- This Year
- Last Year
- Two Years Ago
- More Than Two Years Ago

Section C: Performance Improvement Commitments Results

In this section please present the progress your facility is making towards its performance improvement commitments.

Performance Improvement Commitment 1 Results						
Category				Indicator		
Actual Totals						
Actual Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Year						
Amount						
% Change from baseline						
Normalized Totals						
Normalized Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Normalizing Factor						
Updated Total						
<p>Briefly describe your activities and achievements related to this goal or, if relevant, any circumstances that delayed progress this year:</p>						
<p>Describe how your facility measured the quantity reported below (e.g., utility bills, manifests, purchasing receipts). If the quantity was derived from any assumptions or estimates, please describe these as well:</p>						
<p>Describe your basis for your normalization factor (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served):</p>						

Performance Improvement Commitment 2 Results

Category			Indicator			
Actual Totals						
Actual Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Year						
Amount						
% Change from baseline						
Normalized Totals						
Normalized Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Normalizing Factor						
Updated Total						

Briefly describe your activities and achievements related to this goal or, if relevant, any circumstances that delayed progress this year:

Describe how your facility measured the quantity reported below (e.g., utility bills, manifests, purchasing receipts). If the quantity was derived from any assumptions or estimates, please describe these as well:

Describe your basis for your normalization factor (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served):

Performance Improvement Commitment 3 Results

Category				Indicator		
Actual Totals						
Actual Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Year						
Amount						
% Change from baseline						
Normalized Totals						
Normalized Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Normalizing Factor						
Updated Total						

Briefly describe your activities and achievements related to this goal or, if relevant, any circumstances that delayed progress this year:

Describe how your facility measured the quantity reported below (e.g., utility bills, manifests, purchasing receipts). If the quantity was derived from any assumptions or estimates, please describe these as well:

Describe your basis for your normalization factor (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served):

Performance Improvement Commitment 4 Results

Category				Indicator		
Actual Totals						
Actual Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Year						
Amount						
% Change from baseline						
Normalized Totals						
Normalized Total	Baseline	Year 1	Year 2	Year 3	Performance Goal	Units
Normalizing Factor						
Updated Total						

Briefly describe your activities and achievements related to this goal or, if relevant, any circumstances that delayed progress this year:

Describe how your facility measured the quantity reported below (e.g., utility bills, manifests, purchasing receipts). If the quantity was derived from any assumptions or estimates, please describe these as well:

Describe your basis for your normalization factor (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served):

Section D: Public Outreach

1. Please describe your process to identify potential community environmental concerns?

2. Did you identify any community environmental concerns during this reporting period?

Yes No

If Yes, how did you respond to them?

3. Please describe how you informed the community about environmental matters related to your facility?

4. How did you share information on your facility's environmental performance, including making your NYEL Annual Performance Report publicly available, with the surrounding community (please check all that apply)?

- Open House
- Meetings
- Press Releases/Newspapers
- Community Advisory Panel
- Bulletin Board
- Building Lobby
- Environmental Fairs
- Events
- Publicly-Accessible Website, please provide URL: _____
- Other (Please Specify): _____

Section E: Application and Participation Commitment Statement

- I have read and agree to the terms and conditions for Application and Participation in the New York Environmental Leaders Program, as specified in the NYEL Guidance Document and CP-40 Commissioner Policy on NYEL.
- I have personally examined and am familiar with the information contained in this Annual Performance Report Form. The information contained in this form is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete.
- Based on the foregoing compliance assessment and subsequent correction actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.
- I am a senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is participating in this program.

Applicant Signature	
Signature	Date
Printed Name	Title
Facility Name	
Facility Location, Street Address	
Facility Location, City/State/ZIP code	

For additional information contact:

[New York Environmental Leaders](#)
New York State Department of Environmental Conservation
Division of Permits
Pollution Prevention Unit
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