







Consolidated Mining Standard

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Introduction

This note contains important contextual information about the Consolidated Standard for anyone wishing to review it. It provides an overview of the overall structure of the Consolidated Standard and how it will be applied and implemented.

1) Structure of the Consolidated Mining Standard

The Consolidated Standard includes **24 Performance Areas** under the four **pillars** of: (i) ethical business practices; (ii) worker and social safeguards; (iii) social performance; and (iv) environmental stewardship.









- 1. Corporate requirements
- 2. Business ethics and integrity
- 3. Responsible supply chains
- 4. New projects, expansions and resettlement
- 5. Human Rights

- 6. Child and forced labour
- 7. Rights of workers
- 8. Diversity, equity and inclusion
- 9. Safe, healthy and respectful workplaces
- Emergency preparedness and response
- 11. Security management

- 12. Stakeholder engagement
- Community impacts and benefits
- 14. Indigenous Peoples
- 15. Cultural heritage
- 16. Artisanal and small-scale mining
- 17. Grievance management

- 18. Water stewardship
- 19. Biodiversity, ecosystem services and nature
- 20. Climate change
- 21. Tailings
- 22. Pollution prevention
- 23. Circular economy
- 24. Mine closure

Each Performance Area has a common structure that includes the following:

- Number and title of the Performance Area (e.g. Performance Area 7: Rights of workers).
- Intent statement, that summarises what the Performance Area is trying to achieve.
- Links to other relevant Performance Areas, for ease of reference, recognising that there are strong and important linkages between different Performance Areas.
- A description of **Applicability**, whereby some Performance Areas are universally applicable to all facilities, whereas others are only applicable where certain conditions prevail (see also section 3 below).
- A set of **requirements** that specify the expectations of performance for any facility¹ that is implementing the Consolidated Standard. These may specify a commitment, policy, procedure, process, or action required to meet the Standard. These requirements are often all contained under a single numbered section (e.g. 19.1 Biodiversity and ecosystem services). In some cases, there may be two or more numbered sections within a Performance Area (e.g. **Performance Area 22: Pollution prevention**, 22.6 Accidental polluting releases). These requirements are grouped under three distinct **levels of performance** (see section 2 below).

2) Levels of Performance

Each Performance Area has requirements that are grouped under three distinct Levels:

¹ Facility: The term 'facility' is used throughout the CMS to cover a 'site' or 'operation'. Facility includes the footprint of all operational activities (i.e. mine, related infrastructure, ancillary facilities such as power plants, smelter, etc.) under the operational control of the company.

- Foundational Practice: This is a starting position of conformance with minimum industry standards, on which a facility can build and improve their performance. Companies at Foundational Practice Level have made a commitment to responsible mining but are still "on the road" to implementing good practice and industry standards.
- Good Practice: This is a level of practice in line with industry standards and international norms, frameworks and guidelines. Good Practice is the level of performance that all responsible mining companies should eventually achieve.
- Leading Practice: This is a level of practice which goes above and beyond responsible industry good practice and demonstrates leadership or best practice.

The number of requirements in each Level for a single Performance Area, and across all the Performance Areas, is not the same due to the nature and diversity of the topics covered in the Consolidated Standard. What is the same for all Performance Areas is that the levels build upon one another. To reach a certain Level of Performance for any given Performance Area, the facility needs to meet all the applicable requirements at that Level, as well as all the requirement at lower Levels. For example, to achieve Good Practice Level for any given Performance Area, the facility would need to meet all requirements under Foundational Practice and Good Practice Levels.

3) Equivalency with other standards:

The Consolidated Mining Standard will consider equivalency assessments in order to provide potential cross-recognition with other existing standards in the future. The intent would be to further reduce duplication in the implementation of different standard which have similar objectives and requirements.

4) Implementation of the Consolidated Standard

In discussions with the Consolidated Mining Standard Initiative (CMSI) Advisory Groups, who have guided the development of the Consolidated Standard, the following questions have arisen related to implementation:

- a. Should it apply at the facility or the corporate level? The Standard is designed for implementation principally at the facility level. However, there are also requirements aimed at the corporate level (Performance Area1: Corporate Requirements, and subsections of Performance Area 8: Diversity, Equity and Inclusion and Performance Area 20: Climate Change). It is acceptable to implement a corporate level requirement at the facility level (and vice-versa) as long as the requirement is fully met (and can be verified by an assurance provider). An example of a requirement which could be completed at the facility level is the disclosure of mineral revenues (Performance Area 1, requirement 1.3). Many of the corporate-level requirements, however, cannot be fully implemented at facility level and therefore require implementation at the corporate level.
- b. What stages of the mine life cycle should it apply to? The Consolidated Standard is designed for implementation principally during the operational phase of a mine life. There are important Performance Areas and individual requirements throughout the Standard, however, which require implementation at the pre-operational phase of a mine life (including Performance Area 4: New Projects, Expansions and Resettlement, Performance Area 12: Stakeholder Engagement, Performance Area 14: Indigenous Peoples, etc.). While some requirements in these Performance Areas may not apply if the facility has passed the relevant stage of the mine life (i.e. they cannot be applied retrospectively), the Standard includes requirements covering the same topics (such as managing ongoing adverse impacts) during the operational phase. It should also be

- noted that a number of the requirements in **Performance Area 24: Closure** are to be applied during the operational phase of the mine (or earlier).
- c. Do facilities need to implement all Performance Areas? At the top of all 24 Performance Areas, there is a brief description of the applicability of that Performance Area. Some Performance Areas are not applicable due to the specific nature, location or context of the facility. For example, if a facility does not have a Resettlement programme and Indigenous Peoples are not present, then section 2 of Performance Area 4 and all of Performance Area 14, respectively, are not applicable. Similarly, section 2 of Performance Area 23: Circular Economy is applicable to smelters only. Certain Performance Areas also have applicability "screens" which requires the facility to assess whether certain conditions are met to determine applicability. See for example section 2 of Performance Area 3: Responsible Supply Chains (3.2 Mineral sourcing) and Performance Area 11: Security management. In all cases, the rationale for the facility's determination of non-applicability will need to be verified by the assurance provider, based on evidence provided by (and discussions with) the facility during the assurance process, and publicly disclosed in the assurance report.
- d. **Does the Standard apply a Management System approach?** Yes, management system requirements are embedded into the individual Performance Areas of the Standard. This provides a targeted and tailored approach to the implementation of management systems across a wide range of diverse subject areas.

5) Reporting performance against the Consolidated Standard

The results will be reported at the Performance Area Level as per the reporting template (see the **Assurance Process** for details). There will be no aggregate single result (or "score") provided for a facility.

6) Glossary and interpretive guidance

Words and phrases which are italicised in the Consolidated Standard are included in the *Glossary and interpretive guidance* section at the end of each Performance Area. A sample of key terms are called out below to assist with the review of the Standard.

- a. Legal compliance Legal compliance is covered in Performance Area 2: Business Integrity. Where applicable law differs from the requirements in this Standard, facilities will comply with local laws while also seeking to follow the higher standard. Requirements across different Performance Areas in the Standard do not include phrases such as "in compliance with local law" or similar as this would be duplicative.
- b. Stakeholders and rights-holders Both these terms are defined separately in the glossary. They are used together in Performance Areas which involve "rights", including Performance Area 4: New Projects, Expansions and Resettlement, Performance Area 5: Human Rights, Performance Area 7: Rights of Workers, Performance Area 14: Indigenous Peoples, Performance Area 15: Cultural Heritage and Performance Area 18: Water Stewardship. Otherwise, for the sake of brevity, we have used the term Stakeholders (e.g. Performance Area 12: Stakeholder Engagement).
- c. Requirements that require recurring action With rare exceptions, we have not specified the frequency required to address requirements that involve recurring actions (e.g., testing, updating, reviewing, etc.). Instead, we use the term "at defined intervals" which requires the facility to pre-determine the frequency of the recurring action. If the requirement is a "one-off" or an ongoing process (such as community engagement) then "at defined intervals" is not used.

- d. **Policy commitments -** Where requirements of the Standard stipulate the need to have a policy in place, or make a public commitment, this can be done at either the corporate or facility level. Policies can also be stand-alone or part of an integrated or existing commitment/policy.
- e. Publicly disclose is disclosure made available to the public, such as a corporate website, or local disclosure. Requirements for disclosure at the facility level can be met through corporate level disclosure, unless otherwise specified in the requirement (for example when the disclosure is targeted at a particular stakeholder group like the local community see for example Performance Area 13: Community Impacts and Benefits, requirement 13.2 GP9). Disclosures may be restricted where required to maintain data privacy, data protection requirements or legal professional privilege.
- f. Use of mitigation hierarchy adapted as necessary from the environmental convention which seeks in the first instance to prevent impacts, then to minimise, then mitigate then compensate. However, there are instances (such as for human rights) where compensation is not appropriate which is clearly stipulated in the authoritative point of reference, the UN Guiding Principles on Business and Human Rights.



Overarching Glossary

Consolidated Standard Terms

Assurance process: Establishes minimum requirements for Assurance Providers conducting external assurance and defines the process to be followed. It also identifies the requirements and expectations for facilities to ensure they follow a clear and consistent process for hiring qualified and accredited Assurance Providers.

Assurance provider: An independent party accredited to carry out assurance activities to verify a Facility's conformance with the Consolidated Standard.

Performance Area: The 24 individual numbered topics covered by the Consolidated Standard.

Levels of performance:

- Foundational Practice. This is a starting position of conformance with minimum industry standards, on which a Facility can build and improve their performance. Companies at Foundational Practice Level have made a commitment to responsible mining but are still "on the road" to implementing Good Practice and industry standards.
- Good Practice. This is a level of practice in line with industry standards and international norms, frameworks and guidelines. Good Practice is the level of performance that all responsible mining companies should eventually achieve.
- Leading Practice. This is a level of practice which goes above and beyond responsible industry Good Practice and demonstrates leadership or best practice.

Requirements: Within each level of achievement are numbered *requirements* reflecting the specific *commitment*, policy, procedure, process, or action required to meet the Standard. Where the *requirements* of two Performance Areas are the same or similar, the intent is that they are implemented as one.

General Glossary terms

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a *Facility*'s operations, actions and decisions. (See also 'Stakeholders'.)

At defined intervals: Regularly occurring at pre-determined frequencies.

Audit: A formal, systematic, and documented examination of conformance with explicit, agreed upon prescribed criteria. *Audits* evaluate and report on the degree of conformance with stipulated criteria, based on the systematic collection and documentation of relevant evidence. *Audits* involve some degree of judgment but are not designed to determine the root cause of deficiencies. *Audits* can be conducted by internal or external professionals. An internal *audit* is conducted by employees of the company with appropriate knowledge and competencies. These employees must be impartial and objective with respect to the management of the *Facility* being audited. For example, they could work at another *Facility* or at the corporate level. An independent *audit* is conducted by auditors that are

external to the entity being audited. These auditors maintain an objective viewpoint throughout the audit process to ensure that findings and conclusions are based only on the evidence.2

Auditor: An individual or firm that conducts *audits* to verify compliance with a set of criteria. *Audits* can be conducted by internal or external professionals. An internal *audit* is conducted by employees of the company with appropriate knowledge and competencies. These employees must be impartial and objective with respect to the management of the *Facility* being audited. For example, they could work at another *Facility* or at the corporate level. Independent *auditors* should be independent from the entities they audit to ensure impartiality and to avoid conflicts of interest. *Auditors* must possess relevant qualifications, expertise, and training specific to the standards they are auditing. Auditors may be accredited by recognised certification bodies or standard-setting organisations.

Baseline data: A description of existing conditions (or those that existed at a defined point in time) to provide a starting point (e.g. pre-project condition) against which comparisons can be made (e.g. post-impact condition), allowing the change to be quantified.⁴

Business partners: an entity with whom the *Facility* has a contractual relationship. *Business partners* include contractors, agents, suppliers, local and international intermediaries or traders, and joint venture partners. They also include entities that provide services, such as security providers and recruitment agencies, or any other third parties subject to due diligence within the scope of the Consolidated Standard. *Business partners* do not include customers and end consumers.³

Business relationship: Relationships with *business partners*, sub-contractors, franchisees, investee companies, and joint venture partners, entities in the supply chain which supply products or services that contribute to the *Facility's* own operations, products or services. *Business relationships* include relationships beyond contractual, 'first tier' or immediate relationships. The ability of a *Facility* to identify, prevent and mitigate actual and potential *adverse impacts* vary across different types of business relationships, as well as due to other factors.⁴

Collaborate/Collaboration: Engage constructively with one or more organisations, groups or individuals to work together (e.g. on an action, activity or plan), with the aim of achieving better outcomes that might be achieved by working alone.

Commitment: One or more publicly available statements of a company's responsibilities, *commitments* or expectations with regard to the performance of its activities and business relationships.

Company: A legal entity engaging in business activities.

Corporate level: The term 'corporate level' is used throughout the Consolidated Mining Standard to cover the overall company entity. It differs from the 'Facility' level defined below.

Environment and social impact assessment (ESIA): A process for predicting and assessing the potential environmental and social impacts of a proposed project, evaluating alternatives and designing appropriate preventative, mitigation, management and monitoring measures and plans.

Establish: Set up and/or define (e.g. accountability, a mechanism, a policy, a process, practices, a system, a baseline, objectives and/or targets, etc.).

Facility: The term 'Facility' is used throughout the Consolidated Mining Standard to cover a 'site' or 'operation'. Facility includes the footprint of all operational activities (i.e. mine, related infrastructure, ancillary facilities such as power plants, smelter, etc.) under the operational control of the company.

² Adapted from ISO 19011 (2018) and TSM Safe Healthy and Respectful Workplaces (2023)

³ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

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⁴ Adapted from <u>Organisation for Economic Co-operation and Development (OECD) Due Diligence Guidance for Responsible Business Conduct</u> (Version 2018)

Implement: To give practical effect to and ensure fulfilment of intent of plans, programmes, systems, and policies through putting in place concrete measures and actions that include planning, communication, training, defining and carrying out processes and practices, monitoring, and evaluating the effectiveness of these activities in comparison to the intent.

Independent audit/auditor. See audit definition above.

Independent review: Independent assessments conducted by an external party that are intended to ensure continual improvement by evaluating the status of actions from the previous review and the effectiveness of concerned actions. The independent review process should identify opportunities for improvement and describe associated action plans. The independent review should also provide a summary of significant issues related to the overall performance of the Facility and its management system, including compliance with legal requirements, conformance with standards, policies and commitments and the status of corrective actions.

Independent review of effectiveness: Independent assessments conducted by an external party of whether the management system under review is achieving the intended results. It considers both the extent to which planned activities have been realised, and the extent to which performance objectives and indicators have been achieved. Results to be examined will depend on the scope of the review but could include in addition to the above the fulfilment of conformance obligations, non-conformities and corrective actions, surveillance results, adequacy of resources to support achievement of performance objectives; feedback from practitioners and end users; and any additional relevant information or feedback from stakeholders.

Internal review: Internal reviews are intended to ensure continual improvement by evaluating the status of actions from the previous internal review and the effectiveness of concerned actions. The internal review process should identify opportunities for improvement and describe associated action plans. The internal review should also provide a summary of significant issues related to the overall performance of the Facility and its management system, including compliance with legal requirements, conformance with standards, policies and commitments and the status of corrective actions.

Internal review of effectiveness: Internal assessments of whether the management system under review is achieving the intended results. It considers both the extent to which planned activities have been realised, and the extent to which performance objectives and indicators have been achieved. Results to be examined will depend on the scope of the review but could include in addition to the above the fulfilment of conformance obligations, non-conformities and corrective actions, surveillance results, adequacy of resources to support achievement of performance objectives; feedback from practitioners and end users; and any additional relevant information or feedback from stakeholders.

Management system: A set of operational procedures, practices, plans, and related documents that are established to implement policies and fulfilment of tasks required to achieve an objective, including the avoidance and management of adverse impacts related to the areas covered by the Standard, or "aspects" associated with a Facility's activities. For these areas, the steps involved in a management system typically include identification and assessment of issues; setting of objectives, developing action plans and assigning responsibilities; implementing action plans through establishing procedures, communication, and training; monitoring and tracking progress; and taking action to correct and prevent identified issues. The final step is a review of the aspects and objectives, adjusting the action plans as needed and recording 'lessons learned' for future training. Management systems may be integrated and address more than one aspect. For example, an environmental management system could address biodiversity, GHG emissions, energy efficiency, waste management, etc.

Monitoring: Specific defined methods and/or metrics to inform baseline assessments or conduct an *internal review of effectiveness* of implemented measures. (e.g. regular, consistent data collection and feedback from various sources).

Publicly disclose: Make publicly available through a website or other format. Disclosures may be restricted where required to maintain data privacy, data protection *requirements* or legal professional privilege. Public disclosure can be done at the Corporate or *Facility* level, but should be disaggregated to include *Facility* level information, unless the requirement specifies "corporate-level disclosure".

Relevant information: When a *Facility* publicly reports *relevant information*, the information should include relevant data as well as the results of any relevant analysis and context.

Remedy: Refers to the process of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Report: Convey information on the policies and performance associated with a particular Performance Area in a format that is aligned with international reporting frameworks, published at least annually.

Risks: Potential *adverse impacts* that a *Facility* could cause, contribute or be directly linked to. Risk may be defined as the combination of the likelihood and potential scope and severity of harm. Thus, risk combines a) probability, b) scope of the harm (e.g. number of people affected) and c) severity of harm (type of damage).

Rights-holders: *Rights-holders* are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are *rights-holders* under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.⁵

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.⁶

Supplier: An entity in the supply chain that supplies products and services that contribute to the *Facility's* own operations, products and services.

Sustainability risks: Sustainability risks are those risks related to the environmental, social and governance practices. At a minimum, risks covered include:

- Those related to human rights, as defined by the UNGPs,
- Those related to armed conflict, as defined in Annex II of the OECD Due Diligence Guidance for Responsible supply Chains of Minerals from Conflict-Affected and High-Risk Areas,

⁵ Adapted from <u>ICMM Human Rights Due Diligence Guide</u> (2023)

⁶ Adapted from Copper Mark Criteria Guide (2023)

- Those defined in Parts 1 and 2 of the Annex of the <u>Directive (EU) 2024/1760 of the European</u> Parliament and of the Council of 13 June 2024 on corporate sustainability due diligence and amending <u>Directive (EU) 2019/1937</u> and <u>Regulation (EU) 2023/2859</u>
- Those defined in Annex X of the <u>Regulation (EU) 2023/1542 of the European Parliament and of the Council of 12 July 2023 concerning batteries and waste batteries.</u>

Unavoidable impacts: Significant impacts that will arise from the action and where mitigation is impractical.



Performance Area 1: Corporate Requirements

Intent: Define clear accountabilities and decision-making for sustainability at the board level and report annually on sustainability performance, including tax and other relevant payments to governments, to enhance transparency and accountability of business practices. Develop and keep an up-to-date *risk register and a corporate Crisis Response Plan*.

Other Relevant Performance Areas:

- 2 Business Integrity
- 4 New Projects, Expansions and Resettlement
- 10 Emergency Preparedness and Response

Applicability: The requirements in this Performance Area are intended to be implemented and assured at the *corporate level*, however, where feasible, they may be implemented and assured at the *Facility* level.

LEVEL	REQUIREMENT
1.1 Board and Exe	cutive Accountability, Policy and Decision-Making
Foundational Practice	Identify an individual(s) from senior management to be responsible for corporate-wide sustainability practice and performances.
Good Practice	Establish board and senior management-level accountability and internal reporting processes for the risk management, governance and oversight of corporate-wide sustainability practices and performance.
	2. Publicly disclose a corporate-wide policy or commitment, or a stand-alone Facility-level policy or commitment covering the applicable Performance Areas in this Standard.
	3. Demonstrate that applicable Performance Areas in this Standard have been integrated into corporate strategy and investment decision-making, including those related to the design, operation and closure of facilities, and to mergers, acquisitions and divestments.
	4. Integrate sustainability metrics into senior executive compensation.
Leading Practice	 Integrate sustainability metrics linked to meeting the Good Practice or Leading Practice of this Standard into senior executive compensation.
	2. Establish a Committee of the Board dedicated to sustainability matters.

LEVEL	REQUIREMENT
1.2 Sustainability	Reporting
Foundational Practice	Identify material <i>sustainability risks</i> and opportunities for inclusion in external company disclosure.
	2. <i>Publicly disclose</i> annually a report on corporate-wide sustainability policies, practices, and performance.
Good Practice	1. Publicly disclose an annual corporate-wide sustainability or integrated report in line with an internationally recognised reporting standard, such as the Global Reporting Initiative (GRI), the International Financial Reporting Standards (IFRS) Sustainability Disclosure Standards and/or the European Sustainability Reporting Standards (ESRS).
Leading Practice	Integrate a double materiality approach into the corporate wide sustainability or integrated report.
	2. Complete independent assurance on the annual sustainability report.

LEVEL	REQUIREMENT
1.3 Transparency	of Mineral Revenues
Foundational Practice	Publicly support the responsible management of mineral revenues, consistent with the Extractive Industries Transparency Initiative (EITI) principles.
	2. Publicly disclose material payments to government.
Good Practice	For facilities in an EITI implementing country, publicly disclose annually in line with EITI requirements: i) material payments to governments, by country and by project, and ii) other relevant disclosures as agreed within the context of national EITI implementation.
	For facilities that are not in an EITI implementing country, <i>publicly disclose</i> material payments in line with national regulations or the EITI where such regulations do not exist.
	3. Publicly disclose new mineral development contracts with host governments, where such disclosure is not legally prohibited.
Leading Practice	1. Implement applicable Expectations for EITI Supporting Companies.

Publicly disclose existing mineral development contracts with host governments, where applicable and where such disclosure is not legally prohibited.
3. Include material payments to governments in the independent assurance of sustainability or financial disclosures.

LEVEL	REQUIREMENT
1.4 Risk Assessme	nt
Foundational Practice	1. Identify an individual to be responsible to assess risks associated with the <i>Facility</i> 's activities to local <i>stakeholders</i> and <i>rights-holders</i> , workers and the environment.
	2. Assess key risks from the <i>Facility</i> , including at a minimum, those identified in the applicable Performance Areas in this Standard, and prioritise these risks.
	 Create a risk register of prioritised risks, with links to plans and activities to prevent and/or mitigate such risks (following the requirements of this Standard where applicable) and that identifies risk owners.
Good Practice	 Include relevant internal teams in the risk assessment process. Conduct an <i>internal review</i> and update the risk register annually.
Leading Practice	Engage external <i>stakeholders</i> in the risk assessment process.

LEVEL	REQUIREMENT	
1.5 Crisis Manager	1.5 Crisis Management and Communications	
Foundational Practice	Identify credible potential crisis scenarios that are likely to arise that could significantly impact the company, its stakeholders and the environment.	
	Develop a draft <i>Corporate Crisis Response Plan</i> that addresses identified scenarios to support crisis response.	
	Designate a senior executive to be accountable for the crisis response and communications planning.	
Good Practice	Develop a Corporate Crisis Response Plan, endorsed by the CEO, that: a. identifies a crisis response team with defined roles, responsibilities and reporting structures.	

	 b. describes how corporate will support and coordinate with facilities in the event of a Facility-based crisis. c. establishes crisis control centres at corporate and at the Facility level. d. includes a mechanism to maintain effective and up-to-date communications with relevant stakeholders, including employees and the media, during a crisis. e. includes contact information including for the crisis response team, media and other relevant stakeholders.
	2. Test notification mechanisms that activate the <i>Corporate Crisis Response Plan</i> and conduct a "table-top" exercise with the crisis response team annually.
	3. Conduct a full crisis simulation exercise every three years.
	 4. Conduct an internal review and update the Corporate Crisis Response Plan: a. when there is a change of personnel associated with implementation of the plan to update contact details, b. when there is a material change to the identified emergency and crisis scenarios, and/or, c. at least every two years.
	1. Conduct a full crisis simulation exercise every two years.
Leading Practice	2. Update the Corporate Crisis Response Plan at least every year and

Glossary and Interpretive Guidance

Assurance: The conduct of assurance activities by an accredited independent party to verify a Facility's conformance with the Consolidated Standard.

incorporate improvements or changes based on the simulations.

Contracts: See EITI Guidance Note on Contracts for guidance on contract disclosure.

Corporate Crisis Response Plan: A plan which outlines how the company and Facility will respond if a crisis occurs. The crisis plan should be a controlled document that identifies the crisis management teams at corporate and Facility levels with defined roles and responsibilities. The plan should identify and have protocols to respond to identified threats and risks, establish communication protocols, include key media and stakeholder contact information, and describe mechanisms to alert employees to a crisis and to provide updates. The plan should also describe how the corporate level will support and coordinate with facilities in the event of a Facility-based crisis and test the mechanism at defined intervals.

Crisis: A sudden event that could significantly affect a company's ability to carry out its business, or that poses a significant threat to the public, workers and/or the environment. In this context, a crisis requires corporate, senior management involvement and action and can be distinguished from an emergency, which can and should be handled by the *Facility* in accordance with its Emergency Response plans. A crisis exists or be developing if:

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⁷ Adapted from <u>TSM Crisis Management and Communications Planning Protocol</u> (2018)

- The emergency poses a significant threat to the public or employees.
- The emergency provokes government scrutiny.
- A Facility no longer has full control of the situation other agencies are taking charge.
- The situation has caused national or international media interest.
- The situation is likely to escalate and there is no immediate resolution in sight.
- The corporation's reputation could be damaged and/or there is a threat to the bottom line or share value.

Incidents that are subject to crisis management can include industrial emergencies, natural disasters, medical emergencies in jurisdictions where local medical care is inadequate, accidental releases of materials, missing person incidents related to criminal or non-criminal circumstances, political and security risks such as kidnaps, extortions, bomb threats, bombings, political or civil unrest, illegal detention by local authorities, and any other unexpected event that could threaten the safety of Company or contractor employees or the local community.

Disclosure of contracts: In jurisdictions where regulation is used to define fiscal terms instead of individual contracts with facilities, requirements 1.3 G3 and L2 do not apply.

Expectations for EITI Supporting Companies: Expectations for EITI Supporting Companies are outlined in the 2023 EITI Standard.⁸ With reference to requirement 1.3 LP1, an example of where the Expectations for Supporting Companies do not apply is Expectation 1 if the Facility has no footprint in an EITI country.

Independent audit of the annual sustainability report: the scope of the independent *audit* of the sustainability report should be determined in collaboration with the independent *auditor* and according to international standards for assuring sustainability reports such as ISAE3000, AA1000, etc.

Material payments: Payments and revenues are considered material if their omission or misstatement could significantly affect the comprehensiveness of the disclosures. Payment could include taxes, royalties, signature bonuses or any other payment or benefit to governments.

Policies/commitments: Required policies and commitment statements can be adopted at the corporate level or at the *Facility* level and should cover the applicable Performance Areas of the standard.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

Table-top exercise: A table-top or round-table exercise is a useful, cost-effective tool for honing crisis management and communications skills and for helping the crisis response team identify any

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⁸ Extractive Industries Transparency Initiative (EITI) EITI Guidance on the Expectations for Supporting Companies (2022)

weaknesses or gaps in their crisis response planning. Working from a schedule of events, a facilitator offers the crisis team or management group a series of situations to be analysed and discussed before decisions are made and actions taken. Pressure is exerted through ever-increasing complexity and frequency of problems, with the facilitator raising issues from the perspectives of outside audiences.

References:

- Global Reporting Initiative (GRI)
- International Financial Reporting Standards (IFRS) Sustainability Disclosure Standards
- Corporate Sustainability Reporting Directive (CSRD)
- Extractive Industries Transparency Initiative (EITI) EITI Standard 2023
- Extractive Industries Transparency Initiative (EITI) EITI Guidance on the Expectations for Supporting Companies



Performance Area 2: Business Integrity

Intent: Establish systems to maintain compliance with *applicable laws*, conduct business ethically and with integrity and implement policies and practices to prohibit and prevent *bribery* and *corruption*, *money laundering*, and *anti-competitive behaviour*.

Other Relevant Performance Areas:

- 1 Corporate Requirements
- 3 Responsible Supply Chains
- 17 Grievance Management

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT
2.1 Legal Compli	ance
Foundational Practice	 Monitor existing and emerging applicable laws, and key legal risks for the Facility and maintain a register of significant legal obligations, to be updated at defined intervals.
	2. Establish processes to comply with applicable laws.
Good Practice	1. Conduct an <i>internal review</i> of the causes of, and implement corrective action(s) for, any significant non-compliance with <i>applicable laws</i> and maintain a record of each.
	2. Publicly disclose significant fines or regulatory actions.
Leading Practice	 Conduct an internal audit of legal compliance on a defined interval covering the Good Practice Level requirements and implement corrective actions.

LEVEL	REQUIREMENT	
2.2 Business Ethics and Accountability		
Foundational Practice	Publicly disclose a policy that includes ethical and integrity business practices.	
	2. Develop a <i>Code of Conduct</i> to communicate the ethical and integrity standards required of workers.	
	3. Prohibit <i>bribery</i> , <i>corruption</i> , <i>fraud</i> , <i>money laundering</i> , <i>and anti-competitive behaviour</i> in the ethics and integrity policy and <i>Code of Conduct</i> .	
	4. Establish an internal process for workers to lodge ethical and integrity-related complaints.	

Good Practice	Identify and address key ethical and integrity risks in the Code of Conduct including bribery, corruption, fraud, insider trading, facilitation payments, privacy, gifts, conflict of interest and engagement with government officials.
	2. Establish and implement management systems to comply with the ethics and integrity policy and <i>Code of Conduct</i> .
	Train workers on the ethical and integrity policy and <i>Code of Conduct</i> and maintain training records.
	4. Conduct an annual <i>internal review</i> of the risks and issues associated with business ethics and integrity.
	5. Implement a <i>Know Your Counterparty (KYC)</i> procedure and conduct due diligence commensurate with the risk of the counterparty.
	6. Where political donations are permissible, establish guidance on their use and <i>publicly disclose</i> any donations.
	7. Establish and communicate a confidential worker whistle-blower mechanism that protects those raising grievances from discrimination and/or retaliation.
Leading Practice	Conduct an internal <i>audit</i> on compliance with the Code of Conduct and the policy on ethical business practices and integrity and implement corrective actions.
	2. Publicly disclose any material breaches of the ethical and integrity policy and the Code of Conduct while protecting the privacy of individuals involved.
	3. Publicly disclose the number and nature of any substantiated whistle-blower complaints and the type of associated remedies, while protecting the confidentiality of the complainants.

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Anti-competitive behaviour: A situation where businesses agree to prevent, restrict or distort competition to affect trade, for example by fixing prices for goods and services, limiting or preventing production or supply, dividing markets or customers and rigging bids, and/or the abuse of a dominant position by one or more businesses.⁹

Applicable Law: All the supra-national, national, state and local laws relevant and applicable in place where a *Facility* operates. This could include, but is not restricted to, acts, regulations and statutory policies. Where a conflict arises between *Applicable Law* and the requirements of the Consolidated Standard, the *Facility* should comply with the higher standard except where this would result in a violation of *Applicable Law*. ¹⁰

⁹ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

¹⁰ Adapted from <u>RJC Code of Practices</u> (2019) and <u>ASI Glossary</u> (2022)

Bribery: Requesting, agreeing to or accepting a financial or other advantage in connection with the 'improper performance' of a position of trust, or a function that is expected to be performed impartially or in good faith.¹¹

Business ethics: The application of ethical values to business standards and behaviour.

Code of Conduct: Statement of principles and values that establishes a set of expectations and standards for how workers will behave, including minimal levels of compliance and disciplinary actions for the organisation, its staff and other personnel. This can be tailored to jurisdiction risk profile and the operating context.¹²

Conflict of interest: A *conflict of interest* occurs when an organisation or individual has competing interests including personal interests which could compromise their judgment, decisions, or actions in the workplace.

Consult/consultation: A two-way process of information sharing and decision-making that aims simultaneously to address stakeholder issues and priorities (including the needs of disadvantaged and *vulnerable* groups) as well as the concerns and needs of the company or *Facility*. It is carried out in a manner that is inclusive and culturally sensitive: beyond listening, the aim of engagement and consultation is mutual understanding and responsiveness by all parties to discuss and manage matters with the potential to affect all concerned.¹³

Corruption: *Corruption* is any unlawful or improper behaviour that seeks to gain a private or commercial advantage through illegitimate means. Any kind of *bribery* is a form of *corruption*; but *corruption* also includes abuse of power, extortion, *fraud*, deception, collusion, cartels, embezzlement and *money laundering*.¹⁴

Ethical Business Practices and Integrity Policy: Policies for preventing and dealing with ethics and integrity risks faced by an organisation. This can be standalone, form part of a broader policy and/or be adopted from a corporate-level policy.

Fraud: Wrongful or criminal deception or misrepresentation intended to result in financial or personal gain or cause loss to another.

Gifts: *Gifts* are items of nominal value such as prizes, small thank you gifts and culturally recognised gestures/offerings. Gifts such as major charitable contributions, sponsorships, community payments and any significant hospitality expenses that are offered in commercial circumstances increase *bribery* risks.¹⁵

Hospitality: Meals with third parties, functions and celebrations involving entertainment, sporting events, cultural events, fundraising events, concerts, plays, etc.

Insider trading: Buying or selling a security, in breach of a fiduciary duty or other relationship of trust and confidence, based on material, non-public information about the security. *Insider trading* violations could also include 'tipping' such information, securities trading by the person 'tipped,' and securities trading by those who misappropriate such information.¹⁶

Know your Counterparty (KYC): *KYC* principles established to combat *money laundering* and finance of terrorism, require businesses to identify every organisation that they deal with, to understand the

¹³ Adapted from Copper Mark Criteria Guide (2023)

 $^{^{11}}$ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

¹² Adapted from <u>ASI Glossary</u>(2022)

¹⁴ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

¹⁵ Adapted from <u>RJC Code of Practices</u> (2019)

¹⁶ Adapted from <u>U.S. Securities and Exchange Commission</u> (no date)

legitimacy of their business relationships and, within reason, to identify and react to unusual or suspicious transaction patterns.¹⁷

Legal compliance: Where applicable law differs from the requirements in this Standard, facilities will comply with local laws while also seeking to follow the higher standard. Requirements across different Performance Areas in the Standard do not include phrases such as "in compliance with local law" or similar as this would be duplicative.

Money laundering: All forms of handling or possessing proceeds from a criminal activity that are disguised to conceal their illicit origins.¹⁸

Register of legal obligations: The *Facility*'s identification of legal obligations and the evaluation of their significance associated with the activities, operations, products or services. The register should consider requirements such as:

- Applicable laws,
- Permits, licenses or other forms of authorisation,
- Orders, rules or guidance issued by regulatory agencies,
- Compliance obligations related to ESG performance, including agreements with community groups or non-governmental entities, public authorities and customers.¹⁹

The register should be structured in any way that enables it to be completed and easy to use. It may be a single document or multiple modules that address specific topics. Modular mechanisms should consider how they are kept up to date and managed as part of an overall management system.

Regulatory actions: A finding of wrongdoing by a governmental authority, including investigations, formal complaints and sanctions.

Significant fine: Is usually defined by corporate policy and processes. It should consider situations where the *Facility* has been fined for:

- Injury or illness to one or more people resulting in permanent partial impairment, disability and death;
- Long term irreversible impacts to the environment, sensitive species, habitat, ecosystems and areas of cultural importance); and
- Affecting large numbers of the local community (one stakeholder group) or multiple Stakeholders.²⁰

Whistle-blower: Employees and others who report *bribery* and *corruption* concerns and mismanagement, fraud, illegality and other wrongdoing that is intended for financial or personal gain.²¹

Worker whistle-blower mechanism: The system for employees to confidentially or anonymously report *bribery* and *corruption* concerns and mismanagement, fraud, illegality and other wrongdoing that is intended for financial or personal gain.

References:

- United Nations (UN) Convention Against Bribery (UNCAC)
- <u>United Nations (UN) Global Compact Principle Ten: Anti-Corruption</u>
- <u>Bribery Prevention Network</u>

¹⁷ Adapted from <u>RJC Code of Practices</u> (2019)

¹⁸ Adapted from Copper Mark Criteria Guide (2023)

¹⁹ Adapted from <u>ISO45001</u> (2018)

²⁰ Adapted from <u>ASI Glossary</u> (2022)

²¹ Adapted from <u>RJC Code of Practices</u> (2019)

Performance Area 3: Responsible Supply Chains

Intent: Promote responsible business conduct in supply chains by implementing risk-based due diligence on *business relationships* to identify environmental, social and governance risks and impacts appropriate to the size and location of the *Facility*, the sector, and the nature of the products or services involved.

Other Relevant Performance Areas:

- 2 Business Integrity
- 5 Human Rights
- 6 Child Labour and Modern Slavery
- 7 Rights of Workers
- 11 Security Management
- 16 Artisanal and Small-Scale Mining
- 17 Grievance Management
- 20 Climate Action
- 23 Circular Economy

Applicability: Section 3.1 is applicable to all facilities. Section 3.2 is applicable to any *Facility* with minerals or metals sourcing (see applicability test below).

LEVEL	REQUIREMENT
3.1 Responsible	Supply Chain (applicable to all facilities)
Foundational Practice	1. Publicly disclose a responsible supply chain policy.
	2. Design a system to prioritise sustainability risks associated with the Facility's business relationships.
	3. Respond to customer enquiries related to the <i>Facility</i> 's performance against the Performance Areas of this Standard.
Good Practice	Identify, assess, and prioritise the most significant parts or segments of the Facility's supply chain where the severity or likelihood of sustainability risks is high or very high. Parts or segments of the supply chain refer to countries, value added activities, suppliers, commodities or others.
	2. Take reasonable action to prevent and mitigate <i>high or very high</i> risks of the <i>Facility's business relationships</i> .
	3. Enable access for <i>business relationships</i> to file complaints or grievances.
	4. Conduct an <i>internal review of effectiveness</i> of actions to identify, prevent and mitigate risks at regular intervals.
	5. Where appropriate, support <i>remedy</i> where the <i>Facility's</i> prioritised <i>business</i> relationships have caused or contributed to adverse impacts.

- 6. Publicly disclose supply chain due diligence processes, progress and actions related to prevention, mitigation and, where applicable remedy of adverse impacts associated with the Facility's business relationships.
- 1. Enable access to a system for *stakeholders* to file complaints regarding *sustainability risks* of the *Facility's business relationships*.
- 2. Where appropriate and feasible and where the facility has become aware of business relationships that have caused or contributed to adverse impacts, collaborate with those business relationships to support remedy.
- 3. Collaborate with prioritised *business relationships*, government and other *stakeholders* to increase leverage over business relationships that are causing or contributing to *adverse impacts*, with due regard to applicable competition law.
- 4. Encourage prioritised *business relationships* to establish a grievance mechanism in line with the UN Guiding Principles effectiveness criteria and a process to provide or support remediation in their operations or supply chain.
- 5. Assist prioritised *business relationships* in building their capacities to improve their social, environmental and/or governance performance, where possible.

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- 6. Assess and mitigate were possible the potential *adverse impacts* on local *stakeholders* from disengagement with a *business relationship* as a result of that entity failing to adhere to the *Facility*'s supply chain policy.
- 7. Support industry-wide engagements to prevent and/or mitigate high or very high risks with the *Facility's business relationships*.
- 8. Collaborate with *business relationships* on how to reduce conflicting requirements of customers regarding Facilities' performance against the Performance Areas of this Standard and streamline them across customers.
- 9. Collaborate with *business relationships* and other *stakeholders* to increase the effectiveness of stakeholder engagement practices, including one or more of the following:
 - a. Assess *business relationships*' stakeholder engagement practices as part of the supply chain due diligence risk assessment.
 - b. *Collaborate* with *affected stakeholders* and rights-holders in the assessment of prioritised *sustainability risks*.
 - c. *Collaborate* with *stakeholders* on the *internal review of effectiveness* of actions to identify, prevent and mitigate prioritised risk, as well as in the implementation of improvement measures in this regard.

10. Include in public disclosure of supply chain due diligence processes, progress and actions, information on actual or potential risks identified, and, where risks are identified, the risk mitigation plan and results of the monitoring of performance against the risk mitigation plan.

LEVEL	REQUIREMENT		
3.2 Responsible Mineral Sourcing			
Applicability	This section applies to any <i>Facility</i> that: Engages in, or plans to engage in, sourcing and processing of minerals or metals.		
Foundational Practice	1. Publicly disclose an OECD-aligned responsible mineral supply policy.		
	2. Set up and implement a due diligence system for responsible sourcing.		
	3. Complete an OECD-aligned (Step 5) report.		
Good Practice	 Demonstrate that the Facility implements an OECD-aligned due diligence system, by completing an independent audit under an OECD-aligned programme* and disclosing the independent audit report. 		
Leading Practice	 Demonstrate, using an OECD-aligned programme*, that the Facility's minerals and metals due diligence system extends to at least one of the following**: a. All sustainability risks. b. Mined and recycled materials. c. Includes support or provision of remedy where the Facility caused or has contributed to adverse impacts. 		

^{*} The requirements for the Consolidated Standard to recognise a programme as "OECD-aligned" are defined in a separate recognition document. The Consolidated Standard Secretariat will publish a list of recognised, OECD-aligned, programmes.

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a *Facility's* operations, actions and decisions. (See also 'Stakeholders'.)

^{**} If the Facility is not eligible to participate in any OECD-aligned programme that covers the Leading Practices sub-requirements, the Facility may engage an independent auditor who is accredited to assess the conformance of this Performance Area.

Business partners: an entity with whom the *Facility* or its corporate office on behalf of the *Facility* has a contractual relationship. *Business partners* include contractors, agents, suppliers, local and international intermediaries or traders, and joint venture partners. They also include entities that provide services, such as security providers and recruitment agencies, or any other third parties subject to due diligence within the scope of the Consolidated Standard. *Business partners* do not include customers and end consumers.²²

Business relationship: Relationships with *business partners*, sub-contractors, franchisees, investee companies, and joint venture partners, entities in the supply chain which supply products or services that contribute to the *Facility*'s own operations, products or services. *Business relationships* include relationships beyond contractual, 'first tier' or immediate relationships. The ability of a *Facility* to identify, prevent and mitigate actual and potential *adverse impacts* vary across different types of business relationships, as well as due to other factors.²³

Conflict-affected and high-risk areas (CAHRA): Areas identified by the presence of armed conflict, widespread violence, including violence generated by criminal networks, or other risks of serious and widespread harm to people. Armed conflict takes a variety of forms, such as a conflict of international or non-international character, which involves two or more states, or could consist of wars of liberation, insurgencies, or civil wars. High-risk areas are those where there is a high risk of conflict or of widespread or serious abuses as defined in paragraph 1 of Annex II of the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas. Such areas are often characterised by political instability or repression, institutional weakness, insecurity, the collapse of civil infrastructure, widespread violence and violations of national or international law.²⁴

Due diligence: Due diligence is an on-going, proactive and reactive process through which a *Facility* can identify, prevent, mitigate, *remedy* and account for how they address environmental, social and governance risks and impacts associated with their operations and *business partners*, as an integral part of business decision-making and risk management systems.²⁵

High or very high risk: The significance of an adverse impact is understood as a function of its likelihood and severity. Severity of impacts will be judged by their scale, scope and irremediable character.

- Scale refers to the gravity of the adverse impact.
- Scope concerns the reach of the impact, for example the number of individuals that are or will be affected or the extent of environmental damage.
- Irremediable character means any limits on the ability to restore the individuals or environment affected to a situation equivalent to their situation before the adverse impact.²⁶

Mined material: Mined material refers to minerals or metals that originate from mines (medium and large-scale or artisanal and/or small-scale mines) and has never been processed.²⁷

Minerals or Metals Processing: The process of receiving mined and / or recycled material and producing refined, smelted, treated, transformed, purified, or cleaned minerals or metals products for

²² Adapted from <u>Copper Mark Criteria Guide</u> (2023)

²³ Adapted from <u>Organisation for Economic Co-operation and Development (OECD) Due Diligence Guidance for Responsible</u>
Business Conduct (Version 2018)

²⁴ Adapted from Copper Mark Criteria Guide (2023)

²⁵ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

²⁶ Adapted from the <u>OECD Due Diligence Guidance for Responsible Business Conduct</u> (2018)

²⁷ Adapted from <u>OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas, Gold Supplement (2016)</u>

use in a downstream manufacturing and other midstream or downstream processes²⁸. Minerals and Metals Processing excludes on-site milling/processing of ore to concentrate and doré.

Minerals or Metals Sourcing: the receipt of minerals or metals (either mined or recycled) for processing into core product produced by company at its production facilities.

Recycled material: Recycled material refers to minerals or metals that been previously processed, such as end-user, post-consumer, scrap and waste minerals or metals arising during minerals or metals processing and product manufacturing, which is returned to a minerals or metals processor or other downstream intermediate processor to begin a new life cycle.²⁹

Remedy: Refers to the process of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Risk-based due diligence: Risk-based due diligence indicates that the measures that a *Facility* takes to conduct due diligence should be commensurate to the severity and likelihood of the potential adverse impact and tailored to the nature of the impact. Where it is not feasible to address all identified impacts at once, a *Facility* should prioritise the order in which it takes action based on the severity and likelihood of the adverse impact. Once the most significant impacts are identified and dealt with, the *Facility* should move on to address less significant impacts.³⁰

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

Supply chain: the entities from which all materials, goods and services are procured by the Facility.

Supplier: An entity in the supply chain that supplies products or services that contribute to the *Facility's* own operations, products or services.³¹

Sustainability risks: Sustainability risks are those risks related to the environmental, social and governance practices. At a minimum, risks covered include:

- Those related to human rights, as defined by the UNGPs,
- Those related to armed conflict, as defined in Annex II of the OECD Due Diligence Guidance for Responsible supply Chains of Minerals from Conflict-Affected and High-Risk Areas,
- Those defined in Parts 1 and 2 of the Annex of the <u>Directive (EU) 2024/1760 of the European</u>

 Parliament and of the Council of 13 June 2024 on corporate sustainability due diligence and amending Directive (EU) 2019/1937 and Regulation (EU) 2023/2859

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²⁸ As defined in the Converged Standard Assurance Process (draft, 2024)

²⁹ Adapted from <u>OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas, Gold Supplement (2016)</u>

³⁰ Adapted from Copper Mark Criteria Guide (2023)

³¹ Adapted from OECD Guidelines for Multinational Enterprises on Responsible Business Conduct (2023)

• Those defined in Annex X of the <u>Regulation (EU) 2023/1542 of the European Parliament and of the Council of 12 July 2023 concerning batteries and waste batteries</u>.

References:

- Organisation for Economic Co-operation and Development (OECD) Due Diligence Guidance for Responsible Business Conduct
- Organisation for Economic Co-operation and Development (OECD) Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas (3rd Edition)
- <u>United Nations (UN) Guiding Principles on Business and Human Rights</u>



Performance Area 4: New Projects, Expansions and Resettlement

Intent: Assess environmental and social risks and impacts of *new projects* and significant changes to or *expansions* of existing operations. Develop management plans in consultation with *affected stakeholders*. Avoid involuntary physical or *economic displacement*. Where involuntary physical or *economic displacement* is unavoidable, apply the mitigation hierarchy and engage affected communities to limit *adverse impacts* and restore or improve the livelihoods and living standards of those affected.

Other Relevant Performance Areas:

- 5 Human Rights
- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 14 Indigenous Peoples
- 15 Cultural Heritage
- 16 Artisanal and Small-Scale Mining
- 17 Grievance Management
- 18 Water Stewardship
- 19 Biodiversity, Ecosystem Services and Nature
- 20 Climate Action
- 21 Tailings Management
- 22 Pollution Prevention
- 24 Closure

Applicability: Sub section 4.1 of this Performance Area applies to *new projects*, major *expansions* or other changes to existing operations which create new, significant impacts on the local community, workers, or the environment. Sub-section 4.2 applies to *new projects*, major *expansions* or other significant changes to existing operations which could lead to *involuntary resettlement* (physical or *economic displacement*), which are situations when affected people do not ultimately have the right to refuse land acquisition due to eminent domain, public utility, or similar legal recourse. See Glossary for definitions and IFC Performance Standard 5 for further guidance. Also note that the Foundational Level for 4.2 only covers the *planning* of resettlement, whereas Good Practice Level covers the *implementation* of resettlement.

LEVEL	REQUIREMENT	
4.1 Risk and Impact Assessments of New Projects and Expansions		
Foundational Practice	1. Collect baseline data that characterise the environmental, social, cultural and economic context of the proposed new project, major expansion or other significant changes to existing operations, to inform project design and against which risks, impacts, mitigation measures, and benefits can be assessed.	
	Conduct an environmental, social, cultural and economic impact assessment (ESIA) of the proposed new project, major expansion or other significant change to an existing operation consistent with jurisdictional	

	regulations or, in the absence of jurisdictional regulations, with IFC Performance Standard 1. This should include, where relevant, air, soil, land, water, biodiversity and ecosystem services, climate, emissions, noise and vibration, health, safety, gender, human rights, Indigenous Peoples, resettlement, cultural heritage, in-migration, social and economic impacts and closure. The assessment should consider how different stakeholder groups, including women, vulnerable and underrepresented groups, are differentially impacted.
	1. Engage potentially <i>affected stakeholders</i> and <i>rights-holders</i> in the <i>baseline data</i> collection process, the risk and impact assessment and the development of mitigation plans in ways that are accessible, understandable, and culturally appropriate.
Good Practice	2. Include an assessment of <i>cumulative impacts</i> of existing or planned developments and an alternatives analysis as part of the ESIA.
	 Develop and implement management plans to avoid, minimise, mitigate, and/or compensate for significant adverse impacts identified in the ESIA, including cumulative impacts.
	4. Monitor progress against management plans <i>at defined intervals</i> and update as necessary.
	5. Publicly disclose the results of the ESIA, including how it has been used to influence the project design, and make it available to affected communities and other local stakeholders in ways that are accessible and understandable.
	As part of the ESIA consultation processes, and where relevant to the impacts identified, include separate consultation sessions with women, vulnerable and underrepresented stakeholder groups.
Leading Practice	2. <i>Collaborate</i> with local <i>stakeholders</i> and <i>rights-holders</i> to conduct joint monitoring of impact management plans.
	3. <i>Collaborate</i> with other parties contributing to <i>cumulative impacts</i> from existing or planned developments on mitigation measures.

LEVEL	REQUIREMENT
4.2 Land Acquisition and Resettlement	
Foundational Practice	Avoid involuntary physical and/or economic displacement wherever possible.

2. Where physical and/or economic displacement is unavoidable, consult with potentially affected stakeholders and rights-holders during the planning stages of any new project or expansion in ways that are accessible, understandable and culturally appropriate. 3. Conduct a socio-economic baseline study and impact assessment for communities potentially affected by involuntary physical and/or economic displacement. 4. Provide people potentially affected by displacement with access to a grievance mechanism (see Performance Area 17: Grievance Management). 1. Develop a resettlement action plan (RAP) and, if applicable, a livelihood restoration plan, in line with IFC Performance Standard 5 on Land Acquisition and Involuntary Resettlement, in consultation with affected stakeholders and rights-holders. 2. Implement the provisions of IFC Performance Standard 7 on Indigenous Peoples if physical and/or economic displacement involves lands traditionally owned by, or under the customary use of, Indigenous Peoples (also see Performance Area 14: Indigenous Peoples). 3. Identify and seek resolution of existing claims and conflicts of land title in compliance with applicable international and national law. 4. Implement actions and remedies that avoid, minimise mitigate or compensate for adverse impacts of involuntary physical and/or economic displacement, paying particular attention to women, vulnerable and/or **Good Practice** underrepresented groups. Provide compensation for lost assets at full replacement cost and other assistance to help displaced people improve or restore their livelihoods and standard of living, in a transparent, consistent, and equitable manner. 6. Provide opportunities to displaced communities and persons to derive appropriate development benefits from the Facility (See Performance Area 13: Community Impacts and Benefits 13.2). 7. Publicly disclose the engagement processes, impacts, plans and progress related to involuntary physical and/or economic displacement. 8. Monitor the social and economic status of physically and/or economically displaced people to enable the restoration of livelihoods and standards of living of displaced persons.

	9.	Conduct an <i>internal review</i> of the implementation and monitoring of the <i>resettlement action plan</i> and if applicable the <i>livelihood restoration plan</i> and develop action plans to address any gaps.
Leading Practice	1.	Develop and implement programmes that improve the livelihoods and standard of living of displaced people.
	2.	Facilitate a process of establishing legal title for those resettled, if possible, under national law.
	3.	Complete an <i>independent review</i> of the <i>resettlement action plan</i> and, if applicable, the <i>livelihood restoration plan</i> , in consultation with <i>affected stakeholders and rights-holders</i> , and address any implementation gaps.
	4.	Publicly disclose the results of the independent review of the resettlement action plan and, if applicable, the livelihood restoration plan, while protecting the confidentiality of affected stakeholders and rights-holders.

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a Facility's operations, actions and decisions. (See also 'Stakeholders'.)

Baseline data: A description of existing conditions (or those that existed at a defined point in time) to provide a starting point (e.g. pre-project condition) against which comparisons can be made (e.g. post-impact condition), allowing the change to be quantified.

Cumulative impacts: The combination of multiple impacts from existing projects, the proposed project, and/or anticipated future projects that could result in significant adverse and/or beneficial impacts that would not be expected at a stand-alone project³².

Economic displacement: See Involuntary resettlement.

Expansion: Changes to the footprint of the *Facility's* operations or associated facilities and infrastructure.

Involuntary resettlement: This refers both to *physical displacement* (relocation or loss of shelter) and to *economic displacement* (loss of assets or access to assets that leads to loss of income sources or other means of livelihood because of project-related land acquisition and/or restrictions on land use. Resettlement is considered involuntary when affected persons or communities do not have the right to refuse land acquisition or restrictions on land use that result in physical or *economic displacement*. This occurs in cases of (i) lawful expropriation or temporary or permanent restrictions on land use and

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³² Adapted from <u>IFC Performance Standard 1</u> (2012)

(ii) negotiated settlements in which the buyer can resort to expropriation or impose legal restrictions on land use if negotiations with the seller fail³³.

Jurisdictional regulations: Regulations that are applicable to the *Facility* in a particular jurisdiction. These could be national, state, provincial, and other.

Livelihood restoration plan: A plan to compensate and offer other assistance to economically displaced persons and/or communities to reestablish their livelihoods³⁴.

New projects: Projects with minimal to no previous operational activities (but are beyond the exploration stage) and that are not connected to or part of existing projects.

Physical displacement: See Involuntary resettlement.

Resettlement action plan: A plan that covers, at minimum, the applicable requirements of IFC Performance Standard 5, regardless of the number of people affected, and includes compensation at full replacement cost for land and other assets lost. The plan should be designed to mitigate the negative impacts of displacement; identify development opportunities; develop a resettlement budget and schedule; and establish the entitlements of all categories of affected persons. Particular attention should be paid to the needs of the poor and vulnerable or at-risk populations³⁵.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

Vulnerable and marginalised groups: Groups that are characterised by their higher risk and reduced ability to cope with *adverse impacts*. Such vulnerability could be based on socio-economic conditions, such as gender, age, disability, ethnicity, religion, historical exclusion or marginalisation or other criteria that influence people's ability to access resources and development opportunities³⁶.

References:

- International Finance Corporation (IFC) Performance Standard 1: Assessment and Management of Environmental and Social Risks and Impacts
- International Finance Corporation (IFC) Performance Standard 5: Land Acquisition and Resettlement
- International Finance Corporation (IFC) Performance Standard 7: Indigenous Peoples

³³ Adapted from <u>IFC Performance Standard 5</u> (2012)

³⁴ Adapted from <u>IFC Performance Standard 5</u> (2012)

³⁵ Adapted from <u>IFC Performance Standard 5</u> (2012)

³⁶ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

Performance Area 5: Human Rights

Intent: Respect human rights by implementing human rights due diligence management systems and approaches for the effective identification, prevention, mitigation and *remedy* of human rights risks and impacts consistent with the UN Guiding Principles on Business and Human Rights.

Other Relevant Performance Areas:

- 3 Responsible Supply Chains
- 6 Child Labour and Modern Slavery
- 7 Rights of Workers
- 8 Diversity, Equity and Inclusion
- 9 Safe, Healthy and Respectful Workplaces
- 11 Security Management
- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 14 Indigenous Peoples
- 15 Cultural Heritage
- 16 Artisanal and Small-Scale Mining
- 17 Grievance Management

Applicability: This Performance Area applies to all *Facilities*. To ensure completeness, there are certain requirements in this Performance Area that deliberately overlap with other closely related topics in the Standard, in this case specifically, Performance Area 3: Responsible Supply Chains and Performance Area 17: Grievance Management. Where the requirements of two Performance Areas are the same or similar, the intent is that they are implemented as one.

LEVEL	REQUIREMENT
5.1 Human Rights	
Foundational Practice	 Publicly commit to respecting human rights consistent with the UN Guiding Principles on Business and Human Rights (UNGPs).
	2. Respect the rights of groups or individuals (including human rights defenders) who are working to promote and protect human rights.
	3. Establish and implement mechanisms to receive, track and respond to human rights grievances raised by <i>stakeholders</i> and <i>rights-holders</i> .
	4. Provide human rights training <i>at defined intervals</i> for staff who are responsible for managing human rights-related issues.
Good Practice	Publicly disclose a human rights policy consistent with the UN Guiding Principles on Business and Human Rights (UNGPs).
	2. Establish and implement a due diligence process consistent with the UNGPs to identify and assess human rights risks and impacts caused or contributed to by the <i>Facility's</i> operations with the intention of avoiding infringing on the

	human rights of others (including <i>human rights defenders</i>) and addressing adverse human rights impacts.
	3. Establish and implement a due diligence process consistent with the UNGPs to identify and assess human rights risks and impacts associated with the Facility's supply chain and business partners that seeks to prevent or mitigate adverse impacts that are directly linked to operations, products or services by business relationships, even if the Facility has not contributed to those impacts (see Performance Area 3: Responsible Supply Chains).
	4. Establish and implement a grievance mechanism in line with the effectiveness criteria of the UNGPs, section 31 (see Performance Area 17: Grievance Management).
	5. Provide for, or cooperate in processes to enable, the remediation of adverse human rights impacts that the <i>Facility</i> has caused or contributed to as per the UNGPs.
	6. Where operations or operating contexts pose risks of <i>severe human rights impacts</i> , <i>publicly disclose</i> how impacts are being addressed and/or remedied in a manner that is: accessible to intended audiences, with sufficient information to evaluate the adequacy of the response, and that does not pose risks to <i>affected stakeholders and rights-holders</i> , personnel or commercial confidentiality.
	7. Conduct an <i>internal review of effectiveness</i> of the implementation of the UNGPs <i>at defined intervals</i> and at least every three years.
	Establish human rights objectives and/or targets related to human rights performance, at the Facility, in the supply chain and for business relationships, measure progress and publicly report against them.
Leading Practice	2. Collaborate with stakeholders and rights-holders to complete an independent review of effectiveness of the Facility's implementation of the UNGPs.
	Actively engage with human rights defenders to inform human rights due diligence processes.

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a *Facility's* operations, actions and decisions. (See also 'Stakeholders').

Business partners: an entity with whom the *Facility* has a contractual relationship. *Business partners* include contractors, agents, suppliers, local and international intermediaries or traders, and joint venture partners. They also include entities that provide services, such as security providers and recruitment agencies, or any other third parties subject to due diligence within the scope of the Consolidated Standard. *Business partners* do not include customers and end consumers.³⁷

Human rights defenders (HRDs): HRDs are defined by the UN Office of the High Commissioner for Human Rights, as "any person, acting alone or in groups, (who acts peacefully) working to promote and protect human rights." In the Consolidated Mining Standard, the term, HRDs, includes environmental human rights defenders, which the UN defines as "individuals and groups who, in their personal or professional capacity and in a peaceful manner, strive to protect and promote human rights relating to the environment, including water, air, land, flora and fauna." HRD's actions to promote or protect human rights can vary, including public protest, commentary and campaigning. A Facility may disagree with the objective of defenders, who could be individuals or groups not directly linked to their operations, and it is not up to the Facility to determine whether they are wrong or right. However, HRDs must use peaceful means to advance their cause, whilst accepting the universality of human rights as defined in the Universal Declaration of Human Rights. HRDs must not use measures that employ violence, including coercion, exploitation, or non-violent abuse.

Human rights due diligence (HRDD): An ongoing risk management process that a Facility needs to follow to identify, prevent, mitigate and account for how it addresses its adverse human rights impacts. HRDD includes four key steps: assessing actual and potential human rights impacts; integrating and acting on the findings; tracking responses; and communicating about how impacts are addressed. Facilities should identify general areas where the risk of adverse human rights impacts is most significant, whether due to certain suppliers' or clients' operating context, the particular operations, products or services involved, or other relevant considerations, and prioritise these for human rights due diligence.

Remedy: Refers to the process of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Rights-holders: *Rights-holders* are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In certain contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.³⁸

Severe human rights impact: A negative human rights impact that is severe by virtue of one or more of the following characteristics: its scale, scope or irremediability. Scale means the gravity of the impact on human right(s). Scope means the number of individuals that are or could be affected. Irremediability means the ease or otherwise with which those impacted could be restored to their prior enjoyment of the right(s)³⁹.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by *adverse impacts* associated with the *Facility's* operations. They could include local communities,

³⁷ Adapted from Copper Mark Criteria Guide (2023)

³⁸ Adapted from <u>ICMM Human Rights Due Diligence Guide</u> (2023)

³⁹ Adapted from <u>ICMM Human Rights Due Diligence Guide</u> (2023)

politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies and the media. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.⁴⁰

Supply chain: the entities from which all materials, goods and services are procured by the Facility.

References:

- International Code of Conduct for Private Security Service Providers (ICoCA)
- United Nations (UN) Guiding Principles on Business and Human Rights
- Voluntary Principles on Security and Human Rights
- Voluntary Principles on Security and Human Rights Implementation Guidance Tools (IGT)
- ICMM Human Rights Due Diligence Guidance

⁴⁰ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

Performance Area 6: Child Labour and Modern Slavery

Intent: Prohibit, prevent and *remedy* the employment of children below the age of 15 and modern slavery in any form and ensure that young workers below the age of 18 are not exposed to the worst forms of child labour, including hazardous work. These requirements are aligned with ILO Conventions 138, 182, 29 and 105.

Other Relevant Performance Areas:

- 3 Responsible Supply Chains
- 5 Human Rights
- 7 Rights of Workers

Applicability: This Performance Area is applicable to all facilities. The contents of this Performance Area are specifically focused on prohibiting, preventing and remedying instances of *child labour* and *modern slavery* associated with the *Facility*, either through direct employment by the *Facility* or through its contractors.

LEVEL	REQUIREMENT		
6.1 Risk, Mitiga	tion and Operating Performance		
	 Consistent with ILO Conventions 29 & 105, have a public policy not to engage directly or indirectly, tolerate, or support modern slavery and prohibit inaction to address instances of modern slavery if they are identified. 		
Foundational Practice	2. Consistent with ILO Conventions 138 & 182, have a public policy not to employ, directly or indirectly, children below 15 years (or in a jurisdiction whose economy and educational facilities are insufficiently developed may, after consultation with relevant a workers organization, where such exist, specify a minimum age of 14 years); not to expose workers below the age of 18 to the worst forms of child labour or hazardous work and require action to address instances of child labour if they are identified.		
	 3. Identify and evaluate risks of <i>child labour</i> and <i>modern slavery</i>. 4. Based on identified risks, implement practices to mitigate risks associated with the <i>ILO indicators of modern slavery</i>⁴¹ at the <i>Facility's</i> operations. 		
	5. Based on identified risks, implement practices to minimise and mitigate the risk of <i>child labour</i> in the <i>Facility's</i> operations, including by implementing an age verification mechanism for workers.		
	6. If workers between the ages of 15 and 18 are employed by the <i>Facility</i> , adopt appropriate measures based on identified risks to protect their health, safety, <i>morals</i> and wellbeing.		
	7. If instances of harm to the rights of a child or <i>modern slavery</i> are found within the onsite or offsite operations of the <i>Facility</i> , act immediately to cease any immediate harm to life or safety. If the <i>Facility</i> has no ability to act, report instances of <i>child labour</i> and/or <i>modern slavery</i> to relevant authorities where it will not put the child or worker at risk.		

⁴¹ Adapted from <u>ILO Indicators of Forced Labour</u> (2012)

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	1. Based on identified risks and through the inclusion in contract requirements,
	require contractors to implement practices to mitigate risks associated with the
	ILO indicators of modern slavery at the Facility's operations and at off-site
	worksites that support the Facility's operations.
	2. Through the inclusion in contract requirements, require contractors to
	implement similar practices to those implemented for Foundational Practice #4
	and #5 above, where there is an identified risk that children are engaged to
	work.
	3. Establish practices and processes aligned with the 'Employer Pays Principle'
0 15 .:	when recruiting directly and/or through a recruitment agency and prevent
Good Practice	withholding of workers' personal documentation.
	4. Develop risk-based remediation framework aligned with the UN Guiding
	Principles on Business and Human Rights.
	5. If any harm to the rights of a child or <i>modern slavery</i> instances occur, <i>publicly</i>
	disclose, and make available to local stakeholders, a summary of instances of
	child labour and/or modern slavery linked to the Facility, either directly or
	through a supplier or contractor, as well as measures taken to mitigate and
	remediate those instances, taking care that the safety, privacy and identities of
	involved children and/or workers are protected in a rights-compatible way
	throughout reporting.
	1. Where there are identifiable risks of child labour and modern slavery at the
Leading	Facility, collaborate with relevant stakeholders on the implementation and
	monitoring of the remediation framework developed as per Good Practice #4.
	2. Where remediation has occurred, monitor and conduct an <i>internal review</i> of
	effectiveness of the remediation process and its outcomes and modify and/or
Practice	implement practices to prevent recurrences.
	3. Establish and implement an internal <i>audit</i> programme or participate in an
	independent risk-based audit programme based on principles of shared risk

Glossary and Interpretive Guidance:

slavery risks.

Child labour: The definition of child labour is derived from the United Nations Convention on the Rights of the Child, ILO Convention No. 138, Minimum Age Convention and ILO Convention No. 182, Worst Forms of Child Labour Convention (see Table A.1). According to the ILO, child labour refers to work that (i) is mentally, physically, socially and morally dangerous and harmful to children; (ii) interferes with their schooling by depriving them of the opportunity to attend school, by obliging them to leave school prematurely, or by requiring them to attempt to combine school attendance with excessively long and heavy work (iii) work that is done by children who are below the minimum age (set at 15 years old).⁴²

and responsibility to conduct due diligence on suppliers to assess modern

⁴² Adapted from <u>OECD Practical actions for companies to identify and address the worst forms of child labour in mineral supply chains</u> (2017)

'Employer Pays Principle':⁴³ Employer Pays Principle: No worker should pay for a job - the costs of recruitment should be borne not by the worker but by the employer. The Institute for Human Rights and Business (IHRB) mentions that migrant workers frequently pay fees to agencies and brokers for recruitment and placement in jobs abroad. Fees could cover costs including the recruitment itself, travel, visa and administrative costs and other various forms of unspecified "fees" and "service charges". IHRB recommends that employers:

- o pay the full costs of recruiting workers
- o Ensure no worker is required to pay a deposit or bond to secure work, nor must pay any reimbursements to cover their recruitment fees and costs.

ILO indicators of modern slavery: The ILO indicators of Modern Slavery can be found in a publication by the ILO called the ILO Indicators of Forced Labour and include the following 11 indicators: Abuse of Vulnerability, Deception, Restriction of Movement, Isolation, Physical and Sexual Violence, Intimidation and Threats, Retention of Identify Documents, Withholding of Wages, Debt Bondage, Abusive Working and Living Conditions, and Excessive Overtime. Detailed descriptions of these indicators can be found in the ILO document.

Modern Slavery: Modern slavery covers situations of exploitation that a person cannot leave or refuse because of threats, violence, coercion, deception or abuse of power, including forced, bonded, involuntary and exploitative labour including prison labour, debt bondage, human trafficking, forced marriage, slavery and other slavery-like practices⁴⁴. Where a *Facility* or Company is obligated to report through national legal requirements such as those in Canada, the US, Australia or the EU, these reports can be used as evidence of having addressed the disclosure requirement under Good Practice 5, provided that any instances of child labour or modern slavery are included, and the report is made publicly available.

Morals: In the context of child labour, the worst forms of child labour as defined by Article 3 of the ILO Worst Forms of Child Labour Convention, No. 182, includes work that is likely to harm the health, safety or morals of children, including work which exposes children to physical, psychological or sexual abuse such as the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances.

Remedy: Remedy: Refers to the process of of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

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⁴³ Adapted from <u>IHRB Recruitment Fees</u> (2016)

⁴⁴ Adapted from <u>UN Slavery Convention</u> (1926) and the <u>UN Supplementary Convention on the Abolition of Slavery, the Slave Trade and Institutions and Practices Similar to Slavery</u> (1956)

Worst forms of child labour: The worst forms of child labour are defined by the ILO Worst Forms of Child Labour Convention, No. 182 as:

- o all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom, and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- o the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- o the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; and
- o work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

References:

- International Labour Organization (ILO) Minimum Age Convention 138
- International Labour Organization (ILO) Worst Forms of Child Labour Convention 182
- International Labour Organization (ILO) Forced Labour Convention 29
- International Labour Organization (ILO) Abolition of Forced Labour Convention 105

Performance Area 7: Rights of Workers

Intent: Respect workers' rights to fair and decent employment terms and their rights to *freedom of association* and *collective bargaining*. Prohibit, prevent and *remedy* workplace discrimination and harassment and provide an effective mechanism to address worker grievances. These requirements are aligned with ILO Conventions 1, 14, 87, 95, 98, 100, 131 and 132.

Other Relevant Performance Areas:

- 5 Human Rights
- 6 Child Labour and Modern Slavery
- 8 Diversity, Equity, and Inclusion
- 9 Safe, Healthy and Respectful Workplaces
- 10 Emergency and Crisis Preparedness and Response
- 12 Stakeholder Engagement
- 17 Grievance Management

Applicability: This Performance Area is applicable to all facilities. The definition of workers used in this Performance Area includes both directly employed workers who have contracts with the Facility and indirectly employed workers who regularly work at the Facility and who have employment contracts with a third party, such as a labour agent, labour provider or contractor/subcontractor. Note that while the requirements in this Performance Area apply to all workers, the actions to meet these requirements may be different for directly employed workers (i.e., employees) than for indirectly employed workers (e.g. contractors, agency workers, etc) where a Facility's control and influence is weaker.

LEVEL	REQUIREMENT
7.1 Workers' Righ	ts Risk, Mitigation and Operational Performance
	1. Publicly commit to respect workers' rights, including to fair and decent employment terms, freedom of association and collective bargaining, protection against discrimination and harassment and unfair disciplinary practices and apply responsible recruitment practices.
Foundational Practice	2. Publicly commit to identify and reduce/remove barriers to the advancement and fair treatment of women in the workplace.
	3. Publicly commit to respect the rights and interests of workers, regardless of sex, gender identity, sexual orientation, national origin, Indigeneity, age, ethnicity, physical ability status, religious affiliation, socio-economic background and/or other categories of underrepresentation.
	Identify and evaluate risks to the workers' rights outlined in Foundational Practice and establish practices that mitigate these risks and demonstrate respect for these workers' rights.
Good Practice	2. Implement policies and practices to respect the rights and interests of women that reflect gender-informed approaches to work practices and job design, and that protect against all forms of <i>discrimination</i> and <i>harassment</i> , and behaviours that adversely impact on women's successful participation in the workplace.

- 3. Communicate employment terms, at the beginning of employment and when terms change, to affected *workers* in a language and form that they understand and that clearly define the conditions of employment.
- 4. Remunerate *workers* with fair wages and benefits that represent competitive *remuneration* within that job market, including for part-time *workers*.
- 5. Provide equal remuneration, including benefits, for work of equal value.
- 6. Conduct an *internal review* of worker *remuneration at defined intervals* using credible benchmarks to support the provision of fair and competitive *remuneration*.
- 7. Where worker information or feedback is requested, clearly communicate to *workers*:
 - a. The purpose for which the worker information or feedback will be used.
 - b. Whether worker participation in the process is voluntary and/or confidential.
 - c. Mechanisms to protect worker anonymity, if applicable, when analysing and communicating results.
 - d. Intended use, of any data or information collected, and how it will be safely stored to protect privacy.
- 8. Where a *Facility* provides accommodation, maintain a reasonable standard of safety, repair and hygiene. Charge no more than market rates if accommodation charges are applied. Enable workers to access adequate food, clothing and water and sanitation in the workplace.
- 9. Establish practices that demonstrate *workers*' total regular working hours do not exceed 48 hours per week and overtime does not exceed 12 hours per week, calculated on average in case of shift work (including fly-in fly-out rotations) or processes to be carried out continuously. If local law or *collective bargaining* agreements require fewer than 60 working hours per week, including overtime, these prevail.
- 10. Provide at least one rest day in seven and rest periods during working hours, calculated on average in the case of shift work or processes to be carried out continuously.
- 11. Provide overtime on a voluntary basis where *working hour exceptions* apply, assess health and safety impacts of overtime on *workers*, and provide related safeguards to minimise and mitigate those impacts.
- 12. Adopt appropriate measures to protect and support the health and wellbeing of pregnant *workers*.
- 13. Inform *workers* of their right to form, join and organise trade union(s) of their choice and to bargain collectively on their behalf with the employer.
- 14. Provide worker representatives with access to their members in the workplace to carry out their representative functions.

	15. Establish practices that demonstrate responsible recruitment (as defined in the glossary).
	16. Inform management and <i>workers</i> of performance management and disciplinary procedures in accordance with their roles and responsibilities, and where necessary provide training.
	17. Conduct <i>an internal review of effectiveness</i> of employment practices and address implementation gaps <i>at defined intervals</i> .
Leading Practice	Identify and evaluate risks to workers' rights in collaboration with workers and/or workers representatives.
	2. Conduct an <i>internal review of effectiveness</i> of employment practices in <i>collaboration</i> with <i>workers</i> and/or <i>workers</i> representatives.
	3. Remunerate <i>workers</i> with fair wages and benefits that represent a <i>living</i> wage, including for part-time <i>workers</i> .
	4. Provide workers with social benefits that exceed statutory requirements for one or more of the following: 1) annual leave, 2) parental leave 3) sickness and compassionate leave, 4) pension contributions.
	5. Review, identify and address any patterns of inequities in worker compensation and benefits identified in the Good Practice 17 review.
	6. Provide time off to <i>workers</i> to exercise their political rights, such as their right to vote.
	7. Identify, evaluate and address risks of <i>adverse impacts</i> to <i>workers</i> ' rights by employment agencies.
	8. Apply workers' rights policies with employment agencies.

LEVEL	REQUIREMENT		
7.2 Grievance Med	7.2 Grievance Mechanism for Employees and Contractors (Workers)		
Foundational Practice	1. Establish and implement a <i>grievance mechanism</i> to receive, track and respond to issues and concerns raised by workers at the <i>Facility</i> , including protection against discrimination, harassment and/or retaliation for those raising grievances and <i>confidentiality</i> of those raising grievances.		
	2. Assign responsibilities and accountabilities for management of the <i>grievance mechanism</i> .		
	3. Communicate the availability of the <i>grievance mechanism</i> to workers.		
	4. Provide training to workers with grievance management responsibilities on the <i>grievance mechanism</i> .		

	Consult with potentially affected workers and/or their representative organisations on the design of the <i>grievance mechanism</i> , which should outline clear process steps, timelines and milestones to assess and address grievances in an impartial manner.
	2. Engage workers who have filed grievances on their resolution, provide updates on the status of a grievance and/or <i>remedy</i> where relevant, and communicate outcomes once issues and concerns have been addressed in accordance with agreed timelines.
Good Practice	3. Provide <i>remedy</i> for adverse human rights impacts that the <i>Facility</i> has caused or contributed to as reported through the <i>grievance mechanism</i> , or cooperate in the remediation of these impacts through other legitimate processes.
	4. Conduct an <i>internal review</i> and update the <i>grievance mechanism at defined</i> intervals, part of which should involve engaging workers on their experience using the mechanism and suggestions for improvement.
	5. Report to management at the corporate level on the number and types of issues and concerns raised through the <i>grievances mechanism</i> and types of actions taken in response, resolution and/or remediation of such issues, considering provisions for <i>confidentiality</i> and protection of complainants.
	6. Update workers on implementation of the <i>grievance mechanism</i> and the number and types of issues reported to the <i>Facility's grievance mechanism</i> .
Leading Practice	Co-design, or integrate improvements to, the <i>grievance mechanism</i> with workers.
	2. Conduct an <i>internal review</i> of the <i>effectiveness</i> of the <i>grievance mechanism</i> in <i>collaboration</i> with worker representatives.
	3. Review grievances raised for patterns, assess the underlying causes and develop preventive actions in consultation with workers at defined intervals.
	4. Establish an escalation process that provides access to other legitimate avenues of redress for grievances that are not resolved by the <i>Facility</i> 's <i>grievance mechanism</i> .

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Collective bargaining: A voluntary process or activity through which employees and *workers* discuss and negotiate their relations; in particular, terms and conditions of work and the regulation of relations between employers, *workers* and their organisations. Participants in *collective bargaining* include employers themselves or their organisations, and trade unions or, in their absence, representatives freely designated by the *workers*.⁴⁵

Discrimination: When a person is treated less favourably than others because of characteristics that are not related to the person's competencies or the inherent requirements of the job. All *workers* and job seekers have the right to be treated equally, regardless of any attributes other than their ability to do the job. Prohibited bases of *discrimination* can include age, caste, disability, ethnic, and/or national origin, gender, membership in free and independent *workers*' organisations including free and independent unions, political affiliation, race, religion, sexual orientation, sex, gender identity, marital status, family responsibilities, social background, and other personal characteristics.⁴⁶

Equal remuneration for men and women workers for work of equal value refers to rates of *remuneration* established without *discrimination* based on sex (ILO 100 (1951)).

Freedom of association: The right of *workers* and employers to establish and, subject only to the rules of the organisation concerned, to join organisations of their own choosing without prior authorisation.⁴⁷

Harassment: A range of unacceptable behaviour and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm.⁴⁸

Living wage: *Remuneration* received for a standard work week by a worker in a particular place that is sufficient to afford a decent standard of living for the employee and his or her family. Elements of a decent standard of living include food, water, housing, education, health care, transport, clothing and other essential needs, including provision for unexpected events.⁴⁹

Remedy: Refers to the process of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Remuneration includes the ordinary, basic or minimum wage or salary and any additional emoluments whatsoever payable directly or indirectly, whether in cash or in kind, by the employer to the worker and arising out of the worker's employment (ILO 100 (1951)).

Responsible recruitment: Hiring workers lawfully, and in a fair and transparent manner that respects their dignity and human rights. This means:

- o prohibition of recruitment fees to jobseekers;
- o respect for freedom of movement;
- o respect for transparency of terms and conditions of employment;
- o respect for confidentiality and data protection
- o respect for access to remedy.⁵⁰

⁴⁵ Adapted from Copper Mark Criteria Guide (2023)

⁴⁶ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

⁴⁷ Adapted from <u>ILO Freedom of Association and Protection of the Right to Organise Convention 87 (</u>1948)

⁴⁸ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

⁴⁹ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

⁵⁰ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

Worker grievance mechanism: A procedure that provides a clear and transparent framework to address complaints in recruitment and the workplace.

Workers: Includes both directly employed *workers* that have contracts with the *Facility* and indirectly employed *workers* that regularly work at the *Facility* and that have employment contracts with a third party, such as a labour agent, labour provider or contractor/subcontractor⁵¹.

Working hour limits: The working hour limit can be exceeded only in exceptional cases as defined by the ILO and set out as follows:

- o emergency or unusual situations more than 60 hours per week may be allowed in emergency or unusual situations, described as events or circumstances that substantially disrupt production and are out of the ordinary and out of the control of the *Facility*;
- o shifts workers employed in shifts may work for more than 48 hours per week or 8 hours per day if the average number of working hours over a period of three weeks or less does not exceed these limits
- o processes to be carried out continuously the limits on working hours could be exceeded in processes that, by their nature, need to be carried out in a succession of shifts. In these cases, workers may exceed the 60-hour in a week limit provided that:
 - it is not in violation of local or national law;
 - the average number of hours per week does not exceed 60 hours a week (up to 56 regular hours with the remaining hours considered overtime up to 60 hours) and rest days are compensated for; and
 - an assessment of health and safety impacts on the workers and related safeguards to minimise and mitigate those impacts are in place.
- o ensure that overtime is voluntary and not routinely added to standard working hours, except in the case of the exceptions outlined above.

References:

- International Labour Organization (ILO) Hours of Work (Industry) Convention 1
- International Labour Organization (ILO) Weekly Rest (Industry) Convention 14
- <u>International Labour Organization (ILO) Freedom of Association and Protection of the Right to</u> Organise Convention 87
- International Labour Organization (ILO) Protection of Wages Convention 95
- International Labour Organization (ILO) Right to Organise and Collective Bargaining Convention 98
- International Labour Organization (ILO) Equal Remuneration Convention 100
- International Labour Organization (ILO) Minimum Wage Fixing Convention 131
- International Labour Organization (ILO) Holidays with Pay Convention (Revised) Convention
 132

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⁵¹ Adapted from Copper Mark Criteria Guide (2023)

Performance Area 8: Diversity, Equity, and Inclusion

Intent: Implement strategies, initiatives, and processes to promote *diversity*, *equity*, and *inclusion* in the workplace.

Other Relevant Performance Areas:

- 1 Corporate Requirements
- 5 Human Rights
- 7 Rights of Workers
- 9 Safe, Healthy, and Respectful Workplaces
- 13 Community Impacts and Benefits
- 17 Grievance Management
- 20 Climate Action

Applicability: The requirements in 8.1 are intended to be implemented and assured at the *corporate level*, however, where feasible, they may be implemented and assured at the *Facility* level. The requirements of 8.2 are intended to be implemented and assured at the *Facility* level.

LEVEL	REQUIREMENT
8.1 Governance of	Diversity, Equity, and Inclusion (Corporate Level)
Foundational	1. Publicly commit to foster a <i>diverse</i> , equitable, and inclusive workplace.
Practice	2. Assign management responsibilities and accountabilities to support diversity, equity and inclusion (DEI) commitments.
	Develop a strategy on DEI that includes objectives to improve DEI across the company's operations.
	2. Develop the strategy through engagement with a cross-section of people who bring diverse perspectives and experiences, including relevant labour or worker groups and individuals who are underrepresented in the mining industry.
Good Practice	3. Communicate the strategy to workers and, where relevant, to external stakeholders.
	4. Provide training to workers on key aspects of the strategy.
	5. Establish a process for senior management to review, update and track implementation of the strategy.
	6. Integrate DEI into relevant governance and business processes <i>and publicly disclose</i> progress.
	7. Update workers at defined intervals on the implementation of the strategy.
Leading Practice	 Commission an independent review of DEI at defined intervals based on priorities identified by management and workers and publicly disclose the results

2. Set objectives for diverse recruitment, retention, and representation among corporate leadership and *publicly disclose* progress *at defined intervals*.

LEVEL	REQUIREMENT		
8.2 Diversity, Equi	8.2 Diversity, Equity, and Inclusion Management (Facility Level)		
	1. Introduce initiatives or processes to foster a workplace culture of DEI.		
	Assign management responsibilities and accountabilities to support DEI commitments.		
Foundational Practice	3. Adopt internal communications practices to engage workers in an accessible, <i>inclusive</i> , and culturally appropriate manner.		
	Define a preliminary scope and develop methods for data collection and reporting on DEI.		
	5. Establish baseline data on relevant worker diversity metrics.		
	Conduct an <i>internal review</i> of existing processes to identify and take action to address biases or barriers to <i>diversity</i> , <i>equity</i> and <i>inclusion</i> , including in recruitment, performance management, skills development, retention, and advancement.		
	2. Inform the <i>internal review</i> of existing processes through engagement with <i>a cross-section of people who bring diverse perspectives and experiences</i> (which includes relevant labour or worker groups and individuals who are underrepresented in the mining industry).		
	3. Provide training at defined intervals to all workers on DEI in the workplace.		
Good Practice	4. Communicate to suppliers and contractors the <i>Facility's</i> processes to advance DEI and encourage them to promote DEI in their own businesses.		
	5. Inform scope and methods for data collection and reporting through engagement with a cross-section of people who bring diverse perspectives and experiences (which includes relevant labour or worker groups and individuals who are underrepresented in the mining industry).		
	6. Publicly disclose information on relevant worker diversity metrics at corporate level		
	7. Conduct ongoing <i>monitoring</i> and analysis of relevant worker diversity metrics.		

- 1. Implement processes that aim to:
 - a. Mitigate potential for bias in recruitment, performance management, skills development opportunities, retention, and advancement processes.
 - b. Provide economic, employment, and training opportunities that promote a diverse workplace.
 - c. Achieve diverse representation at leadership and other levels of the organisation and across different employment fields.
- 2. Conduct a review of physical infrastructure through a DEI lens to identify, prioritise, and implement processes to resolve barriers to inclusion and accessibility.
- 3. Inform the review of physical infrastructure through engagement with *a* cross-section of people who bring diverse perspectives and experiences.

Leading Practice

- 4. *Collaborate* with industry peers and/or relevant associations, organisations, and multistakeholder initiatives to identify and address systemic barriers to DEI across the industry.
- 5. Establish objectives for diverse, equitable, and inclusive recruitment, retention, and representation, in *collaboration* with *a cross-section of people who bring diverse perspectives and experiences*. When establishing objectives include:
 - a. Action plans to achieve performance objectives.
 - b. Communicate progress towards performance objectives through both internal and public reporting.
- 6. Conduct an *internal review of effectiveness at defined intervals* of the *Facility's* policies and practices related to *diversity*, equity, and inclusion.
 - a. Conduct the *internal review of effectiveness* in *collaboration* with a cross-section of people who bring diverse perspectives and experiences.
 - b. Disclose the results of the *internal review of effectiveness* at the corporate level

Glossary and Interpretive Guidance

Baseline data: A description of existing conditions (or those that existed at a defined point in time) to provide a starting point (e.g. pre-project condition) against which comparisons can be made (e.g. post-impact condition), allowing the change to be quantified.

Diversity: *Diversity* in the workplace refers to the similarities and differences that exist between people and that can impact employment and business opportunities and outcomes. *Diversity* refers not only to similarities and differences linked to personal characteristics but also similarities and differences such as values, workstyles, caring responsibilities, hierarchical levels and work roles. Each person has multiple groups they identify with which can change over time, potentially influencing and shifting their employment opportunities and outcomes.⁵²

⁵² Adapted from <u>ILO Report Transforming enterprises through diversity and inclusion (</u>2022)

Equity: Where everyone is treated according to their diverse needs in a way that enables all people to participate, perform, and engage to the same extent.⁵³

Inclusion: The experience people have in the workplace and the extent to which they feel valued for who they are, the skills and experience they bring and the extent to which they have a strong sense of belonging with others at work. A person's feeling of inclusion at work is related to their identity, their own behaviour and that of others and the environment they are in.⁵⁴

Engage with a cross-section of people who bring diverse perspectives and experiences When implementing requirements, companies should engage people with a wide range of perspectives and experiences. This includes individuals from relevant labour or worker groups, and a particular focus on individuals from groups that tend to be underrepresented in the mining industry. Engagement with external communities of interest is of particular importance if a Facility's internal worker base includes a limited number of individuals from underrepresented groups. Efforts should also be made to involve people from a variety of business areas (e.g., procurement, finance). A Facility should plan inclusive and accessible feedback and engagement processes that provide opportunities for all people, particularly individuals belonging to underrepresented groups or populations that could be at heightened risk of vulnerability or marginalisation. While not all individuals or groups will participate in these processes, the Facility should demonstrate that these engagement opportunities are available.



N/A

⁵³ Adapted from <u>Canadian Centre for Diversity and Inclusion</u> (no date)

⁵⁴ Adapted from ILO Report Transforming enterprises through diversity and inclusion (2022)

Performance Area 9: Safe, Healthy and Respectful Workplaces

Intent: Protect, promote, and sustain the physical and psychological health and safety of workers by implementing a system to prevent and mitigate health and safety risks, with the goal of eliminating fatalities, preventing occupational injuries, illness and disease, and to foster care and respect within a positive health and safety culture. *These* requirements *are aligned with ILO Conventions 155, 187 and 176.*

Other Relevant Performance Areas:

- 5 Human Rights
- 7 Rights of Workers
- 8 Diversity, Equity and Inclusion
- 10 Emergency Preparedness and Response
- 17 Grievance Management
- 21 Tailings Management
- 22 Pollution Prevention

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT
9.1 Health and Safe	ty Management
	1. Publicly commit to safe, healthy and respectful workplaces that are free from psychological harm, including <i>bullying</i> , <i>harassment</i> , <i>discrimination</i> and violence, including <i>gender-based violence</i> .
	2. Establish accountabilities for safe, healthy, and respectful workplaces.
	3. Identify health and safety risks and hazards and adopt risk controls.
Foundational Practice	4. Identify the <i>Facility's</i> most common tasks and associated risks and based on those risks, document standard operating procedures and safe work practices for those tasks.
	5. Establish mechanisms or pathways for workers to report health and safety-related queries, concerns, issues and/or incidents.
	6. Provide workers, and require contractors to provide, at no cost, with onsite access to appropriate personal protective equipment, basic first-aid, work-related medical assistance and clean and safe water, sanitation and hygiene facilities that are gender-appropriate.
Good Practice	Demonstrate that management and worker accountabilities and responsibilities are understood at all levels within the Facility.

	 Implement and maintain (a) health and safety management system(s) to prevent and mitigate health and safety risks that incorporate(s): Hazard identification, risk assessment and control processes in line with the health and safety controls hierarchy. Critical controls. An industrial hygiene programme, including ergonomics, with risks and controls reviewed by a qualified hygienist. Workplace inspections. Incident reporting, investigation with root cause analysis and follow-up. Improvement plan developed and implemented for critical controls found to have a marginal or weak level of effectiveness. Maintenance of health and safety records.
Leading Practice	Complete an independent review <i>at defined intervals</i> to confirm that controls are in place, functioning, working effectively, differentiate between critical and other controls and identify opportunities for continuous improvement.
	Establish oversight of the <i>industrial hygiene</i> programme by a <i>qualified</i> hygienist.

LEVEL	REQUIREMENT
9.2 Psychological	Safety & Respectful Workplaces
Foundational Practice	1. Establish, or integrate into existing mechanisms, the ability for workers to report incidents related to <i>psychological safety</i> and respect.
Good Practice	1. Integrate <i>psychological safety</i> and respectful behaviour into existing policies and processes.
	Develop and implement programmes to promote and encourage health and wellbeing, including mental health and a healthy lifestyle.
	3. Communicate the policies and processes to promote <i>psychological safety</i> and respectful behaviour to workers.
	4. Communicate the policies and processes to promote <i>psychological safety</i> and respect to key contracting companies.
	 Develop and implement trauma-informed processes to report and respond to incidents of disrespectful, psychologically unsafe, or harmful behaviour in the workplace. These include: a. Training and resources to support informal incident resolution among

	co-workers, with the aim of fostering a workplace culture of continual improvement and learning related to <i>psychological safety</i> and respect. b. A prompt, confidential, and impartial mechanism for reporting and responding to concerns, complaints, and suggestions that require support or investigation beyond informal incident resolution processes.
	6. Develop a programme to provide access to assistance to support worker mental health.
Leading Practice	Collaborate with workers, experts and relevant external stakeholders to review trauma-informed reporting and response processes and, if appropriate, adjust processes.
	 Establish performance objectives and/or targets, or apply performance objectives and/or targets set at the corporate level, related to psychological safety and respect. These include: a. Action plans developed to achieve performance objectives. b. Demonstration of progress towards performance objectives and internal reporting on this progress.
	3. Improve physical and <i>psychological safety</i> , respect, and accessibility in workplace design processes and evaluate existing workplaces to identify related risks.
	4. Integrate the principles of <i>psychological safety</i> and respect into procurement processes and contractor relationships.
	5. Complete an <i>independent review of effectiveness</i> of programmes to promote <i>psychological safety</i> and respect and identify opportunities for continual improvement.
	6. Collaborate with local communities from which the Facility's workforce is drawn to promote and support psychological safety and respect.

LEVEL	REQUIREMENT
9.3 Training, Behaviour and Culture	
Foundational	Provide basic training on safety and health hazards and risks and maintain training records.
Foundational Practice	2. Provide basic training on <i>psychological safety</i> , respectful behaviour, identification of <i>psychosocial hazards</i> , and assessment of psychosocial risks, and maintain training records.

Good Practice	 Establish safe, healthy, and respectful workplace training and awareness programmes that are delivered by trainers and include: a. Assessments of the competency of trainers. b. Training needs analysis, including consideration of required skills and competencies. c. Post-training competency assessments. d. Maintenance of training records. e. Processes to conduct an <i>internal review of effectiveness</i> of training programmes. f. Orientation for visitors that covers behavioural expectations and how to flag safety concerns.
	2. Incorporate hazard identification and controls, including for both physical and <i>psychosocial hazards</i> , in training and awareness programmes, with a focus on preventative and proactive measures that encourage safe, healthy and respectful behaviour.
	3. Establish mechanism(s) for the participation of workers in hazard identification, in risk assessment and determination of controls, and in setting health, safety, and respectful workplace objectives.
	Demonstrate that the <i>commitment</i> to safe, healthy, and respectful workplaces is embedded throughout the <i>Facility</i> .
Leading Practice	2. Demonstrate that the <i>Facility</i> management exhibit leadership reflective of the <i>commitment</i> to safe, healthy, and respectful behaviour and culture in interactions with workers.
	3. Complete an <i>independent review of effectiveness</i> of health and safety training programmes <i>at defined intervals</i> .

LEVEL	REQUIREMENT	
9.4 Monitoring, Performance and Reporting		
Foundational Practice	Establish physical safety and health performance objectives and/or targets for workers.	
	2. Communicate objectives and/or targets to workers by reporting or posting them within the <i>Facility</i> .	

Good Practice	 Monitor and report internally on management of physical and psychological safety and health, through: a. Performance metrics to analyse trends for informing decisions and guiding continuous improvement. b. Monitoring and analysis of data on the number and types of reported issues related to psychological safety and respectful behaviour while respecting relevant regulatory protections for the protection of personal information. c. Tracking and internal reporting of leading and lagging indicators for safety and health and industrial hygiene inspections. d. Monitoring health surveillance, injury and illness claims data, incident investigation and follow-up. e. Monitoring and analysing data on the number and types of reported issues related to industrial hygiene. f. Communicating the results of workplace monitoring, inspection and follow-up actions within the Facility. 2. Publicly disclose physical and psychological safety and health performance A property of the property of	
	at least annually.3. Include both leading and lagging indicators in established objectives and/or targets.	
	4. Conduct an <i>internal review</i> of physical and <i>psychological safety</i> and health performance to support continual improvement on a defined interval.	
	5. Record zero fatalities in the reporting year.	
	6. If a fatality has occurred, conduct an investigation and implement actions to mitigate root causes and contributing factors.	
Leading Practice	1. Meet continual improvement performance targets at the <i>Facility</i> in at least three of the last four years and maintain a fatality-free workplace over the entire preceding four-year period.	
	2. Complete an independent <i>audit</i> of physical, psychological safety and health performance at least every three years and establish and track an action plan to address identified opportunities for improvement.	

Glossary and Interpretive Guidance

Demonstrate management and worker accountabilities and responsibilities are understood at all levels

- During an assurance process, assurance providers will conduct a series of interviews with a defined number of workers. During such interviews, the assurance provider should test that individuals understand any accountabilities and responsibilities that apply to them.

Gender-based violence: Violence and *harassment* directed at persons because of their sex or gender or affecting persons of a particular sex or gender disproportionately, and includes sexual *harassment*.⁵⁵

Hazardous work: *Hazardous work* is any work that puts a worker's physical or psychological well-being at risk because of the nature of the work or the conditions under which it is carried out.

Industrial hygiene: Industrial hygiene is the discipline of anticipating, recognising, evaluating, and controlling workplace conditions that could cause illness or injury to workers or that could impact the surrounding community and environment

Industrial hygiene program: An *industrial hygiene* programme includes:

- o anticipation of potential exposures arising from workplace activities and environmental conditions (e.g., purchasing and use of hazardous substances);
- o identification of exposures by qualitative means (e.g., a walk through survey, worker interview, visual observations);
- o evaluation of identified exposures by monitoring of contaminants;
- o controlling at or below regulatory exposure standards based on a hierarchy of control;
- o evaluation of the effectiveness of controls in reducing or eliminating exposures. 56

On-site contractors: This refers to contractors and their employees who perform tasks within the boundary of the *Facility*.

Psychosocial risks and hazards:

- o *Psychosocial risk factor*: Hazards including elements of the work environment, management, practices, and/or organisational dimensions that increase the risk to health.⁵⁷
- o *Psychosocial hazard*: Factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.⁵⁸

Psychological safety: Feeling safe to take interpersonal risks, to speak up, to disagree openly, to surface concerns without fear of negative repercussions or pressure to sugarcoat bad news⁵⁹.

Qualified hygienist - A qualified hygienist is a person who is qualified based on knowledge, training and/or experience in accordance with recognised credentialing organizations such as the Certified Industrial Hygienist Credential provide by the Board for Global EHS Credentialing or nationally equivalent professional organisations.

Reporting year - For the purposes of this requirement, the 'reporting year' should be defined as the period since the Facility's last published self-assessed or externally assured results, to ensure that all fatalities are captured on a year-to-year basis. This means that the 'reporting year' could be greater than twelve months, depending on when in the calendar year the previous assessment took place.

Trauma-informed process: Emphasising physical, psychological, and emotional safety for impacted individuals and groups, and others involved in responding to issues raised through informal and formal response mechanisms. *Trauma-informed processes* are grounded in an understanding of and

⁵⁵ Adapted from <u>ILO Violence and Harassment Convention</u> (2019)

⁵⁶ Adapted from <u>TSM Safe, Healthy and Respectful Workplaces Protocol</u> (2023)

⁵⁷ Adapted from <u>TSM Safe, Healthy and Respectful Workplaces Protocol</u> (2023)

⁵⁸ Adapted from <u>TSM Safe, Healthy and Respectful Workplaces Protocol</u> (2023)

 $^{^{59}}$ Coined by Dr Amy Edmondsen in 1999 $\underline{\text{What is psychological safety}}?$

responsiveness to the impact of trauma. They emphasis physical, psychological, and emotional safety for everyone, and create opportunities for survivors to rebuild a sense of control and empowerment.⁶⁰

Wellness: Worker *wellness* or well-being relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organisation.⁶¹

Zero fatalities (re 9.4 G5): Facilities that have experienced an occupational fatality within the reporting year are not eligible for the Good Practice Level in 9.4 Monitoring, Performance and Reporting. An occupational fatality is defined as the death of an employee, contractor or visitor because of a work-related incident arising from an activity under management control. If a fatality is counted within a Facility's safety statistics, it should also count for this requirement.

References:

- International Labour Organization (ILO) Occupational Safety and Health Convention 155
- International Labour Organization (ILO) Promotional Framework for Occupational Safety and Health Convention 187
- International Labour Organization (ILO) Safety and Health in Mines Convention 176
- International Labour Organization (ILO) Violence and Harassment Convention 190

⁶⁰ Adapted from <u>Government of British Columbia Guide on Trauma-Informed Practice (TIP) – Resources</u> (2020)

⁶¹ Adapted from ILO Workplace Well-Being (2009)

Performance Area 10: Emergency Preparedness and Response

Intent: Protect the health and safety of workers and those at risk, including communities and the environment in the event of an emergency, by implementing a system to manage emergency responses.

Other Relevant Performance Areas:

- 1 Corporate Requirements
- 7 Rights of Workers
- 9 Safe, Healthy and Respectful Workplaces
- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 21 Tailings Management
- 22 Pollution Prevention

Applicability: This Performance Area is applicable to all facilities. It focuses on emergency planning at the *Facility* level and is directly connected to corporate-level crisis planning which is covered in section 1.5 Crisis Management and Communications in Performance Area 1: Corporate Requirements.

LEVEL	REQUIREMENT		
10.1 Emergency P	reparedness and Response Planning		
	Identify credible potential emergency scenarios and their potential to escalate into a crisis. These could include but are not limited to operational disruptions and failures, natural hazards, conflict and civil disturbance, and public health crises.		
Foundational	 Conduct an emergency response capability assessment of both internal and external resources, on a defined interval and based on identified scenarios, to address any identified gaps, including resources and equipment. 		
Foundational Practice	3. Develop Emergency and Crisis Preparedness and Response Plan(s) that address identified scenarios to avoid and minimise loss of life, injuries and impacts on the health and safety of workers, communities, the environment and property.		
	4. Establish <i>Facility</i> emergency and crisis response team with defined roles, responsibilities, reporting structures, including with the corporate crisis team, and familiarise new members with their roles and responsibilities within two months of being assigned responsibilities.		
	Establish and implement a needs-based training program to ensure emergency response team members have the necessary training to perform their responsibilities in the EPRP effectively.		
	Test notification mechanisms that activate emergency and crisis response teams at least twice per year.		

	3.	Establish mechanisms to coordinate with the corporate crisis response team in the event that an emergency escalates into a crisis.
Good Practice	4.	Establish <i>emergency control</i> facilities and crisis response facilities.
	5.	Establish worker training programmes that maintain familiarity with emergency and crisis procedures.
	6.	Based on identified potential emergency scenarios, identify and <i>engage with</i> potentially affected communities to determine whether and how they want to collaborate on community-focused aspects of the EPRP and then collaborate with them based on the outcomes of that engagement.
	7.	Establish mechanisms that maintain effective and up-to-date communications with workers, communities and key <i>stakeholders</i> that could include public sector agencies, local first responder agencies, local authorities and media during an emergency.
	8.	Test notification mechanism to alert workers to an emergency at least once per year.
	9.	Test mechanisms to maintain communications with communities and key stakeholders at a frequency determined collaboratively with relevant communities and key stakeholders.
	10.	Meet with senior members of the local first responder agencies (where they exist) at least annually or when there is a change of personnel to maintain emergency response coordination and alignment with local emergency response capabilities.
	11.	 Conduct an internal review and update emergency and crisis plans: a. when there is a change of personnel of those associated with implementation of the plan to update contact details, b. after either plan has been activated, as part of a post-incident impact assessment, c. when there is a material change to the identified emergency or crisis scenarios, and/or, d. at least every two years.
	12.	Conduct a <i>table-top simulation</i> with the emergency and crisis response teams, at least annually.
	13.	Conduct a full crisis simulation based on a potential <i>Facility</i> -level emergency, at least every three years, and involve key <i>stakeholders</i> as appropriate.
	1.	Conduct a full crisis simulation exercise every two years.
Leading Practice	2.	Update the <i>Emergency and Crisis Preparedness and Response Plan</i> at least every year and incorporate improvements or changes based on the simulations.

Glossary and Interpretive Guidance

Credible Emergency Scenarios: Emergency scenarios identified through a risk assessment process that consider the individual characteristics of each Facility. Scenarios are likely to include natural hazards and hazards associated with the configuration of the Facility design and require more detailed emergency planning given their higher likelihood of occurring and unique response requirements.

Emergency control: A function activated during an incident that acts as a communications conduit to the public and emergency personnel in the field.

Emergency Control Facility: A virtual and/or physical *Facility* that is activated during an emergency incident that acts as a communications conduit between emergency response team members, emergency personnel in the field, corporate crisis response team and external stakeholders, including affected communities and regulators.

Emergency Preparedness and Response Plan (EPRP)

- o *Emergency Preparedness*: A set of measures undertaken to anticipate and prepare for emergencies and improve responsiveness to prevent or mitigate impacts of emergencies on workers and communities.⁶²
- o *Emergency Response Plan*: A set of written procedures for dealing with emergencies that minimise the impact of the event and facilitate recovery from the event.⁶³

Table-top Simulation: An exercise that brings together the emergency response team at a *Facility* and presents them with a hypothetical scenario during which they are required to work as a team to determine how they would respond to the emergency elements presented in the scenario. Typically, a scenario will include several escalations that increase the challenge presented at each step in the simulation.

Engage with potentially affected communities: The aim of engagement with communities is to include them in the design of response mechanisms for scenarios that have potential implications for them and to include them in the testing of response plans. The overarching aim is to provide confidence to communities that, in the event of an emergency, their safety and security is protected.

Review and update emergency and crisis plans: Internally reviewing and updating the EPRP is intended to ensure that it continues to reflect current risks at the Facility. This exercise can be as simple as updating key contact details for emergency response team members but could also be more involved if the physical layout of the Facility has changed due to new infrastructure or other changes. The plan could also need an update based on a review of the credible scenarios if they have changed since the last update.

Emergency vs crisis: See definition of Crisis in Performance Area 1: Corporate Requirements.

Emergency control facilities and crisis response facilities: A crisis control Facility includes a combination of both physical and virtual facilities that enable an organisation to keep lines of communication open during crisis events. Communications channels will include communications between crisis team members and between the crisis team and emergency responders as required. This is different from emergency control facilities which focus more on facilitating communications between emergency responders, such as an emergency dispatcher.

Local crisis management team (LCMT) and emergency response team: In addition to its existing operation emergency response services, each Facility should have a local crisis management team (LCMT) in place, which would supersede the emergency response services should an emergency

⁶² Adapted from Copper Mark Criteria Guide (2023)

⁶³ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

escalate to a crisis. The LCMT would be responsible for the on-site management of a crisis and for direct communication with the Corporate Crisis Management Team (CCMT). The composition, roles and responsibilities of the LCMT should be specific to that operation, but complementary to the CCMT (see PA 1 Corporate Requirements).

References:

N/A



Performance Area 11: Security Management

Intent: Implement the Voluntary Principles on Security and Human Rights to prevent, mitigate and if necessary, *remedy* human rights risks and impacts associated with the provision of security at the *Facility*.

Other Relevant Performance Areas:

- 3 Responsible Supply Chains
- 5 Human Rights
- 12 Stakeholder Engagement
- 16 Artisanal and Small-Scale Mining
- 17 Grievance Management

Applicability: Where the *Facility* has assessed that there is no risk to human rights from the provision of security this Performance Area is not applicable.

LEVEL	REQUIREMENT		
11.1 Security Man	agement		
	 Publicly commit to implementing the Voluntary Principles on Security and Human Rights (VPSHR) and to not to support, either directly or indirectly, non-state armed groups, or security forces who illegally control mining facilities. 		
Foundational	2. Conduct a security risk assessment.		
Practice	3. Assess the ability of security providers, either private or public, to operate in line with the VPSHR.		
	4. Promptly inform the appropriate authorities of credible security-related human rights incidents or allegations, exercising discretion where appropriate, and monitor any associated investigations where possible.		
	1. Establish and implement practices consistent with the VPSHR.		
Good Practice	2. If the Facility's security is provided by a public security provider, consistent with the VPSHR, communicate policies regarding ethical conduct and human rights to public security providers, and urge that security be provided in a manner consistent with those policies.		
	3. Identify and mitigate human rights risks and impacts associated with the provision of security, paying special attention to vulnerable groups including human rights defenders.		
	4. Where the <i>Facility</i> has caused or contributed to security-related human rights impacts, provide a <i>remedy</i> in line with the UNGPs. (see Performance Area 5: Human Rights).		

	5. Communicate, using easily accessible methods and channels, security arrangements to workers, <i>business partners</i> and local communities.
	6. Provide security-related human rights training to relevant staff and to security providers, at defined intervals.
	7. Encourage <i>private security providers</i> to implement the International Code of Conduct for <i>Private Security Providers</i> .
	8. Conduct an <i>internal review of effectiveness</i> of the implementation of the VPSHR <i>at defined intervals.</i>
	Communicate to local <i>stakeholders</i> the standards and conduct to which the <i>Facility</i> 's security personnel are expected to conform.
Leading Practice	If the Facility's security is provided by a public security provider, establish a memorandum of understanding (MOU) with the government to provide security consistent with the VPSHR.
	Complete an <i>independent review of effectiveness</i> of the implementation of VPSHR at defined intervals.
	4. Require <i>private security providers</i> to implement the International Code of Conduct for <i>Private Security Providers</i> .

Glossary and Interpretive Guidance

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a Facility's operations, actions and decisions. (See also 'Stakeholders'.)

Private security providers: Outsourced or contracted security providers. These typically refer to private security guard forces or "private security companies" (PSCs) and are private businesses⁶⁴.

Public security providers: Security providers that represent the host government. These are commonly the police and armed forces⁶⁵.

Remedy: Refers to the process of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Security risk assessment: A risk assessment that identifies, analyses and evaluates the potential impacts and uncertainties of a *Facility*'s security arrangements in a way that respects human rights and humanitarian law. .⁶⁶

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related

⁶⁴ Adapted from <u>Voluntary Principles on Security and Human Rights Implementation Guidance Tools</u> (2021)

⁶⁵ Adapted from Voluntary Principles on Security and Human Rights Implementation Guidance Tools (2021)

⁶⁶ Source: Adapted from the Voluntary Principles on Security and Human Rights Implementation Guidance Tools (IGT)

to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

References:

- International Code of Conduct for Private Security Service Providers' Association (ICoCA)
- United Nations (UN) Guiding Principles on Business and Human Rights
- <u>Voluntary Principles on Security and Human Rights</u>
- Voluntary Principles on Security and Human Rights Implementation Guidance Tools (IGT)
- ICMM Human Rights Due Diligence Guidance



Performance Area 12: Stakeholder Engagement

Intent: Implement an inclusive and effective stakeholder engagement process to enable early and ongoing participation of *Facility*-level *stakeholders* and *rights-holders* in decisions that affect them.

Other Relevant Performance Areas:

- 1 Corporate Requirements
- 4 New Projects, Expansions and Resettlements
- 5 Human Rights
- 7 Rights of Workers
- 10 Emergency Preparedness and Response
- 13 Community Impacts and Benefits
- 14 Indigenous Peoples
- 15 Cultural Heritage
- 16 Artisanal and Small-Scale Mining
- 17 Grievance Management
- 21 Tailings Management
- 24 Closure

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT		
12.1 Stakeholder	Identification and Engagement		
	Publicly commit to meaningful and transparent engagement with local stakeholders and rights-holders and communicate this commitment locally.		
	2. Identify and map the <i>stakeholders</i> and <i>rights-holders</i> , and their legitimate representatives, that are directly and indirectly affected, potentially affected by, or that have an interest in the <i>Facility</i> 's activities, including women, vulnerable and/or underrepresented groups.		
Foundational Practice	3. Engage potentially impacted <i>stakeholders</i> and <i>rights-holders</i> on processes and decisions that affect their health, well-being, safety, livelihoods, communities, lands, environment and other rights and interests. Hold separate engagements with women, underrepresented and vulnerable groups where appropriate.		
	4. Communicate meaningful information and provide materials to stakeholders and rights-holders in a timely manner and in ways that are accessible, understandable and culturally appropriate.		
Good Practice	Establish meaningful stakeholder engagement processes in <i>collaboration</i> with <i>stakeholders and rights-holders</i> , considering convenience, accessibility and gender and cultural appropriateness.		

- 2. Develop a stakeholder engagement plan, informed by input from *stakeholders and rights-holders*, aimed at building trusting relationships between the *Facility* and its *stakeholders* and rights-holders and informing how the *Facility* is managed.
- 3. Review and update the stakeholder map and stakeholder engagement plan at defined intervals, and at a minimum every 12 months.
- 4. Review feedback from stakeholder engagement activities with the *Facility*'s senior management *at defined intervals*.
- 5. Provide engagement and dialogue training to workers who interact with external *stakeholders and rights-holders*, including community-informed cultural awareness training.
- 6. Make available at defined intervals a summary of stakeholder engagement activities and feedback in a way that is accessible to local stakeholders and rights-holders, including the types of engagement and topics/themes of the engagement.
- 7. Support the capacity of *stakeholders and rights-holders* to engage in effective participation, consultation and dialogue processes, where appropriate.
- 8. Conduct an *internal review of effectiveness* of the stakeholder identification and engagement processes and outcomes in *collaboration* with *stakeholders and rights-holders at defined intervals.*
- 1. Establish processes that facilitate the co-design and/or joint decision-making on the *Facility's* activities that directly impact *stakeholders* and *rights-holders*.

Leading Practice

- 2. Engage *stakeholders* and rights-holders on broader *Facility*-related topics such as strategy, procurement and hiring plans, risks and opportunities.
- 3. Complete an *independent review of effectiveness* of the stakeholder engagement processes in *collaboration* with *stakeholders and rights-holders* at defined intervals.

Glossary and Interpretive Guidance

Meaningful engagement: A process of mutual dialogue whereby the Facility has an obligation to consult and listen to stakeholder perspectives and integrate consideration of those perspectives into their business decisions. Meaningful engagement involves measures to overcome structural and practical barriers to the participation of diverse and vulnerable groups of people, such as Indigenous Peoples. Meaningful engagement should be conducted in good faith on an equitable basis and consider strategies for addressing barriers based on the context and the stakeholders involved, and

could include, for example, logistics and other support to enable participation. Preconditions to *meaningful engagement* include access to material information that can be reasonably understood; a structure that enables transparent communication; and accountability for engagement processes and outcomes.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are *rights-holders* under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples. ⁶⁷

Significant adverse impacts: The significance of an adverse impact is understood as a function of its likelihood and severity. Severity of impacts will be judged by their scale, scope and irremediable character. Scale refers to the gravity of the adverse impact. Scope concerns the reach of the impact, for example the number of individuals that are or will be affected or the extent of environmental damage. Irremediable character means any limits on the ability to restore the individuals or environment affected to a situation equivalent to their situation before the adverse impact.⁶⁸

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.⁶⁹

Vulnerable and underrepresented stakeholders and rights-holders: Groups that are characterised by their higher risk and reduced ability to cope with *adverse impacts*. Such vulnerability could be based on socio-economic conditions, such as sex, gender, age, disability, ethnicity, indigeneity, religion, historical exclusion or marginalisation or other criteria that influence people's ability to access resources and development opportunities.⁷⁰

References:

N/A

⁶⁷ Adapted from <u>ICMM Human Rights Due Diligence Guide</u> (2023)

⁶⁸ Adapted from <u>OECD Due Diligence Guidance for Responsible Business Conduct</u> (2018)

⁶⁹ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

⁷⁰ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

Performance Area 13: Community Impacts and Benefits

Intent: Engage communities to identify and address community impacts and contribute to the economic and social benefits of affected communities by identifying their development priorities and supporting lasting social and economic wellbeing.

Other Relevant Performance Areas:

- 4 New Projects, Expansions and Resettlement
- 5 Human Rights
- 10 Emergency Preparedness and Response
- 12 Stakeholder Engagement
- 14 Cultural Heritage
- 15 Indigenous Peoples
- 16 Artisanal and Small-Scale Mining
- 17 Grievance Management
- 18 Water Stewardship
- 19 Biodiversity, Ecosystem Services and Nature
- 21 Tailings Management
- 22 Pollution Prevention

Applicability: The requirements for identifying and addressing social (and environmental) impacts and opportunities for new projects and expansions are covered separately in Performance Area 4: New Projects, Expansions and Resettlement. Section 13.1 of this Performance Area is focused on the management of *adverse impacts* and is applicable to <u>existing operations</u>. Section 13.2 of this Performance Area is focused on *community development* and benefits (i.e., positive impacts) and is applicable to <u>both new and existing operations</u>.

LEVEL	REQUIREMENT		
13.1 Identify and A	Address Community Impacts		
Foundational Practice	1. Identify potential <i>adverse risks and impacts</i> related to the <i>Facility's</i> activities that directly affect stakeholders and rights-holders.		
	2. Implement measures to prevent or mitigate identified <i>adverse risks and impacts</i> , using the mitigation hierarchy.		
	3. Monitor <i>adverse impact</i> s and progress of mitigation measures.		
Good Practice	1. Engage with <i>affected stakeholders</i> and <i>rights-holders</i> on the identification and prioritisation of potential and actual <i>adverse impacts</i> related to the <i>Facility</i> 's activities, including potential social, human rights, environmental, and community safety and health related <i>adverse impacts</i> .		
	2. Facilitate and encourage the participation of women, vulnerable and underrepresented <i>stakeholders</i> and <i>rights-holders</i> in the assessment of impacts and consider how these groups, and others, could be differentially impacted by the <i>Facility's</i> activities.		

	im	evelop and implement action plans to avoid or mitigate prioritised npacts in consultation with impacted <i>stakeholders</i> and <i>rights-holders</i> , and here appropriate, government authorities.
		onitor the progress and effectiveness of the implementation of impact itigation action plans.
Leading Practice	in	ollaborate with relevant stakeholders and rights-holders to complete an dependent review of effectiveness of the Facility's impact mitigation ctions.
		ollaborate with relevant stakeholders and rights-holders to conduct onitoring of the Facility's impact mitigation actions.
	m	ork with relevant <i>stakeholders</i> and <i>rights-holders</i> to strengthen decisionaking and organisational capacity to manage ongoing impact mitigation organs after the productive life of the <i>Facility</i> .

LEVEL	REQUIREMENT		
13.2 Community [Development and Benefits		
	Publicly disclose the Facility's commitment to contribute to local community, social and economic development.		
Foundational	2. Compile data on socio-economic development in the <i>area of influence</i> of the <i>Facility</i> to inform monitoring of progress <i>at defined intervals.</i>		
Practice	3. Provide local people with access to job opportunities.		
	Provide local enterprises with access to procurement and contracting opportunities.		
	5. Develop a community investment programme.		
	Conduct an <i>internal review</i> of the opportunities to increase positive social and economic development impact in the <i>area of influence</i> .		
Good Practice	2. Engage local community leaders and representatives, including women, vulnerable and under-represented groups, and local authorities, to identify and prioritise opportunities for <i>community development</i> , and implement priority actions.		
	Establish partnerships with governments, local civil society and other development actors where appropriate to progress the Facility's contribution to socio-economic development.		

4. Develop programmes that support increased levels of *local procurement* and employment. 5. Support *local employment* through skills development, including through training and apprenticeship programmes. 6. Encourage the Facility's contractors and suppliers to increase local procurement and employment. 7. Establish objectives and/or targets related to community development, local employment and local procurement, and review progress at defined intervals. 8. Monitor and demonstrate progress at defined intervals against objectives and/or targets. 9. Publicly disclose relevant information related to community development contribution, *local procurement* and *local employment* at the *Facility* level. 1. Engage community representatives in decision-making processes related to the Facility's contributions to community development, local procurement and local employment programmes. 2. Provide capacity-building and technical assistance to local community institutions and engage local businesses to improve their capabilities to participate in local economic opportunities, if required. Provide professional development and/or vocational opportunities, liaising with relevant educational institutions. **Leading Practice** 4. Collaborate with local communities and other stakeholders and rightsholders, including local government, to monitor progress and conduct a review of the effectiveness of community development programmes, initiatives and/or partnerships. 5. Incorporate opportunities to contribute to community development that create benefits beyond the productive life of the Facility into long-term investment decisions and/or closure plans.

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a Facility's operations, actions and decisions. (See also 'Stakeholders'.)

Area of influence: Encompasses, as appropriate, areas likely to be affected by:

- a) a Facility's current activities and operations and predictable developments that could occur later, and/or indirect project impacts on biodiversity or ecosystem services upon which affected communities' livelihoods are dependent;
- b) associated facilities, not controlled by the *Facility* but that would not have otherwise been constructed or expanded and without which the *Facility*'s activities would not be viable.⁷¹

Community development: Process whereby people increase the strength and effectiveness of leadership and governance in their communities, improve their quality of life, enhance their participation in decision making, create more opportunities for economic advancement and achieve greater long-term control over their lives. Companies can support community development by providing employment and training opportunities, investing in community programmes, donating to local causes, providing local procurement opportunities, and building the capacity of local businesses to provide goods or services to the company.⁷²

Contractor: An individual or organisation that is indirectly employed by the *Facility* via a contract/sub-contract or labour agent/provider.

Local procurement: Enabling access by local enterprises to procurement and contracting opportunities across the project life cycle (both directly and through encouraging larger contractors and suppliers to do so), and by supporting initiatives to enhance economic opportunities for local communities.⁷³

Relevant Information: When a *Facility* publicly reports *relevant information*, reported information should include relevant data as well as the results of any relevant analysis and contextualisation.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

Supplier: An entity in the supply chain that supplies products or services that contribute to the *Facility's* own operations, products or services.

References:

• ICMM Social and Economic Reporting: Framework and Guidance (2022)

⁷¹ Adapted from <u>IFC Performance Standard 1 Guidance Note</u> (2012)

⁷² Adapted from Copper Mark Criteria Guide (2023)

⁷³ Adapted from <u>ICMM Support Local Economic Opportunities</u> (no date)

Performance Area 14: Indigenous Peoples

Intent: Respect *Indigenous Peoples*' rights by developing inclusive engagement processes and conducting human rights due diligence guided by the principles of Free, Prior, and Informed Consent (FPIC) and obtaining agreement with affected Indigenous Peoples that demonstrates their consent to anticipated impacts to their land or other rights.

Other Relevant Performance Areas:

- 4 New Projects, Expansions and Resettlement
- 5 Human Rights
- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 15 Cultural Heritage
- 17 Grievance Management

Applicability: This Performance Area outlines requirements specific to *Indigenous Peoples* and applies in situations where *Indigenous Peoples* are present.

LEVEL	REQUIREMENT		
14.1 Managing Engagement, Impacts and Opportunities with Indigenous Peoples			
Foundational Practice	1. Publicly commit to respect <i>Indigenous Peoples</i> ' rights where the <i>Facility's</i> activities impact assets or traditional land, territories and resources, in line with the principles set out in the UN Declaration on the Rights of <i>Indigenous Peoples</i> (UNDRIP). Communicate this <i>commitment</i> to <i>Indigenous Peoples</i> and to other <i>stakeholders</i> and <i>rights-holders</i> .		
	2. Engage with <i>Indigenous Peoples</i> to understand what is important to them, including how their rights could be impacted and how to avoid infringing on their rights.		
	3. Establish and document engagement and consultation processes with potentially affected <i>Indigenous Peoples</i> that support an informed understanding of the risks, potential impacts and benefits of the <i>Facility's</i> activities and enable the meaningful participation of <i>Indigenous Peoples</i> in decisions that could impact them.		
	4. Provide cultural awareness training including the history, traditions, and rights of <i>Indigenous Peoples</i> for workers who interact with, or make decisions that impact, <i>Indigenous Peoples</i> .		
Good Practice	Define appropriate engagement and decision-making processes with potentially affected Indigenous Peoples and appropriate State authorities (as relevant) to enable Indigenous Peoples' meaningful engagement in human rights due diligence processes and in good faith negotiations of agreements. Engagement processes should be culturally appropriate,		

inclusive, and carried out through existing procedures, protocols, and governance structures of potentially affected *Indigenous Peoples*.

Engagement processes should also recognise the unique risks and impacts on people in vulnerable situations, including women and girls, elders, *Indigenous Peoples* in voluntary isolation or initial contact, Mobile Indigenous Peoples and others in vulnerable situations. Engagement should be inclusive and enable the equitable participation of Indigenous women and people in vulnerable situations and fully consider impacts on them such that further vulnerabilities are not caused or exacerbated by projects.

- 2. Carry out due diligence to identify, prevent, mitigate and account for possible *adverse impacts* on *Indigenous Peoples*' rights. The process should respect *Indigenous Peoples*' right to participate in decision-making on matters that affect them and be guided by the principles of FPIC. Due diligence should be ongoing recognising that the risks to *Indigenous Peoples*' rights could change over time as a *Facility*'s operations and/or operating context changes.
- 3. Implement mitigation measures in line with the UNGPs to prevent or address potential *adverse impacts* on *Indigenous Peoples*' rights, including how their access to traditional land, territories and resources can be maintained. Where applicable, pursue feasible options to avoid the relocation of *Indigenous Peoples* from their lands or territories, or significant impacts to their *critical cultural heritage*.
- 4. Seek Indigenous knowledge, voices and perspectives from local *Indigenous Peoples* and respectfully apply it to inform decisions and practices, where appropriate. Obtain permission if collecting, storing, accessing, using and/or reusing cultural and intellectual information and knowledge.
- 5. Support *Indigenous Peoples*' capacity for good faith negotiation where necessary through the provision of reasonable financial or other agreed-upon assistance. This can include supporting Indigenous Peoples' capacity to engage in decision-making and agreement-making, for example by providing access to independent expert advice where appropriate, capacity building, facilitation and mediation, or involving external observers.
- 6. In accordance with the principles of FPIC and established engagement processes, obtain *agreement* with affected *Indigenous Peoples demonstrating consent* to anticipated impacts to their land or other rights and setting out the terms by which impacts could occur and be managed.
- 7. Recognising that there could be circumstances where full agreement is not obtained with all affected Indigenous Peoples despite concerted efforts, develop, implement and publicly disclose appropriate steps the facility will

- take to manage anticipated impacts to *Indigenous Peoples* land or other rights holders in line with the UNGPs.
- 8. Agreement at a minimum should include mitigation measures developed through the human rights due diligence process, benefits sharing (for example business procurement opportunities), monitoring and review mechanisms, a redress mechanism for potential infringements of the agreement or of *Indigenous Peoples*' rights and consideration of life of mine operational changes and closure.
- 9. Maintain and monitor the implementation of the terms of the *agreement* and *commitments* with *Indigenous Peoples*.
- 10. Facilitate, where feasible and safe to do so, continued rights of access to *cultural heritage* sites or to areas of spiritual value, and traditional lands, territories, or resources subject to *traditional ownership or customary use* (see Performance Area 15: Cultural Heritage).
- 11. Provide access to a grievance mechanism that is informed by, and culturally appropriate for, *Indigenous Peoples* (see Performance Area 17: Grievance Management).
- 12. Provide education, awareness, and/or training on the history, traditions, and rights of *Indigenous Peoples* and intercultural awareness and engagement to workers who interact with or make decisions that impact *Indigenous Peoples*.
- 1. *Collaborate* with directly affected *Indigenous Peoples* to develop and/or support existing decision-making processes, including processes for:
 - a. Determining how the *Facility* and directly affected *Indigenous Peoples* will seek agreement;
 - b. Determining how traditional decision-making processes are incorporated, where they exist; and
 - c. Effectively resolving disputes.

Leading Practice

- 2. Education, awareness, and/or training on the history, traditions, and rights of *Indigenous Peoples* and intercultural awareness and engagement is collaboratively designed and/or delivered with *Indigenous Peoples* and is made available to all employees.
- 3. Establish mutually agreed-upon objectives for identified opportunities and benefit sharing in *collaboration* with directly affected *Indigenous Peoples* and progress implementation plans towards meeting those objectives.

- 4. Conduct an *internal review of effectiveness* of processes for engagement, and impact and benefit identification/management with *Indigenous Peoples* at mutually agreed intervals.
- 5. Foster intercultural understanding and deepen awareness of workers on the history, traditions, and rights of *Indigenous Peoples* by implementing at least three of the following in *collaboration* with Indigenous communities:
 - a. *Facility*-wide education, awareness, and/or training are provided *at defined intervals*.
 - b. *Internal review of effectiveness* is conducted on cultural awareness and education efforts are *at defined intervals*.
 - c. Awareness and education efforts are expanded to include individuals and/or organisations not directly associated with the *Facility*.
 - d. The *Facility* supports local cultural activities and employees are encouraged to participate in *Indigenous Peoples*' community events.
 - e. Contribute to or participate in local, regional, and/or national level reconciliation initiatives about *Indigenous Peoples*.
 - f. Traditional and cultural activities/protocols are integrated into business practices.

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Agreement(s): Agreement is the act of approving or accepting something, often arrived at after a process of engagement and negotiation. Agreements between companies and Indigenous Peoples are the products of such a process. They can take many forms (e.g., relationship agreements, impact benefit agreements, collaboration agreements). Agreements can be a means by which Indigenous Peoples manifest their consent to impacts on their rights anticipated from mining and mining-related projects, and by which equitable terms for those impacts and for mutually beneficial relations are established. Agreements can reflect consent and/or be a means to demonstrate consent.

Benefit Sharing: The process of identifying equitable allocation of the benefits and value creation a project can offer. This can consist of financial benefits or various other types of benefits such as social and economic development outcomes. This can include in-kind participation, which refers to opportunities such as education and training, cooperation in environmental and cultural heritage conservation projects, and health initiatives as examples. These benefits are separate from the compensation that affected *Indigenous Peoples* could receive as part of mitigation measures (i.e., to offset and address residual impacts after appropriate avoidance, minimisation and restoration measures have been applied).

Critical Cultural Heritage: This includes *cultural heritage* that is essential to the identity and/or cultural, ceremonial, or spiritual impacts of affected *Indigenous Peoples'* lives. It includes natural areas with significant cultural and/or spiritual value such as sacred groves, sacred bodies of water and waterways, sacred trees and sacred rocks. It is defined as either (i) the internationally recognised heritage of communities who use or have used within living memory the *cultural heritage* for long-

standing cultural purposes; or (ii) legally protected cultural heritage areas, including those proposed by host governments for such designation. Co-identifying these areas of *critical cultural heritage* on a project-by-project basis and in consultation with affected *Indigenous Peoples* is an integral step in understanding their spiritual, cultural or historical significance and value.

Demonstrating Consent: Indigenous Peoples must be free to define consent in terms that they choose. Some Indigenous Peoples could choose to frame their agreement in terms of consent, but others could choose other frames, such as giving their permission or through contractual terms, such as agreements including partnership agreements, Impact/Benefit Agreements, collaboration agreements; statement of support; or through approval resulting from Indigenous-led impact assessments. When determining whether agreements obtained with affected Indigenous Peoples demonstrate consent, it is important to recognise that every Indigenous Community is unique, and that each agreement is just as unique reflecting the approach that each community chooses to take. Facilities should engage with their affected Indigenous People to understand how they determine or express consent.

Free, Prior and Informed Consent (FPIC): FPIC comprises a process, and an outcome (for a point in time). Through this process Indigenous Peoples are: (i) able to freely make decisions without coercion, intimidation, or manipulation; (ii) given sufficient time to be involved in decision-making before key decisions are made and impacts occur; and (iii) fully informed about proposed activities and their potential impacts and benefits. The outcome is that Indigenous Peoples can collectively grant or withhold their consent for a specified activity as part of a given decision-making process. These decision-making processes for proposed activities should be based on good faith negotiation, while striving to be consistent with Indigenous Peoples' traditional decision-making processes and respecting internationally recognised human rights⁷⁴.

Good faith: A particular form of negotiation that seeks to establish where points of disagreement and agreement lie, and what options are available for resolving disagreements in a balanced way. It primarily focuses on establishing a relationship of mutual respect between negotiation parties (like companies and Indigenous communities) and mitigating any negotiating power imbalances⁷⁵.

Indigenous Peoples: Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form at present nondominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system.⁷⁶

Meaningful engagement: A process of mutual dialogue and decision-making whereby the Facility has an obligation to consult and listen to affected stakeholders' perspectives and integrate those perspectives into their business decisions. Meaningful engagement involves measures to overcome structural and practical barriers to the participation of diverse and vulnerable groups of people, such as Indigenous Peoples. Meaningful engagement should be conducted in good faith on an equitable basis and consider strategies for addressing barriers based on the context and the stakeholders involved, and could include, for example, logistics and other support to enable participation. Preconditions to meaningful engagement include access to material information that can be reasonably understood, a structure that enables transparent communication and accountability for engagement processes and outcomes.

⁷⁴ Adapted from <u>ICMM draft Indigenous Peoples Position Statement 2024</u> (forthcoming)

⁷⁵ Adapted from <u>ICMM draft Indigenous Peoples Position Statement 2024</u> (forthcoming)

⁷⁶ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

Meaningful relationships: Meaningful relationships are those that are deemed significant and include mutual respect, trust, interest, positive regard and making the other party feel valued. See also, *Meaningful engagement*.

Reconciliation: A process of acknowledging histories and actions of the past inflicted on *Indigenous Peoples*, which could include actions by mining companies, and actively taking part in societal initiatives to repair trust that can contribute to healing and the wellbeing of society. In some jurisdictions, there are Indigenous and State-led reconciliation processes to address these histories.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are *rights-holders* under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as *Indigenous Peoples*.⁷⁷

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by *adverse impacts* associated with the *Facility's* operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.⁷⁸

Traditional ownership and customary use: With regards to *Indigenous Peoples*, traditional ownership refers to the territories where *Indigenous Peoples* settle and reside and their use of traditional and/or cultural resources. Customary use of territories and/or resources is based on a long series of habitual or customary actions, continually repeated, which can result in customary rights. Customary use or occupation of new territories could also arise, for example, in the event of displacement and/or cultural migrations.⁷⁹

Where agreement is not obtained: In such circumstances, steps can include renewed or expanded efforts for dialogue with affected *Indigenous Peoples* and relevant parties to resolve differences of opinion. Companies could decide they should reconsider the scope of an activity given its potential for adverse impacts, or decide whether they ought to remain involved with a project and consider the decision to responsibly disengage.

References:

- <u>United Nations (UN) Declaration on the Rights of Indigenous Peoples</u>
- United National Guiding Principles on Business and Human Rights
- International Labour Organization (ILO) Indigenous and Tribal Peoples Convention
- ICMM Indigenous Peoples and Mining Position Statement 2024
 International Finance Corporation (IFC) Performance Standard 7: Indigenous Peoples and Performance Standard 8: Cultural Heritage

⁷⁷ Adapted from <u>ICMM Human Rights Due Diligence Guide</u> (2023)

⁷⁸ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

⁷⁹ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

Performance Area 15: Cultural Heritage

Intent: Identify and protect *cultural heritage* in collaboration with the *traditional owners* and users of the *cultural heritage*. *Cultural heritage* can be Indigenous and non-Indigenous, and can be both tangible (e.g., places and objects) or intangible (e.g., customs, traditions, languages and beliefs).

Other Relevant Performance Areas:

- 2 Business Ethics
- 4 New Projects, Expansions and Resettlement
- 13 Community Impacts and Benefits
- 14 Indigenous Peoples
- 21 Tailings Management

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT
15.1 Cultural Herit	age Identification and Management
	1. Publicly commit to identify, protect and respect <i>cultural heritage</i> .
Foundational Practice	 Identify cultural heritage that could be impacted by the Facility's activities in collaboration with traditional owners and users of cultural heritage and informed by: Government, regarding formally designated or legally protected heritage including World Heritage sites. Relevant organisations, such as cultural institutions, universities, civil society, and religious groups. Publicly available data from reputable sources.
	 Assign accountability and responsibility for the management of cultural heritage.
	1. Where there is a risk of adversely impacting <i>cultural heritage</i> , conduct an analysis of alternatives that prioritise avoidance of adverse <i>cultural heritage</i> impacts through the <i>Facility's</i> design changes and/or construction and operational procedures.
Good Practice	2. Provide training to relevant managers and workers on <i>cultural heritage</i> and its importance to <i>traditional owners</i> and users.
	3. Where there are potential <i>adverse impacts</i> to <i>Indigenous Peoples' critical cultural heritage</i> , work through decision-making processes as outlined in Performance Area: 14 Indigenous Peoples'
	4. Where <i>cultural heritage</i> impacts are unavoidable, develop and implement in <i>collaboration</i> with affected <i>traditional owners</i> and users, mitigation

		measures that aim to maintain the <i>cultural heritage</i> 's value and functionality.
	5.	Where <i>unavoidable impacts</i> affect irreplaceable, or critical <i>cultural heritage</i> , support its removal and preservation in line with the best available techniques in <i>collaboration</i> with <i>traditional owners</i> , users and responsible authorities.
	6.	Develop and implement a process to manage chance finds of previously unknown <i>cultural heritage</i> , or newly shared traditional knowledge of previously unknown <i>cultural heritage</i> .
	7.	Provide or participate in <i>remedy</i> , developed in <i>collaboration</i> with affected <i>traditional owners</i> and users, if the <i>Facility</i> causes or contributes to <i>adverse impacts</i> to <i>cultural heritage</i> .
	1.	Monitor the effectiveness of measures taken to avoid <i>adverse impacts</i> on <i>cultural heritage</i> in <i>collaboration</i> with traditional owners and users.
	2.	Provide awareness training on <i>cultural heritage</i> and its importance to <i>traditional owners</i> and users to all workers. Training should be developed and delivered in <i>collaboration</i> with <i>traditional owners</i> and/or <i>users</i> where possible
Leading Practice	3.	Contribute to the protection of <i>cultural heritage</i> through dedicated partnerships and/or programs outside of the activities specific to the operation, in <i>collaboration</i> with and agreed by <i>traditional owners</i> and users. This could include supporting future management of <i>cultural heritage</i> , repatriation of tangible <i>cultural heritage</i> and reconnection to intangible <i>cultural heritage</i> .
	4.	Support <i>traditional owners</i> and/or users to undertake ongoing monitoring of <i>cultural heritage</i> protection measures in line with the values to be protected.
	5.	Support traditional owners and/or users to maintain, preserve and celebrate

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cultural heritage.

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Cultural heritage: Customs, practices, places, objects, artistic expressions and values. *Cultural heritage* is often expressed as either intangible or tangible *cultural heritage*.

Critical Cultural Heritage: This includes cultural heritage that is essential to the identity and/or cultural, ceremonial, or spiritual impacts of affected Indigenous Peoples' lives. It includes natural

areas with significant cultural and/or spiritual value such as sacred groves, sacred bodies of water and waterways, sacred trees and sacred rocks It is defined as either (i) the internationally recognised heritage of communities that use or have used within living memory the cultural heritage for long-standing cultural purposes; or (ii) legally protected cultural heritage areas, including those proposed by host governments for such designation. Co-identifying these areas of *critical cultural heritage* on a project-by-project basis and in consultation with affected Indigenous Peoples is an integral step in understanding their spiritual, cultural or historical significance and value.

Remedy: Refers to the process of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Traditional owners: Individuals or groups who have a traditional or historical connection, attachment, and/or relationship to an area of land, sites and values

Unavoidable impacts: Significant impacts that will arise from the action and where mitigation is impractical.

Users (of cultural heritage): Individuals or groups connected to, and/or derive continuous value from *cultural heritage*.

References:

- <u>International Finance Corporation (IFC) Performance Standard 8: Cultural Heritage</u> (not referenced but relevant)
- ICMM A cross-sector guide for implementing the Mitigation Hierarchy

Performance Area 16: Artisanal and Small-Scale Mining

Intent: Manage the risks and impacts associated with ASM where they are present. Contribute to the professionalisation and formalisation of legitimate *artisanal and small-scale mining (ASM)* operators to support improved environmental, social and safety practices and create economic opportunities, where possible.

Other Relevant Performance Areas:

- 3 Responsible Supply Chains
- 4 New Projects, Expansions and Resettlement
- 5 Human Rights
- 11 Security Management
- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 22 Pollution Prevention (22.3 Mercury)

Applicability: This Performance Area is applicable where artisanal and/or small-scale mining operators are present in the *Facility*'s *area of influence*.

LEVEL	REQUIREMENT
16.1 ASM Risk Asse	essment, Engagement and Reporting
5 1 111	1. Determine the extent to which ASM is operating within a legal framework and may be considered <i>legitimate ASM</i> .
Foundational Practice	2. Publicly commit to support formalisation initiatives and improvements to the operational, safety, environmental and social practices of <i>legitimate ASM</i> operators, where they are present.
	1. Assess risks and impacts to the <i>Facility</i> from <i>ASM</i> and update the assessment at defined intervals.
	2. Manage and mitigate ASM risks to the Facility identified in the risk assessment.
Good Practice	3. Collaborate directly, or with other stakeholders working with legitimate ASM, where possible, to support capacity-building for and/or provide technical assistance to strengthen their organisational management, reduce the use of toxic or hazardous substances, such as mercury, and/or improve their safety, human rights, social and/or environmental management practices.
	4. Communicate the availability of the <i>Facility</i> grievance mechanism to <i>ASM</i> operators in the <i>Facility</i> 's <i>area of influence</i> (see Performance Area 17: Grievance Management).

	5. Conduct risk-based due diligence in accordance with Performance Area 3: Responsible Supply Chains if sourcing directly or indirectly from <i>legitimate ASM</i> operators.	
	1. Identify opportunities to support <i>legitimate ASM</i> operators to sell into legal markets.	
Leading Practice	2. Support alternative livelihoods, economic development, and other social improvements in <i>ASM</i> communities in partnership with <i>ASM</i> representatives government, and other relevant <i>stakeholders</i> , with a particular focus on vulnerable and underrepresented groups.	S,
	3. Actively advocate for, and participate in, regional, national and/or other multistakeholder initiatives, aimed at the formalisation of <i>ASM</i> .	

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Area of influence: Encompasses, as appropriate, areas likely to be affected by:

- a) a Facility's current activities and operations and predictable developments that could occur later, and/or indirect project impacts on biodiversity or ecosystem services upon which affected communities' livelihoods are dependent;
- b) associated facilities, not controlled by the *Facility* but that would not have otherwise been constructed or expanded and without which the *Facility*'s activities would not be viable.⁸⁰

Artisanal and Small-scale Mining (ASM): formal or informal mining operations with predominantly simplified forms of exploration, extraction, processing, and transportation. ASM is normally low capital intensive and uses high labour-intensive technology. ASM can include men and women working on an individual basis as well as those working in family groups, in partnership, or as members of cooperatives or other types of legal associations and enterprises involving hundreds or even thousands of miners.⁸¹

Legitimate ASM: The legitimacy of artisanal and small-scale mining is a difficult concept to define because it involves a number of situation-specific factors. For the purposes of this guide, legitimate refers, among others, to artisanal and small-scale mining that is consistent with applicable laws. When the applicable legal framework is not enforced, or in the absence of such a framework, the assessment of the legitimacy of artisanal and small-scale mining will take into account the good faith efforts of artisanal and small-scale miners and enterprises to operate within the applicable legal framework (where it exists) as well as their engagement in opportunities for formalisation as they become available (bearing in mind that in most cases, artisanal and small-scale miners have very limited or no capacity, technical ability or sufficient financial resources to do so). In either case, Artisanal and small-scale mining, as with all mining, cannot be considered legitimate when it contributes to conflict and serious abuses associated with the extraction, transport or trade of minerals.⁸²

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related

⁸¹ Adapted from OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas (2016)

⁸⁰ Adapted from <u>IFC Performance Standard 1 Guidance Note</u> (2012)

⁸² Adapted from <u>OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas</u> (2016)

to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

References:

 Organisation for Economic Co-operation and Development (OECD) Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas (3rd Edition)



Performance Area 17: Grievance Management

Intent: Enable local communities, including *stakeholders* and *rights-holders* to raise issues or concerns and have them resolved by implementing a *grievance mechanism* in line with the eight effectiveness criteria of the UN Guiding Principles on Business and Human Rights (Principle 31). Provide or enable access to non-judicial remedies for adverse human rights impacts or other harms that the Facility has caused, contributed to, or been linked with.

Other Relevant Performance Areas:

- 2 Business Integrity
- 4 New Projects, Expansions and Resettlement
- 5 Human Rights
- 7 Rights of Workers
- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 14 Indigenous Peoples
- 17 Grievance Management

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT
17.1 Grievance Me	echanism for <i>Stakeholders</i> and Rights-Holders
	1. Establish and implement a <i>grievance mechanism</i> to receive, track and respond to issues and concerns raised by <i>stakeholders</i> and <i>rights-holders</i> at the <i>Facility</i> in a manner that protects their identities to protect against discrimination or reprisals.
Foundational Practice	2. Assign responsibilities and accountabilities for grievance management and resolution including at the <i>Facility</i> 's senior management level.
Tractice	3. Communicate the availability of the <i>grievance mechanism</i> and make it accessible to <i>stakeholders</i> and <i>rights-holders</i> at the <i>Facility</i> level.
	4. Provide training to workers with accountabilities and responsibilities for grievance management on the <i>grievance mechanism</i> (s), and to those who engage with communities.
Good Practice	1. Establish and implement an operational-level <i>grievance mechanism</i> that meets the eight <i>UNGPs' effectiveness criteria</i> for such mechanisms. These emphasise legitimacy accessibility, etc. (see glossary for full details), and protection against discrimination or reprisals for those raising grievances, supported by <i>confidentiality</i> to protect their identity.
	2. Consult with potentially <i>affected stakeholders</i> and <i>rights-holders</i> on the design of the <i>grievance mechanisms</i> in a manner that responds to their

		needs, which should outline clear process steps, timelines and milestones to assess and address grievances in an impartial manner.
	3.	Engage stakeholders and rights-holders who have filed grievances on their resolution, provide updates on the status of a grievance and/or remedy where relevant, and communicate outcomes and close out of grievances in accordance with agreed timelines.
	4.	Provide <i>remedy</i> for adverse human rights impacts that the <i>Facility</i> has caused or contributed to through the <i>grievance mechanism</i> or cooperate in their remediation through other legitimate processes.
	5.	Internally review and update the <i>grievance mechanism</i> periodically, part of which should involve engaging <i>stakeholders</i> and rights-holders on their experience using the mechanism(s) and suggestions for improvement.
	6.	Report to management on the number and types of issues and concerns raised through the <i>grievance mechanism</i> and types of actions taken in response, resolution and/or remediation of such issues, considering provisions for <i>confidentiality</i> and protection of complainants.
	1.	Collaboratively design the mechanism with stakeholders and rights-holders.
	2.	Conduct an <i>internal review of effectiveness</i> of the <i>grievance mechanism</i> with affected people based on the eight <i>UNGPs' effectiveness criteria at defined intervals</i> .
Leading Practice	3.	Publicly disclose the number and types of issues and concerns raised through the <i>grievance mechanism</i> and types of actions taken in response, resolution and/or remediation of such issues, considering provisions for <i>confidentiality</i> and protection of complainants.
	4.	Internally review issues and concerns raised through the <i>grievance</i> mechanism at defined intervals for patterns with stakeholders and rightsholders, assess underlying causes and develop preventive actions that address underlying causes.
	5.	Direct those who raise issues that are not resolved by the operational-level <i>grievance mechanism</i> to other legitimate avenues of redress for unresolved issues and concerns.

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Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a Facility's operations, actions and decisions. (See also 'Stakeholders'.)

Confidentiality: In the context of a *grievance mechanism*, confidentiality allows for complainants to file grievances in a way that protects their identity to avoid retaliation, but allows for individuals responsible for receiving and handling grievances to follow up with the complainant to request additional information and/or to provide updates on the status of their grievance.

Grievance mechanism: a formalised means through which individuals or groups can raise concerns about a *Facility*'s impact on them – including, but not exclusively, the impact on their human rights – and can seek *remedy*.⁸³

Remedy: Refers to the process of of providing remedy for a negative human rights impact and the substantive outcomes that can make good the negative impact. These outcomes may take a range of forms such as apologies, restitution, rehabilitation, financial or nonfinancial compensation, and punitive sanctions (whether criminal or administrative), as well as prevention of the harm through, for example, injunctions or guarantees of non-repetition.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

UNGPs' effectiveness criteria: The UNGPs specify the following criteria for non-judicial operational-level *grievance mechanisms* to support their effectiveness:

- a. *Legitimate:* enabling trust from the stakeholder groups for whose use they are intended and being accountable for the fair conduct of grievance mechanisms.
- b. *Accessible:* being known to all stakeholder groups for whose use they are intended, and providing adequate assistance for those who could face barriers to access (e.g. a lack of awareness of the mechanism, language, literacy, costs, physical location and fears of reprisal)
- c. *Predictable:* providing a clear and known procedure with an indicative time frame for each stage, and clarity on the types of process and outcome available and means of monitoring implementation
- d. *Equitable:* seeking to ensure that aggrieved parties have reasonable access to sources of information, advice and expertise necessary to engage in a grievance process on fair, informed and respectful terms.
- e. *Transparent:* keeping parties to a grievance informed about its progress, and providing sufficient information about the mechanism's performance to build confidence in its effectiveness and meet any public interest at stake.

⁸³ Adapted from OHCHR The Corporate Responsibility to Respect Human Rights: An Interpretive Guide (2021)

- f. *Rights-compatible:* ensuring that outcomes and remedies accord with internationally recognised human rights.
- g. A source of continuous learning: drawing on relevant measures to identify lessons for improving the mechanism and preventing future grievances and harms.
- h. Based on engagement and dialogue: consulting the stakeholder groups for whose use they are intended in their design and performance and focusing on dialogue as the means to address and resolve grievances.

References:

- <u>United Nations (UN) Guiding Principles on Business and Human Rights</u>
- ICMM Handling and Resolving Local-level Concerns and Grievances: Human Rights in the Mining and Metals Sector



Performance Area 18: Water Stewardship

Intent: Recognising that access to water is a human right and fundamental ecosystem requirement, integral to wellbeing and the livelihoods, spiritual and cultural practices of many communities, implement *water stewardship* practices, using the *mitigation hierarchy*, that support the overall quality and accessibility of watershed resources available to other users and improve the efficiency of water use.

Other Relevant Performance Areas:

- 2 Business Integrity
- 4 New Projects, Expansions and Resettlement
- 19 Biodiversity, Ecosystem Services and Nature
- 21 Tailings Management
- 22 Pollution Prevention
- 24 Closure

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT
18.1 Water Manag	gement and Performance
	1. Publicly commit to the responsible management of water resources.
	2. Apply the <i>mitigation hierarchy</i> to prioritise the avoidance of impacts over mitigation measures.
	3. Assign responsibility and accountabilities for water management.
	4. Identify water quality and quantity requirements for the <i>Facility</i> over its operating life cycle.
Foundational Practice	5. Identify and evaluate short-, medium- and long-term risks and impacts to surface water and groundwater downstream of the Facility and implement controls for identified risks based on the application of the mitigation hierarchy to prioritise the avoidance of impacts of mitigation measures.
	6. Implement a water monitoring program for surface water and groundwater, informed by identified risks, for both water quality and water quantity parameters and compliance performance.
	7. Communicate <i>material non-compliance</i> and corrective actions to senior <i>Facility</i> management.
Good Practice	1. Prepare a Facility-wide operational and predictive water balance(s) informed by monitoring data and update on a defined interval.

- 2. Characterise the hydro-geological context and predict risks on *groundwater* resources with a level of detail informed by identified risks.
- 3. Assess how *water management* practices within the *Facility* contribute to cumulative effects on surface water and groundwater in the *watershed*, including environmental requirements and other beneficial uses.
- 4. Develop and implement a plan to mitigate impacts and risks to *surface water* and *groundwater* considering the possibility of whether the discharges are likely to affect the quality and quantity of *watershed* resources downstream of the *Facility* available for environmental requirements, local users and *rights-holders*.
- 5. Assess the risks associated with a range of potential climate change scenarios at the *Facility* and their likely impact on the *water balance*, water quality and water-related infrastructure such as those for managing erosion, sediment and drought or stormwater related control systems *at defined intervals*.
- 6. Identify opportunities to improve the efficiency of *process water* use; and seek to reduce *process water* use including through increased reuse by implementing opportunities identified as feasible. This applies to water used for production processes, such as milling, but excludes *contact water* collected throughout the *Facility* for treatment and discharge that is not used in mining and processing.
- 7. Evaluate source-control opportunities, including diversions, and where feasible, implement opportunities to avoid generating *contact water* and prevent the mixing of contact and *non-contact water* to minimise water treatment needs.
- 8. Establish water-related objectives and/or targets to be protective of and reduce risks to other beneficial uses, including other water users and the health of the *watershed*.
- 9. Regularly monitor progress of actions to achieve objectives and/or targets and report to *Facility*-level senior management.
- 10. Provide training to relevant workers in accordance with their water-related roles and responsibilities and provide training on water risks and impacts as part of worker orientation to enable workers to identify and report issues.

Leading Practice

 Meet Facility water-related objectives and/or targets in the reporting year, or if objectives and/or targets have been missed, assess the reasons and incorporate lessons learned to increase the chance of meeting objectives or targets in the next year.

2.	Share responses and learnings related to <i>material non-compliances</i> with other relevant water users, where possible and where useful so others can benefit from learnings, such as industrial peers.
3.	Plan, design and implement measures across the life of the <i>Facility</i> to minimise the need for long-term active <i>water management</i> , balanced with the need for safe and stable landforms that mitigate long-term risks at closure, to reduce the need for water treatment when the <i>Facility</i> is in the closure stage of its life cycle.
4.	Conduct an <i>independent review of effectiveness</i> and monitor the implementation of management systems and processes related to <i>water</i>

LEVEL	REQUIREMENT		
18.2 Collaborative	18.2 Collaborative Watershed Management		
	Define a Facility-relevant watershed boundary for the purposes of defining the geographical extent of the Facility's water management, including the hydrological and hydrogeological context.		
Foundational	Assign responsibility and accountabilities for engagement with other water users.		
Practice	3. Identify relevant watershed-based processes for integrated water resource management (IWRM), as well as water users, stakeholders and rights-holders, in accordance with the level of progress of IWRM.		
	4. Engage with water users in the <i>Facility</i> -relevant <i>watershed</i> to better understand how they use and value water resources and to identify where there are water-related stresses that need to be addressed.		
Good Practice	1. Where IWRM processes are not mature, collaborate with other identified water users to understand the collective water issues in the watershed including those related to identified socio-environmental factors. Where IWRM processes are mature, use established IWRM instruments to derive this information, as appropriate.		
	2. Where IWRM processes are not mature, collaborate with other identified water users to identify, evaluate and prioritise short-, medium- and long-term socio-environmental risks and impacts related to water quality and quantity, including environmental water requirements and water stress and participate in the establishment of adaptive management plans. Where IWRM processes		

management.

	are mature, participate in the continuous improvement of the <i>IWRM</i> instruments, as appropriate.
	3. Provide data and information to inform other water users how operational water management practices relate to identified watershed-related risks, such as those identified through integrated water resource management processes.
	Where they exist, participate in integrated water resource management processes to identify and prioritise water-related opportunities.
	Make available to other water users data and information to inform how operational practices relate to development of IWRM and discuss how to engage to develop collaborative mitigation options.
Leading Practice	 3. Where water-related opportunities have been identified, as per LP#1, and where desired by other water users, through integrated water resource management processes, at least one of the following is occurring in the Facility's watershed with the Facility's participation: a) Setting watershed-scale goals, including those contained in land use plans where they exist. b) Developing a watershed plan. c) Tracking watershed-scale goals (see point a above) and engagement with water-related stakeholders and rights-holders on progress. d) Collaborative monitoring at the watershed scale.

LEVEL	REQUIREMENT
18.3 Water Report	ing
Foundational Practice	Publicly disclose a description of Facility-level primary water activities, sources, uses and discharges.
Good Practice	Publicly disclose operational water withdrawals and other managed water withdrawals (by source, quantity and quality), total discharges and total consumption, relative to established objectives or targets.
	2. <i>Publicly disclose</i> any significant fines or regulatory actions consistent with Performance Area 2: Business Integrity, 2.1 Good Practice, 2.
Leading Practice	Publicly disclose Facility-level water data in line with one of the following frameworks or equivalent frameworks (including regulatory requirements): a. ICMM Water Reporting: Good Practice Guide b. MCA Water Accounting Framework

c. GRI including the 303: Water and Effluents 2018 standard
2. Complete independent audit of public reporting on water and make results publicly available.

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Collaborative Watershed Management: Collaboration between the Facility and other water users, stakeholders and rights-holders on Integrated Water Resources Management. Where there are established watershed governance structures or management initiatives, such as a Water Authority, a Facility's participation in those initiatives, even if required by law, can be used as evidence of implementing requirements under 18.2.

Contact Water: Water that has come into contact with the disturbed footprint of the Facility.

Defined Frequency: where a defined frequency is required, the frequency must be defined in a relevant procedure or related document. The document will include a rationale for why the frequency was set.

Downstream users: Users of water downstream from the *Facility* in areas that receive *Facility*-impacted water or discharge.

Facility-relevant watershed boundary: Identifying the physical characteristics of the hydrological systems that the Facility's operations could (or could perceive to) impact, which could include catchments associated with the upstream water supply as well as groundwater aquifers that cross catchment boundaries.

Groundwater: Water below the surface of the Earth stored in pore spaces and fractures within rock or layers of sand and gravel (aquifers).

Hydrological context: Identification of the hydrological conditions of a watershed.

Integrated Water Resource Management (IWRM)⁸⁴: The UN Environment Program defines IWRM as promoting the coordinated development and management of water, land and related resources to maximise economic and social welfare in an equitable manner, without compromising the sustainability of vital ecosystems.

IWRM is a cross-sectoral approach that is increasingly recognised as the solution to traditional, fragmented sectoral approaches to water resources management that have led to unsustainable use and poor services. IWRM is based on the understanding that water resources are an integral component of the ecosystem, a natural resource, and a social and economic good.

The basis of IWRM is that the many different uses of finite water resources are interdependent. High irrigation demands and pollution from agriculture, for example, mean less fresh water for drinking or industrial use; contaminated municipal and industrial wastewater pollutes rivers and threatens ecosystems; if water must be left in a river to protect fisheries and ecosystems (environmental flows), less can be diverted to grow crops.

Implementing IWRM thereby helps to protect the world's environment, fosters economic growth and sustainable agricultural development, promotes democratic participation in governance, and improves human health.

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⁸⁴ Adapted from UNEP Integrated Water Resource Management (no date)

Material non-compliance: A material non-compliance includes but is not limited to regulatory or permit exceedance, reportable incidents, failure to file a report or a significant upset of a management system or process control that could result in an unplanned or unpermitted release of water.

Mitigation Hierarchy: The hierarchy prioritises actions to address *adverse impacts* beginning with avoiding them followed by minimising, restoring and offsetting, in that order.

Non-Contact Water: Water that has not come into contact with the footprint of the Facility. This water is often captured and diverted around the Facility to avoid it becoming contact water.

Process water: Water that has been used in the facility's operational processes.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

Surface water: Water that occurs naturally on the Earth's surface in ice sheets, ice caps, glaciers, icebergs, bogs, ponds, lakes, rivers, and streams.

Upstream users: Users of water upstream from the *Facility* in areas where water that the *Facility* uses originates.

Water balance: Refers to an approach used to identify and map the flow of water in and out of a Facility. A water balance is used to understand how water supply requirements change over time. A Facility's water balance comprises three main components: water withdrawals, water discharge and water consumption. A practical formula for calculating a Facility's water balance is withdrawal volume = discharge volume + consumption volume + any change in the volume of water storage inside the boundaries of the Facility.⁵ Additional guidance on what should be included in a water balance, including the mapping of water intakes, control and treatment systems, effluent discharges, water demands and monitoring points can be found in resources referenced in 18.3.L.1.

Water Management: relates to actions taken to manage the flows and quality of water within the footprint of the *Facility*.

Water Stewardship: using water in a way that is socially equitable, environmentally sustainable and economically beneficial for all water users.

Watershed vs Catchment: The terms 'watershed' and 'catchment' refer to the area of land from which all surface runoff and subsurface waters flow through a sequence of streams, rivers, aquifers and lakes into the sea or another outlet at a single river mouth, estuary or delta; and the area downstream affected by the *Facility*'s discharge. Watersheds and catchments, as defined here, include associated *groundwater* areas and can include portions of water bodies (such as lakes or rivers). For the purposes of this Performance Area, these two terms are interchangeable. Additional detailed guidance is

provided in the ICMM's A Practical Guide to Catchment-Based Water Management for the Mining and Metals Industry (2015) and the Alliance for Water Stewardship.

References:

- ICMM Water Reporting: Good Practice Guide
- Minerals Council of Australia (MC) Water Accounting Framework
- Global Reporting Initiative (GRI) 303: Water and Effluents
- The CEO Water Mandate



Performance Area 19: Biodiversity, Ecosystem Services and Nature

Intent: Identify and address material risks and impacts to *biodiversity* and *ecosystem services* by applying the *mitigation hierarchy* and by implementing management practices to achieve at least *no – net loss* or a *net gain* of *biodiversity* and contribute to a *nature-positive* future.

Other Relevant Performance Areas:

- 4 New Projects, Expansions and Resettlement
- 12 Stakeholder Engagement
- 14 Indigenous Peoples
- 18 Water Stewardship
- 20 Climate Action
- 22 Pollution Prevention
- 24 Closure

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT
19.1 Biodiversity	and Ecosystem Services and Nature
	Prohibit exploring or operating within World Heritage Sites and confirm any current or future operations adjacent to World Heritage Sites are not incompatible with the outstanding universal value for which they are designated and do not put their integrity at risk.
Foundational	2. Comply with restrictions established for Key Biodiversity Areas, Ramsar Sites (wetlands of international importance), legally designated protected areas and their buffer zones (where restrictions are defined). Where mining or associated infrastructure is allowed within such areas, confirm that any new operations or changes to existing operations are compatible with the value for which they were designated.
Practice	3. Communicate the prohibitions around World Heritage Sites and restrictions for designated protected areas and their buffer zones to relevant employees, contractors and stakeholders and rights-holders.
	4. Establish senior management responsibility and accountability for biodiversity management to achieve stated biodiversity outcomes.
	5. Establish a <i>biodiversity baseline</i> in the <i>area of influence</i> and identify significant <i>biodiversity values</i> as early as practicable to support the 'avoidance' initial stage of the mitigation hierarchy, incorporating local knowledge where available.

6. Assess risks and impacts to biodiversity in the area of influence from the activities relating to the Facility. 7. Develop a biodiversity management plan that prioritises action to address impacts on significant biodiversity values and includes Facility-level monitoring within the area of influence and adaptive management in response to monitoring results. 1. Engage communities in the area of influence to understand their use of, and assess potential risks and impacts on, ecosystem services. Engage those whose use of ecosystem services can be adversely affected on mitigation measures to maintain or improve their provision or, where that is not possible, offer alternative provision of services in line with the mitigation hierarchy. 2. Address material risks and impacts to biodiversity and ecosystem services in the area of influence to achieve a minimum of no net loss of biodiversity by completion of closure, through: a. Applying the mitigation hierarchy with an avoidance-first focus from the earliest feasible stage of exploration and continuing throughout the project lifecycle, and, b. Pursuing progressive rehabilitation and/or restoration where feasible and commencing offsets for residual adverse impacts as early as possible. **Good Practice** Include actions to address risks and impacts to biodiversity and ecosystem services in the biodiversity management plan and monitor progress with implementing management actions and progress towards no net loss or net gain at defined intervals. 4. Consult with and/or engage relevant stakeholders and rights-holders to help shape the development, and support implementation, of the biodiversity management plan. 5. Publicly disclose the methodology used to achieve no net loss or net gain. Where no net-loss is infeasible for existing facilities, publicly disclose why and how the *mitigation hierarchy* and additional conservation actions are applied to appropriately address impacts on biodiversity and associated timeframes. 6. Publicly disclose material nature-related impacts, dependencies, risks and opportunities for operations in priority locations following globally recognised reporting practices (such as TNFD, GRI, CSRD or ISSB). 1. Develop and implement a biodiversity management plan to achieve net gain Leading of biodiversity by closure, against a defined baseline, and monitor progress at Practice defined intervals.

- 2. Integrate nature considerations into business decision-making tools and processes, including those relating to governance, strategy, risk and impact management.
- 3. Collaborate with stakeholders and rights-holders on the development and delivery of actions identified within the biodiversity management plan to achieve either no net loss or net gain, and to secure the long-term protection of areas of importance to achieving no net loss or net gain.
- 4. Complete an *independent review* at *defined intervals* to assess the effectiveness of measures to address impacts on *biodiversity* and *ecosystem services* and progress to achieve *net gain*.

Glossary and Interpretive Guidance

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Area of influence: Encompasses, as appropriate, areas likely to be affected by:

- a) a Facility's current activities and operations and predictable developments that could occur later, and/or indirect project impacts on biodiversity or ecosystem services upon which affected communities' livelihoods are dependent;
- b) associated facilities, not controlled by the *Facility* but that would not have otherwise been constructed or expanded and without which the *Facility*'s activities would not be viable.⁸⁵

Biodiversity: The variability among living organisms from all sources, including terrestrial, marine, and other aquatic ecosystems (e.g. forests, grasslands, coral reefs, etc) and the ecological complexes of which they are part; this includes diversity within species, between species and of ecosystems.⁸⁶

Biodiversity baseline: The work done to collect and interpret information on the *biodiversity values* (i.e. species, habitats, ecosystems or related services) occurring at a *Facility*, their current condition, and trends before a project commences or at a particular point in time. The *biodiversity baseline* supports the assessment of impacts and risks of a project, applying the *biodiversity mitigation hierarchy*, and designing a monitoring program. It can benefit from the involvement of local experts and other knowledgeable stakeholders and rights-holders⁸⁷.

Biodiversity management plan: An operational tool through which impacts on biodiversity or ecosystem services can be managed and the objectives for biodiversity conservation, rehabilitation, compensation, or enhancement can be achieved. Biodiversity management plans specify the actions, associated responsibilities, timeframes, and monitoring requirements where applicable. IFC differentiates between BMPs – which typically focus on mitigation measures local to a Facility – and Biodiversity Action Plans (BAPs) which are required for projects located in critical habitat and are recommended for high-risk projects in natural habitats. IFC stipulates that a BAP describes (i) a high-level overview of actions and a rationale for how the project's mitigation strategy will achieve net gain (or no net loss), (ii) the approach for how the mitigation hierarchy will be followed, and (iii) the roles

⁸⁵ Adapted from <u>IFC Performance Standard 1 Guidance Note</u> (2012)

⁸⁶ Adapted from Copper Mark Criteria Guide (2023)

⁸⁷ Adapted from <u>Good Practices for the Collection of Biodiversity Baseline Data</u> (2015)

and responsibilities for internal staff and external partners. Whereas a BMP is an operational document, a BAP will almost always include actions for off-site areas (such as *offsets* and additional actions) and involve external partners.⁸⁸

Biodiversity Values: The values of *biodiversity* that exist in an area that could be impacted as a result of mining or other activities, that apply at the species, habitat and ecosystem levels. Significant *biodiversity values* could include species of conservation concern, legally protected species or habitats, or areas identified as important by stakeholders. Particular attention should be paid to the presence of *biodiversity values* that are covered by the 'critical habitat' qualifying criteria identified by IFC that includes: (i) Critically Endangered and/or Endangered species as designated on the IUCN Red List; (ii) Endemic or restricted-range species; (iii) Migratory or congregatory species; (iv) Highly threatened and/or unique ecosystems; and (v) Key evolutionary processes⁸⁹.

Buffer zone: The region adjacent to the border of a protected area; a transition zone between areas managed for different objectives.⁹⁰

Designated protected areas: A geographically defined area, which is designated or regulated and managed to achieve specific conservation objectives.⁹¹

Ecosystem services: Any positive benefit that plants, animals or ecosystems provide to people. Major categories of *ecosystem services* are provisioning, regulating, cultural and supporting services, recognising that many services fit into more than one category.⁹²

Mitigation hierarchy (*biodiversity*): The *mitigation hierarchy* is a framework for managing risks related to *biodiversity* and *ecosystem services*. It includes four stages that influence decisions on land use, land management, and the conservation of areas outside of the mining *Facility*:

- o Avoidance means taking measures to anticipate and prevent adverse impacts on biodiversity and ecosystem services and is often the most effective way of reducing potential negative impacts.
- o *Minimisation* means taking measures to reduce the duration, intensity, significance and/or extent of impacts (including direct, indirect and cumulative impacts, as appropriate) that cannot be completely avoided, as far as is practically feasible.
- o *Restoration* is used to repair *biodiversity* or *ecosystem services* that have been degraded by project activity. Collectively, avoidance, minimisation and restoration should reduce the residual impacts that a project has on *biodiversity* as much as possible.
- o *Offsetting* addresses any remaining impacts by seeking conservation gains of the same value to compensate for losses of *biodiversity* or *ecosystem services* that can't be avoided, minimised or rehabilitated/restored, often in other areas, to achieve *no net loss* of *biodiversity* overall ⁹³

Nature positive: A global societal goal to halt and reverse nature loss by 2030 against a 2020 baseline with a view of full recovery by 2050. To put this more simply, it means ensuring more nature in the world in 2030 than in 2020 and continued recovery after that.⁹⁴

⁸⁸ Adapted from <u>IFC Guidance Note 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources</u> (2019)

⁸⁹ Adapted from IFC Guidance Note 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources (2019)

⁹⁰ Adapted from <u>UN Convention on Biological Diversity Toolkit: Glossary</u> (2008)

⁹¹ Adapted from <u>UN Convention on Biological Diversity Toolkit: Glossary</u> (2008)

⁹² Adapted from <u>IPBES Ecosystem Service</u> (no date)

⁹³ Adapted from CSBI Mitigation Hierarchy (2015)

⁹⁴ Adapted from Nature Positive Initiative The Definition of Nature Positive (2023)

Net gain: A goal for a development project, policy, plan, or activity that achieves and goes beyond *no net loss* in which the impacts it causes on *biodiversity* are outweighed by mitigation measures leaving *biodiversity* in a better state than before.⁹⁵

No net loss: A goal for a development project, policy, plan, or activity in which the impacts it causes on *biodiversity* are balanced by measures taken to avoid and minimise the impacts, to restore affected areas and finally to offset the residual impacts, so that no loss remains. For all new operations and significant expansions, no net loss should be measured against a pre-operation or pre-expansion baseline respectively. For existing operations, this should be measured against a 2020 or earlier baseline. For acquisitions that take place after this date, the baseline should be the date of takeover or earlier.⁹⁶

Offsets: Measures taken to compensate for any significant residual, *adverse impacts* that cannot be avoided, minimised and/or rehabilitated or restored, to achieve no net loss or preferably a *net gain* of *biodiversity*. ⁹⁷

Outstanding universal value: *Outstanding Universal Value* means cultural and/or natural significance which is so exceptional as to transcend national boundaries and to be of common importance for present and future generations of all humanity. As such, the permanent protection of this heritage is of the highest importance to the international community as a whole.⁹⁸

Priority locations: Defined as locations that are:

- a. *Material locations:* Locations where an organisation has identified material nature-related dependencies, impacts, risks and opportunities in its direct operations and upstream and downstream value chain(s); and/or
- b. **Sensitive locations:** Locations where the assets and/or activities in its direct operations and, where possible upstream and downstream value chain(s) interface with nature in:
 - Areas important for biodiversity; and/or
 - Areas of high ecosystem integrity; and/or
 - Areas of rapid decline in ecosystem integrity; and/or
 - Areas of high physical water risks; and/or
 - Areas of importance for ecosystem service provision, including benefits to Indigenous Peoples, Local Communities and stakeholders⁹⁹.

Progressive rehabilitation and/or restoration: Ongoing efforts to advance rehabilitation and/or restoration activities during construction and operation of a *Facility* or mine prior to closure. See also definition of rehabilitation under Performance Area 24: Closure.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by *adverse impacts* associated with the *Facility's* operations. They could include politicians, commercial

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⁹⁵ Adapted from Copper Mark Criteria Guide (2023) and ICMM Nature: Position Statement (2024)

⁹⁶ Adapted from Copper Mark Criteria Guide (2023) and ICMM Nature: Position Statement (2024)

⁹⁷ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

⁹⁸ Adapted from <u>UNESCO World Heritage Convention</u> (1972)

 $^{^{99}}$ Adapted from <u>TNFD Glossary of Terms</u> (2023)

and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

World Heritage Sites: Sites established under the World Heritage Convention of 1972.

References:

- <u>Cross Sector Biodiversity Initiative (CSBI) A Cross Sector Guide for Implementing the Mitigation Hierarchy</u>
- International Finance Corporation (IFC) Guidance Note 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources
- <u>International Union for Conservation of Nature and Natural Resources (IUCN) Red List of Threatened Species</u>
- Taskforce on Nature-related Financial Disclosures (TNFD)
- <u>United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage</u>
 <u>Sites</u>



Performance Area 20: Climate Action

Intent: Reduce Scope 1, 2 and material Scope 3 greenhouse gas (GHG) emissions by defining science-informed targets or objectives in line with the Paris Agreement and by implementing the mitigation hierarchy to avoid and reduce emissions. Identify physical climate-related risks and impacts and develop and implement appropriate adaptation measures.

Other Relevant Performance Areas:

- 1 Corporate Requirements
- 4 New Projects, Expansions and Resettlement
- 8 Diversity, Equity and Inclusion
- 22 Pollution Prevention

Applicability: The requirements in 20.1 and 20.3 of this Performance Areas are intended to be implemented and assured at the *corporate level*, however, where feasible, they may be implemented and assured at the *Facility* level. The requirements of 20.2 are intended to be implemented and assured at the *Facility* level. While 20.3 is intended to be addressed through corporate reporting mechanisms, reporting must include facility-level disaggregated information.

LEVEL	REQUIREMENT
20.1. Corporate C	Climate Change Strategy (Corporate Level)
Foundational Practice	Publicly commit to reduce greenhouse gas (GHG) emissions at the corporate level.
	2. Establish accountabilities, responsibilities, and reporting processes for the governance of climate-related risks and opportunities, including at the board and executive management levels.
	3. Conduct a climate-related corporate risk and opportunity assessment.
Good Practice	1. Establish and <i>publicly disclose</i> a corporate-level climate change strategy and <i>commitment</i> to address climate-related risks and opportunities that are integrated with business planning and decision-making for existing activities and planned new projects consistent with the goals of the Paris Agreement and the Task Force on Climate Related Financial Disclosure recommendations (TCFD).
	2. Set corporate targets or objectives consistent with the aims of corporate climate change strategy for <i>Scope 1 and 2 GHG emissions</i> that cover all material emissions sources and align to the WRI GHG Protocol or relevant regulatory definition of organisational boundaries and materiality.
	3. Identify, assess, and manage material climate-related corporate risks and opportunities and their impact on the company's businesses, strategy, financial planning, and risk management consistent with scenario planning requirements in the TCFD.

	4. Identify, quantify and review material <i>Scope 3 GHG emissions</i> sources on a defined frequency.
Leading Practice	1. Include <i>Scope 3 GHG emissions</i> in corporate targets or objectives.
	2. <i>Collaborate</i> with relevant suppliers and customers on the implementation and monitoring of <i>Scope 3 GHG emissions</i> objectives and/or targets.
	 3. Include at least two of the following elements in the climate change strategy: a. Planned or actual investments in climate action that will lead to measurable improvements in climate change mitigation or adaptation. b. Key performance indicators related to the implementation of the climate change strategy assigned to relevant employees, with periodic tracking. c. Inclusion of accredited offsets that provide social and/or nature-based co-benefits.
	4. Include investments in climate adaptation that provide social value and benefits for local <i>stakeholders</i> and/or <i>rights-holders</i> in the climate change strategy.
	 Integrate an internal carbon price into major investment decisions, such as new projects or expansions, unless covered by regulated carbon pricing regimes.
	6. Establish a <i>commitment</i> to net-zero emissions by no later than 2050, with short- and long-term science-informed targets and actions to achieve this <i>commitment</i> and demonstrate that the climate strategy reflects this.
	7. Demonstrate that <i>short-and long-term</i> GHG emissions targets and/or objectives have been, or are on track to be, met on the timescale identified or that there is a corrective action plan to get back on track if deviations occur.

LEVEL	REQUIREMENT			
20.2. Climate Change Management (<i>Facility</i> Level)				
Foundational Practice	1. Establish an energy-use and GHG emissions management and monitoring system that includes mechanisms to identify and quantify <i>Scope 1 and 2 GHG emissions</i> , including significant sources of <i>non-energy GHG emissions</i> .			
	2. Undertake high-level analysis to identify physical impacts and risks to infrastructure from climate change and related adaptation measures.			
Good Practice	Define Facility-level contributions to Corporate Scope 1 and 2 GHG emissions performance targets or objectives.			
	2. Develop and implement a plan that includes clear short-and long-term			

actions towards the achievement of the GHG emissions performance objectives and/or targets. 3. Demonstrate progress towards the GHG emissions performance objectives and/or targets. 4. Identify, assess, and update at defined intervals, the risks resulting from potential climate-related impacts to the Facility, and consider any implications from those risks for the surrounding areas and local affected stakeholders and rights-holders. 5. Identify, prioritise, and implement mitigation and adaptation measures that respond to the identified potentially significant physical climate impacts and support the achievement of performance objectives and/or targets. 6. Engage with local affected stakeholders and/or rights-holders on progress related to climate-related actions that are of interest to those *stakeholders* and/or rightsholders. These could include progress related to the implementation of action plans, mitigation and adaptation measures, and progress towards objectives and/or targets. 7. Conduct an *internal review* of the *Facility*'s actions related to climate change at least annually. 8. Identify and, where feasible, implement measures to improve energy efficiency and/or incorporate other low-emission energy supply in the energy Define Facility-level contribution to corporate Scope 3 GHG emissions performance targets or objectives based on material sources established at the corporate level. Collaborate with affected local stakeholders and/or rights-holders on areas of mutual interest related to climate action. This could include the development and implementation of action plans, mitigation and adaptation measures, and the monitoring of progress towards objectives and/or targets. 3. Meet or be on track to meet performance targets on the timescale identified, Leading and/or identify and implement corrective actions. Practice 4. Apply at least two of the following leading practices: a. Assign key performance indicators related to the achievement of energy use and GHG emissions targets to relevant employees. b. Design climate adaptation or mitigation measures to provide cobenefits for biodiversity and/or communities. c. Pursue active partnerships with other organisations or stakeholders and rights-holders on physical climate impacts and adaptation management. d. Consider community, cultural or traditional knowledge in climate impact assessments and in the design of adaptation measures.

LEVEL	REQUIREMENT		
20.3. Annual Climate Change Public Reporting			
Foundational Practice	1. Publicly disclose energy consumption and Scope 1 and 2 GHG emissions data.		
	2. Apply standard quantification and estimation methodologies based on the WRI GHG Protocol or regulatory reporting requirements to convert energy and GHG emissions data into comparable units, including process emissions data.		
Good Practice	 Publicly disclose Facility-level Scope 1 and 2 GHG emissions data and progress towards targets in alignment with the recommendations of the Task Force on Climate-related Financial Disclosures (TCFD). a. Publicly disclose the corresponding absolute increase or decrease in GHG emissions where intensity targets are used. b. If used, publicly disclose a calculation of offsets as a percentage of total emissions generated annually where they are used to meet targets, and the source and nature of the accreditation of the offsets. c. Publicly disclose at defined intervals, including to affected stakeholders and rights-holders the Facility's assessment of potential physical climate impacts and plans or actions to manage the associated risks, in alignment with the recommendations of the TCFD, including both on mitigation and adaptation. 		
Leading Practice	Calculate carbon content or carbon intensity of the Facility's products and make it available to customers on request.		
	2. Complete an independent audit on GHG emissions disclosures and include an assurance statement in public disclosure.		
	3. Publicly disclose at the corporate level material Scope 3 GHG emissions data and progress towards objectives and/or targets established on an annual basis.		

Glossary and Interpretive Guidance:

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a Facility's operations, actions and decisions. (See also 'Stakeholders'.)

Carbon price: An instrument that captures the external costs of greenhouse gas (GHG) emissions.

Climate-Related Risks – There are two categories of climate-related risks, physical risks and transitional risks. Physical risks are related to the physical impacts of climate change. Some physical risks are acute, driven by specific extreme weather events, such as hurricanes, flooding, wildfire or drought. Others are chronic, associated with long-term shifts in climate patterns such as continually rising temperatures, rising sea levels and longer and more frequent heat waves. Physical risks can have sudden and significant financial impacts if they affect operations, transportation, supply chains or employee or customer safety. Transitional risks are risks inherent in the transition to a low-carbon economy. These include risks associated with evolving climate-related policies, regulations and

disclosure requirements around issues such as GHG emissions, net-zero carbon emission initiatives, carbon tax policies, energy and fuel costs and national or global energy policies. Transitional risks can have an ongoing direct financial impact and can also impact an organisation's reputation.¹⁰⁰

Demonstrating progress over time to meet objectives or targets: This Performance Area includes requirements to demonstrate progress over time to meet objectives and targets. This can be done by showing data trends in an appropriate direction consistent with achieving the target but can also be demonstrated by actions to achieve a goal, such as milestones related to the planning, design, construction and commissioning of an emissions-reducing project. Where a Facility begins to head in the wrong direction based on measured results, the implementation of corrective actions to get back on track can also be used to demonstrate progress.

Facility climate management requirements and corporate action: Where corporate actions are taken that contribute to reductions at the Facility level, these can be used as evidence that 20.2 requirements have been met. For example, where the corporate level is pursuing fleet-wide electric vehicle opportunities, these can be recognised at the Facility level.

Facility-level public disclosure requirements: Requirements for Facility-level public disclosure can be addressed through corporate reporting channels provided Facility-level information is included.

Long-term / short-term:

- a. Short-term: commitments, targets or objectives within a 5-10 year timeline. 101
- b. Long-term: commitments, targets or objectives with a timeline of more than 10 years.

Internal review: Annual *internal reviews* are intended to ensure continual improvement by evaluating the status of actions from the previous *internal review* and the effectiveness of actions related to climate. The *internal review* process should identify opportunities for improvement and describe associated action plans. It should identify and evaluate the potential significance of changes since the previous *internal review* that are relevant to climate change, including:

- Changes to legal requirements, standards and guidance, industry best practice, and *commitments* to stakeholders.
- Changes in mine operating conditions (e.g., production rate) or *Facility* environmental conditions.
- Changes outside the mine property that could influence the nature and significance of risks resulting from the *Facility* on the external environment or vice versa.

The *internal review* should also provide a summary of significant issues related to the overall performance of the *Facility* and its energy and GHG emissions management system, including compliance with legal requirements, conformance with standards, policies and *commitments* and the status of corrective actions.

Net zero: *Net zero* emissions (also referred to as carbon neutrality) means that GHG emissions released into the atmosphere are balanced by an equivalent reduction elsewhere. ¹⁰²

Net zero vs 1.5 degree commitments and targets: for the purposes of achieving the Good Practice Level, if a company has committed to *net zero*, this commitment meets the intent of the Good Practice requirement for a 1.5 degree commitment. The same is true for targets.

¹⁰⁰ Adapted from <u>TCFD Recommendations of the Task Force on Climate-related Financial Disclosure</u> (2016)

¹⁰¹ Adapted from <u>SBTi Corporate Near-Term Criteria Version 5.1</u> (2024)

¹⁰² Adapted from <u>TSM Climate Change Protocol</u> (2021)

Non-energy GHG emissions: Non-energy GHG emissions are those emissions created without the combustion of fossil fuels. Some examples of non-energy GHG emissions include fugitive methane and the acidification of carbonate ore.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

Science-informed targets or objectives: Science-informed targets provide a clearly defined pathway for companies to reduce greenhouse gas (GHG) emissions, helping prevent the worst impacts of climate change and future-proof business growth based on sound science. ¹⁰³ Establishing a science-informed target does not need to be done under the Science Based Target Initiative, other temperature-aligned target-setting methods may be used, such as ISO 14068.

Scope 1, 2, 3 GHG emissions:

- a. *Scope 1 GHG emissions*: The total global direct emissions from sources owned or controlled by the reporting *Facility*, including stationary combustion, mobile combustion, process emissions and fugitive emissions.
- b. *Scope 2 GHG emissions*: Indirect GHG emissions that a *Facility* has caused through its consumption of energy in the form of electricity, heat, cooling or steam.
- c. *Scope 3 GHG emissions*: Indirect emissions (other than Scope 2 emissions) that arise as a consequence of a *Facility*'s activities from sources that are owned or controlled by others.

Scope 1 and 2 targets: Targets may be set separately for Scope 1 and 2 or may be integrated into a single target that addresses GHG emissions broadly.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

Facility-level contributions: The intent of Facility-level contributions to corporate Scope 1 and 2 emissions performance targets and objectives is to determine whether and how each Facility will contribute to the corporate targets and/or objectives. As not all facilities have the same opportunity to reduce emissions, some facilities may make reduction contributions, while others may have targets to maintain the status quo on their emissions or to minimise increases. The list below is a non-exhaustive list of the types of ways a Facility may choose to make their contributions as there may be alternative ways of articulating a contribution. Contributions may be one type of contribution or may include several types of contributions.

a. A volume target refers to an absolute amount of energy consumed, or carbon dioxide equivalent (CO2e) emitted by the *Facility*. Such targets are independent of production. Typically, volume targets are defined relative to current or historical data (e.g. 5% reduction from 2015 baseline) but may also be set against business-as-usual projections.

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¹⁰³ Adapted from <u>SBTi Science-Based Targets</u> (no date)

- b. An intensity target refers to the ratio of consumption or emissions relative to production. This is often referred to as 'normalising' the data. Examples include emissions or energy use per tonne of copper cathode produced or per tonne of ore processed.
- c. An activity-based target is an established target where future energy consumption or GHG emissions will be reduced or avoided due to a specific activity. Such targets could include initiatives or projects that lead to energy not being consumed that would otherwise have been consumed if the project had not been implemented.
- d. A control target establishes a level or measure of effectiveness of control over an activity that is linked to either the consumption of energy or the release of GHGs. A control may include operational limits on production equipment or administrative requirements on various mining activities. Examples include:
- e. Conformance with operational limits for unit operations that are key consumers of energy or emitters of GHG emissions (e.g. 100% conformance with operating within the upper and lower temperature limits in a dryer)
- f. Compliance with an administrative control (e.g. 95% compliance with a no-idle policy)

References:

- Task Force on Climate-related Financial Disclosures (TCFD)
- <u>Greenhouse Gas Protocol</u>
- Science-Based Targets Initiative (SBTI)
- ISO 50001 Energy Management

Performance Area 21: Tailings Management

Intent: Design, construct, operate and safely close *tailings* facilities by implementing a *tailings* management system that reflects comprehensive, risk-based management and governance practices in line with internationally recognised standards.

Other Relevant Performance Areas:

- 4 New Projects, Expansions and Resettlement
- 9 Safe, Healthy and Respectful Workplaces
- 10 Emergency Preparedness and Response
- 12 Stakeholder Engagement
- 15 Cultural Heritage
- 17 Grievance Management
- 18 Water Stewardship
- 22 Pollution Prevention
- 23 Circular Economy
- 24 Closure

Applicability: This Performance Area is applicable to all facilities that produce tailings, typically from crushing, grinding and processing mined ore.

LEVEL	REQUIREMENT			
21.1 Tailings Management				
Foundational Practice	 Publicly commit to the responsible management of tailings by implementing the Global Industry Standard on Tailings Management (GISTM) or the Tailings Management Protocol of the Mining Association of Canada (MAC). The use of riverine tailings at mines that commence production after 1 January 2024 is prohibited. 			
Good Practice	Implement and pursue <i>conformance</i> with the GISTM or the Tailings Management Protocol of MAC.			
	Internally review and apply all relevant requirements of the GISTM or Tailings Management Protocol of MAC to any non-conventional tailings management solutions.			
	3. Conduct <i>internal reviews</i> and complete independent <i>audits</i> of the status of <i>conformance</i> of <i>tailings</i> facilities, at the intervals specified in either the ICMM <i>Conformance</i> Protocols for the GISTM or the Tailings Management Protocol of MAC.			
	4. Publicly disclose the overall conformance status of tailings facilities in line with the intervals specified in either the ICMM Conformance Protocols for the GISTM or the Tailings Management Protocol of MAC, clearly identify any gaps, and provide a timebound summary of actions to address them.			

Leading Practice 1. Demonstrate full *conformance* with the GISTM or the Tailings Management Protocol of MAC.

Glossary and Interpretive Guidance:

Conformance: To be in conformance with a standard means to meet or satisfy all the 'requirements' of the standard. Conformance typically applies to voluntary standards or procedures (which can in many instances go beyond legal requirements), whereas the term 'compliance' is generally associated with meeting legal and regulatory obligations. Specifically in relation to the GISTM, the ICMM conformance protocols state that conformance means that an Operator can demonstrate that systems and processes are in place to implement all applicable requirements of the GISTM (not in conflict with the law). If there is any variation between the definitions used in this consolidated Standard and the GISTM, the definitions of the GISTM apply to this Performance Area. In relation to the Tailings Management Protocol of MAC, conformance is defined against the Tailings Management Table of Conformance that accompanies the Protocol.

Non-conventional tailings management solutions: This would include lake, riverine and deep-sea tailings disposal, or other tailings disposal options that don't involve the construction of a dam. In reviewing and implementing applicable requirements of the GISTM or Tailings Protocol of MAC, facilities should demonstrate that they: identify potential and actual risks and impacts from tailings; respect the rights of affected stakeholders and meaningfully engage them at all phases of the tailings system lifecycle, including closure; implement a system to manage tailings; conduct monitoring and review; and publicly disclose relevant information.¹⁰⁴

Tailings: A by-product of mining, consisting of the processed rock or soil left over from the separation of the commodities of value from the rock or soil within which they occur.¹⁰⁵

References:

- Global Tailings Review Global Industry Standard on Tailings Management
- Mining Association of Canada (MAC) Tailings Management Protocol

¹⁰⁵ Adapted from Global Tailings Review Global Industry Standard on Tailings Management (2020)

¹⁰⁴ Adapted from Copper Mark Guidance on Tailing Management Core Requirements (2023)

Performance Area 22: Pollution Prevention

Intent: Apply the mitigation hierarchy to prevent pollution, manage releases and *waste*, and address risks to human health and the environment that the *Facility* has caused, contributed to, or is directly linked with. Support the Minamata Convention's objective of reducing mercury emissions for the protection of human health and the environment.

Other Relevant Performance Areas:

- 4 New Projects, Expansions and Resettlement
- 9 Safe, Healthy and Respectful Workplaces
- 10 Emergency Preparedness and Response
- 18 Water Stewardship
- 19 Biodiversity, Ecosystem Services and Nature
- 21 Tailings Management
- 23 Circular Economy
- 24 Closure

Applicability: This Performance Area has a focus on pollution prevention. Some sub-categories are universally applicable to all facilities (such as 22.1 Non-mineral Waste and Hazardous Materials Management and 22.3 Non GHG Air Emissions). Other sub-categories (notably 22.4 Mercury and 22.5 Cyanide) only apply to more limited subset of facilities. For 22.5 Cyanide, this is limited to facilities that use cyanide in their operations.

LEVEL	REQUIREMENT
22.1 Non-mineral	Waste and Hazardous Materials Management
	1. Publicly commit to manage and minimise waste in line with the waste mitigation hierarchy (i.e. prevent, reuse/minimise, recycle, energy recovery, dispose), in line with national law and applicable International Conventions (such as the Basel, Rotterdam and Stockholm Conventions).
Foundational Practice	2. Identify <i>waste</i> streams, including hazardous and non-hazardous waste, and whether opportunities exist to avoid and reduce the amount of waste generated, and reuse or recycle residual waste.
	3. Implement actions to avoid and reduce the amount of <i>waste</i> generated across operational activities, including opportunities to substitute <i>hazardous materials</i> for less hazardous alternatives, and manage residual wastes responsibly including their safe disposal.
	4. Assess the hazards and risks of all <i>hazardous materials</i> entering the <i>Facility</i> .
Good Practice	1. Identify the risks of <i>adverse impacts</i> of waste generated on human health and the environment (encompassing soil, flora, fauna, fresh and marine water bodies) including impacts relating to the transportation, handling, storage, and safe disposal of <i>hazardous materials</i> .

	2. Implement actions to address identified <i>adverse impacts</i> from waste proportionate to the risk of harm to human health and the environment	
	B. Establish and monitor targets and/or objectives related to <i>waste</i> and <i>hazardous materials</i> management and reduction.	
	4. Assess the hazards of the products of mining according to the UN Glo Harmonized System of Hazard Classification and Labelling or equival relevant regulatory systems, train relevant workers and communicate them and customers through safety data sheets and labelling.	lent
	5. Publicly disclose performance related to waste, in line with an internal recognised reporting standard (see Performance Area 1: Corporate Requirements 1.2).	itionally
Leading Practice	Identify and implement actions to recover or repurpose <i>waste</i> , include through reuse and recycling, where technically feasible and economic and environmentally viable.	O

LEVEL	REQUIREMENT
22.2 Mineral Waste	es (excluding tailings, see Performance Area 21: Tailings Management)
	1. Publicly commit to manage and minimise <i>mineral waste</i> in line with the waste mitigation hierarchy (i.e. prevent, reuse/minimise, recycle, dispose).
Foundational Practice	2. Identify <i>mineral waste</i> streams and whether opportunities exist to avoid and reduce the amount of <i>mineral waste</i> generated, and reuse or recycle residual <i>mineral waste</i> .
	3. Implement actions to avoid and reduce the amount of <i>mineral waste</i> generated and manage residual <i>mineral wastes</i> responsibly and safely.
Good Practice	1. Dispose of <i>mineral waste</i> in a manner that is designed to achieve geophysical and geochemical stability (for example, taking into consideration the potential for Acid Rock Drainage).
	2. Implement actions to address identified <i>adverse impacts</i> from <i>mineral waste</i> proportionate to the risk of harm to human health and the environment.
Leading Practice	Engage affected stakeholders in the development actions to address identified adverse impacts from mineral waste proportionate to the risk of harm to human health and the environment.

LEVEL	REQUIREMENT
22.3 Non-GHG Air	Emissions
- I I	Identify potential sources of air emissions, take action to avoid or minimise air emissions and implement an air quality monitoring programme informed by the presence and location of sensitive receptors.
Foundational Practice	2. Establish baseline data on different types of air pollution from a defined reference date that, subject to a materiality assessment, may include but not be limited to: particulate matter (PM); sulphur oxides (SOx); nitrogen oxides (NOx); and volatile organic compounds (VOCs).
	1. Identify risks and impacts of air emissions from the <i>Facility's</i> operational activities and infrastructure, on people and the environment (including soil, flora, fauna, and water bodies).
	2. Establish targets or objectives for air emissions reductions against a defined baseline in line with the mitigation hierarchy and develop corresponding actions.
Good Practice	3. Monitor implementation of actions to avoid and minimise air emissions and related <i>adverse impacts</i> , including engagement with <i>sensitive receptors</i> where relevant.
	4. Implement measures to prevent the release of Ozone Depleting Substances (ODS) into the atmosphere and when servicing or decommissioning systems or equipment containing ODS, ensure ODS are collected in a controlled manner and, if not reused, sent to appropriate reception facilities for banking or destruction (as required under the Montreal Protocol).
	5. Publicly disclose performance related to air emissions, in line with internationally recognised reporting standards (see Performance Area 1: Corporate Requirements 1.2).
Leading Practice	1. Provide opportunities for engaging <i>stakeholders</i> and in particular sensitive receptors in participatory monitoring.

LEVEL	REQUIREMENT
22.4 Mercury	
Foundational Practice	Prohibit the use of mercury to extract gold in processing facilities and the procurement of gold produced by third parties using mercury in line with the Minamata Convention.

	Apply materials stewardship to promote the responsible management of mercury which occurs naturally in ore bodies and which is produced as a byproduct of processing and other waste streams.
	3. Identify material point source mercury emissions to the atmosphere arising from the <i>Facility</i> 's activities and implement control measures and/or technologies to minimise them.
	4. Manage and dispose of <i>wastes</i> containing mercury in line with guidance developed under the Minamata Convention.
Good Practice	Quantify and <i>publicly disclose</i> material point source mercury air emissions from operations in line with internationally recognised reporting standards (see Performance Area 1: Corporate Requirements 1.2 for examples).
	Participate in initiatives that exist to support the elimination of mercury from ASM, where ASM occurs local to your operations.
	Responsibly dispose of any mercury produced as a by-product, to prevent it from becoming accessible to the global market.
Leading Practice	2. Actively advocate for and participate in regional, national or international multi-stakeholder initiatives aimed at mercury prevention (see Performance Area 16: Artisanal and Small-Scale Mining).

LEVEL	REQUIREMENT
22.5 Cyanide	
Foundational Practice	1. Where the <i>Facility</i> uses cyanide, publicly commit to manage the transport, storage, use and disposal of cyanide in line with the standards of practice set out in the International Cyanide Management Code.
	 Conduct a self-assessment of conformance with the International Cyanide Management Code.
Good Practice	Where the <i>Facility</i> uses cyanide, achieve and maintain certification to the International Cyanide Management Code.
	2. Use International Cyanide Management Institute certified suppliers for the transport, and where applicable, the storage and disposal of cyanide.
Leading Practice	Collaborate with stakeholders to encourage broader industry adoption of the International Cyanide Management Code

LEVEL	REQUIREMENT
22.6 Accidental Po	olluting Releases
Foundational	Undertake a risk assessment of potential accidental polluting releases to air, soil, surface and groundwater, or seawater from the Facility and from the transportation, handling, storage and disposal of materials.
Practice	2. Implement measures to prevent <i>accidental polluting releases</i> , including regular inspections and monitoring, record keeping and corrective actions.
	1. Assess risks and impacts on people and the environment of any material accidental polluting releases to air, soil or surface and ground water by the Facility's operational activities and related infrastructure, including the import of process materials or export of products or waste.
	2. Address material <i>accidental polluting releases</i> in the Emergency Preparedness and Response Plan as per Performance Area: 10 Emergency Preparedness and Response).
Good Practice	3. Remediate residual <i>adverse impacts</i> from material <i>accidental polluting releases</i> , in consultation with <i>affected stakeholders</i> where time permits (recognising that in some instances prompt action is needed to prevent this).
	4. Conduct a post-incident <i>internal review</i> to understand immediate and underlying causes, identify, and implement corrective and preventative actions, and report to senior management.
	5. Publicly disclose any material accidental polluting releases with material adverse impacts and any associated legal actions or fines in line with internationally recognised reporting standards (see Performance Area 1: Corporate Requirements 1.2).
Leading Practice	Provide to locally affected stakeholders the results of post-incident internal reviews to understand immediate and underlying causes and details of corrective and preventative actions.

LEVEL	REQUIREMENT
22.7 Noise, Vibrati	on and Light pollution/nuisance

Foundational Practice	 Identify potential sources of noise, vibration, or light pollution/nuisance and implement a monitoring programme informed by permit requirements and the presence and location of sensitive receptors (people, flora and fauna).
	2. Establish <i>baseline data</i> on different types of noise, vibration, or light pollution/nuisance from a defined reference date.
	 Identify risks and impacts of noise, vibration or light pollution/nuisance on people, flora and fauna.
Good Practice	2. Implement measures to avoid, minimise or otherwise mitigate <i>adverse impacts</i> from noise, vibration, or light pollution/nuisance.
	3. Monitor the effectiveness of mitigation measures <i>at defined intervals</i> informed by permit requirements and the presence and location of people, flora and fauna.
Leading Practice	1. Provide opportunities for engaging <i>stakeholders</i> and in particular sensitive receptors in participatory monitoring.

Glossary and Interpretive Guidance:

Accidental polluting releases: Releases of polluting materials to the environment in a sudden, unintentional manner with a risk of damage to people or the environment. Examples include a loss of containment of a stationary storage vessel, accidental rupture of a storage vessel due to a road traffic accident, an incident during the loading or unloading of product, process chemicals or fuel at a railway or port Facility, etc.

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a *Facility*'s operations, actions and decisions. (See also 'Stakeholders'.)

Baseline data: A description of existing conditions (or those that existed at a defined point in time) to provide a starting point (e.g. pre-project condition) against which comparisons can be made (e.g. post-impact condition), allowing the change to be quantified.¹⁰⁶

Basel, Rotterdam and Stockholm Conventions: The Basel, Rotterdam and Stockholm Conventions are multilateral environmental agreements, which share the common objective of protecting human health and the environment from hazardous chemicals and wastes¹⁰⁷.

Cyanide substances: Cyanide is a rapidly acting, potentially deadly chemical that interferes with the body's ability to use oxygen. Cyanide can be a colourless gas or liquid, such as hydrogen cyanide (HCN) or cyanogen chloride (CNCI). Cyanide can also be a crystal (solid) form such as hydrogen

¹⁰⁶ Adapted from <u>RJC Code of Practices</u> (2019) and <u>Copper Mark Criteria Guide</u> (2023)

¹⁰⁷ Adapted from <u>UNITAIR Portfolio</u> (no date)

cyanide (HCN), cyanogen chloride (CNCl), potassium cyanide (KCN), and predominantly sodium cyanide (NaCN)¹⁰⁸.

Hazardous materials: Materials that represent a risk to human health, property, or the environment due to their physical or chemical characteristics.¹⁰⁹

Hazardous waste: Waste with properties that make it potentially dangerous or harmful to human health or the environment.¹¹⁰

Mineral Waste: Includes waste rock (or overburden), spent ore (from leaching pads), and other mineral waste streams such as slag material from smelting. Waste rock includes granular, broken rock that ranges from fine sand to large boulders, depending on the nature of the formation and mining methods employed. Spent ore usually ranges in size from sand particles to pebbles.

Non-Mineral Waste: Includes solid or liquid materials generated by the *Facility* that are discarded or no longer needed. For mining, this would include wastes generated during the extraction, beneficiation, or processing of ore. For the purposes of this Standard, it includes material placed in waste rock dumps, but excludes tailings (see Performance Area 21: Tailings Management). Wastes can cause pollution and adversely impact the environment if they are not properly managed.

Particulate Matter (PM): Refers to everything in the air that is not a gas and includes solid particles and liquid droplets. Some particles, such as dust, dirt, soot, or smoke, are large or dark enough to be seen with the naked eye. Others are so small they can only be detected using an electron microscope. Particulate matter includes:

- o *PM10*: inhalable particles, with diameters that are generally 10 micrometres and smaller; and
- o *PM2.5*: fine inhalable particles, with diameters that are generally 2.5 micrometres and smaller¹¹¹.

Sensitive receptors: Includes people at a heightened risk of negative health outcomes due to exposure to air pollution. For people, this could include children, elderly, asthmatics and others with underlying health conditions. Sensitive Receptor locations could include hospitals, schools, and daycare centres. Some plant and animal species are also highly sensitive to air pollution.

References:

- International Cyanide Management Code
- Minamata Convention on Mercury and related <u>Guidance on Best Available Techniques and Best Environmental Practices</u>
 United Nations (UN) Globally Harmonized System of Classification and Labelling of Chemic

<u>United Nations (UN) Globally Harmonized System of Classification and Labelling of Chemicals</u> (GHS)

¹⁰⁸ Adapted from <u>CDC Cyanide</u>: <u>Exposure</u>, <u>Decontamination</u>, <u>Treatment</u> (no date) <u>https://www.cdc.gov/chemicalemergencies/factsheets/cyanide.html</u>

¹⁰⁹ Adapted from <u>IFC Performance Standards 5 (</u>2012)

¹¹⁰ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

¹¹¹ Adapted from <u>USEPA Particulate Matter (PM) Basics (</u>no date)

Performance Area 23: Circular Economy

Intent: Promote a *circular economy* through the collection, reuse and recycling of materials, the reduction of waste and increased resource efficiency in *Facility* design, operation, and decommissioning.

Other Relevant Performance Areas:

- 1 Corporate Requirements
- 3 Responsible Supply Chain
- 4 New Projects, Expansions and Resettlement
- 18 Water Stewardship
- 19 Biodiversity, Ecosystem Services and Nature
- 20 Climate Action
- 21 Tailings Management
- 22 Pollution Prevention
- 24 Closure

Applicability: This Performance Area focuses on circularity in both process and product design. 23.1 is focussed on the application of circular principles at a mining *Facility*, whilst 23.2 is aimed specifically at *smelters* and covers the design of processes as well as requirements related to the processing of secondary materials.

LEVEL	REQUIREMENT
23.1 Circular Econ	omy Management at all facilities
Foundational Practice	Publicly commit to apply the <i>principles of circular economy</i> in the <i>Facility</i> 's operations through increased resource efficiency, reprocessing, reuse, recovery and recycling.
	Identify and document all waste streams, mineral and non-mineral from the Facility, and opportunities to separate waste that can be reprocessed, reused or recycled.
	Identify opportunities to minimise and eliminate <i>pre-consumer scrap</i> , <i>run-around scrap</i> and non-tailings waste through increased resource efficiency, reuse recovery and recycling.
	2. Identify opportunities to minimise the production of <i>tailings</i> .
Good Practice	Identify opportunities to produce or recover commercially viable products from industrial processes and/or waste streams.
	4. Identify opportunities to apply the principles of circularity to closure planning, including but not limited to considering future land use opportunities, and the potential for reuse, recovery and recycling of waste remaining at the <i>Facility</i> .

Leading Practice	1. Establish, monitor and <i>publicly disclose</i> progress towards objectives and/or targets for <i>circular economy</i> at the corporate level <i>at defined intervals</i> .
	2. Identify and advance opportunities to <i>collaborate</i> with suppliers and/or customers and/or adjacent industrial activities to increase circularity of materials and equipment used at the <i>Facility</i> .
	3. Identify and advance opportunities to reduce or eliminate <i>tailings</i> and other waste by applying new technologies including support for innovation initiatives at the <i>Facility</i> or corporate level.

LEVEL	REQUIREMENT			
23.2 Additional Re	23.2 Additional Requirements for Smelters			
	Identify opportunities to promote collection, reuse and recycling of post- consumer products at their end-of-life.			
	2. Identify opportunities to incorporate reclaimed <i>post-consumer scrap</i> .			
Good Practice	Measure recycled content using recognised methodologies or industry guidelines where available.			
	4. Conduct risk-based due diligence on <i>scrap</i> , considering the type and country of origin of <i>scrap</i> materials.			
	1. Provide information on <i>recycled content</i> to commercial partners on request including the methodology and system boundaries applied to determine the recycled content.			
Landing Duration	2. Identify and assess human rights and environmental risks in the <i>scrap</i> supply chain and prioritise these based on their severity and likelihood (see Performance Area 3: Responsible Supply Chains).			
Leading Practice	3. Establish and implement action plan(s) to prevent and mitigate prioritised impacts in <i>collaboration</i> with <i>stakeholders</i> .			
	4. Increase the recovery, reuse, and recycling of materials against a baseline and as a percentage of material intake, ensuring that in doing so, environmental and economic viability and safety, technical and legal considerations are prioritised.			

Glossary and Interpretive Guidance

Circular economy: Within a *circular economy*, material producers and product manufacturers work with end users, communities, retailers, service providers and waste management facilities to "close

loops" by reusing, performing maintenance on, repairing, refurbishing and recycling products and materials. In the mining sector, *circular economy* encompasses 'process circularity', which refers to the application of circular principles to the mining process, and 'product circularity', which focuses on ensuring that metals and minerals are kept in circulation through recovery, reprocessing and reuse. 112

Principles of circular economy: The *circular economy* is based on three principles, driven by product and process design: eliminate waste and pollution; circulate products and materials (at their highest value); regenerate nature.¹¹³

Recycled Content: Recycled material refers to minerals or metals that have been previously processed, such as end-user, post-consumer, scrap and waste minerals or metals arising during minerals or metals processing and product manufacturing, which is returned to a minerals or metals processor or other downstream intermediate processor to begin a new life cycle. 114

Scrap:

- a. *Pre-consumer scrap*: Material that is diverted from the waste stream from a manufacturing process or similar, in which the material has not been intentionally produced, is unfit for end use and not capable of being reclaimed within the same process that generated it.¹¹⁵
- b. *Post-consumer scrap*: Material that is reclaimed from a consumer or commercial product that has been used for its intended purpose by individuals, households or commercial, industrial and institutional facilities as end-users of the product which can no longer be used for its intended purpose.¹¹⁶
- c. *Run-around scrap*: *Run-around scrap*, sometimes referred to as home *scrap* or in-house *scrap*, is material generated and reclaimed at the same *Facility*. ¹¹⁷

Smelter: Facility where smelting takes place. Smelting involves separating metal, as an element or compound, from processed ore by heating it to a high temperature in a suitable furnace, typically in the presence of a reducing agent, such as carbon, and a fluxing agent, to promote fluidity and remove impurities. For the purposes of the Standard, this excludes the smelting of gold to remove impurities as an integral part of a gold mining operation.

Stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, such as interest groups, government agencies or corporate entities who have rights or interests related to the Performance Areas covered by the Consolidated Standard that are or could be affected by adverse impacts associated with the Facility's operations. They could include politicians, commercial and industrial enterprises, labour unions, academics, religious groups, national social and environmental groups, public sector agencies, the media and communities. Legitimate representatives include trade unions, as well as civil society organisations and others with experience and expertise related to business impacts on human rights.

References:

N/A

¹¹² Adapted from Copper Mark Criteria Guide (2023) and ICMM Circular Economy (2023)

¹¹³ Adapted from <u>Ellen MacArthur Foundation Circular Economy Introduction</u> (no date)

¹¹⁴ Adapted from OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas, Gold Supplement (2016)

¹¹⁵ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

¹¹⁶ Adapted from <u>Copper Mark Criteria Guide</u> (2023)

¹¹⁷ Adapted from Copper Mark Criteria Guide (2023)

Performance Area 24: Closure

Intent: Plan and design for progressive *rehabilitation* and *closure* in consultation with relevant authorities, stakeholders and rights-holders, address *closure*-related environmental and social risks and impacts and make *financial provision* to enable implementation of *closure* and post-*closure commitments*.

Other Relevant Performance Areas:

- 12 Stakeholder Engagement
- 13 Community Impacts and Benefits
- 14 Indigenous Peoples
- 16 Artisanal and Small-Scale Mining
- 18 Water Stewardship
- 19 Biodiversity, Ecosystem Services and Nature
- 20 Climate Action
- 21 Tailings Management
- 22 Pollution Prevention
- 23 Circular Economy

Applicability: This Performance Area is applicable to all facilities.

LEVEL	REQUIREMENT	
24.1 Closure Mar	Closure Management	
Foundational Practice	Publicly commit to responsible <i>closure</i> that integrates environmental and social considerations and achieves physically and chemically stable post-closure conditions that do not pose ongoing material risks to people or the environment.	
	2. Develop a <i>closure</i> plan in line with regulatory requirements, informed by engagement with potentially <i>affected stakeholders</i> and <i>rights-holders</i> that integrates environmental and social aspects and estimated <i>closure</i> costs.	
	Identify risks and impacts related to <i>closure</i> and <i>rehabilitation</i> in consultation with stakeholders and <i>rights-holders</i> , including but not limited to those related to land, biodiversity, water bodies, water sources, workers, communities, infrastructure, and post-closure liabilities.	
Good Practice	Collaborate with affected stakeholders and rights-holders to identify opportunities for post-mining communities, including workers and local suppliers, delivered through closure, as closure approaches.	
	3. Collaborate with affected stakeholders and rights-holders and local or regional government planning authorities as part of the closure planning process on closure measures and success criteria to prevent adverse impacts and realise opportunities, including but not limited to the rehabilitation of land, beneficial	

future land uses, protection of biodiversity and water sources, and avoidance of acid rock drainage and metal leaching. 4. Engage stakeholders and *rights-holders* to identify and document potential post-closure opportunities for alternative productive, recreational or conservation use of land and/or infrastructure as part of the *closure* planning process. 5. Implement and monitor *closure* measures during the operating life of the Facility, in line with a progressive closure approach and in accordance with the closure plan. 6. Undertake monitoring, maintenance and management of closure and rehabilitation activities during closure and post-closure. 7. Estimate the costs to implement the *closure* and *rehabilitation* plan, update them at defined intervals, and make adequate financial provisions to meet these costs that are publicly disclosed through corporate-level reporting at least annually. 8. Establish *financial assurance* for *closure* through guarantees, bonds, or other financial instruments (which in some instances are legally prescribed). Financial assurance may include self-funding where legally permissible. 9. Update information on local environmental, social and economic conditions at defined intervals to inform closure planning, and progressively improve the level of confidence in proposed *closure* measures. 10. Conduct a review and update the closure plan at defined intervals to adapt it to changes in activities, changes in the social, environmental and economic circumstances, and to reflect the priorities of affected stakeholders and rightsholders as identified through ongoing engagement. 11. Develop temporary or sudden closure measures to include maintenance, surveillance and emergency preparedness programmes for the protection of health, safety, and the environment and engage affected stakeholders and rights-holders in the process where possible. 1. Publicly disclose how closure costs are estimated, and the costs and associated financial provisions for all facilities at least annually. Leading 2. Collaborate with affected stakeholders and rights-holders to identify Practice

opportunities for post-mining communities, including workers and local

suppliers, throughout the life of the Facility.

Glossary and Interpretive Guidance

Acid Rock Drainage (ARD) and Metal Leaching: Tailings, waste rock and features such as heap leach and stockpiles can contain sulphide minerals such as pyrite which oxidise when exposed to air. When water comes into contact with oxidised sulphides, this can acidify the water which has the potential to leach (dissolve) metals in the tailings or waste rock. This can create an outflow of acidic water known as ARD (sometimes referred to as Acid Mine Drainage) which can seep into groundwater or emerge in surface streams and impact biodiversity or potable waters. Without effective prevention and management, ARD can continue to contaminate waterways and aquatic environments for decades or centuries after mining has stopped. In addition, metal leaching can also occur in non-acidic conditions.¹¹⁸

Adverse impacts: Negative effects on human rights or the environment that the Facility could cause, contribute to, or to which it is directly linked. Actual adverse impacts indicate adverse effects that have already occurred or are occurring; potential adverse impacts indicate an adverse effect that could occur.

Affected stakeholders: Any individual, group of individuals or organisation, or their legitimate representatives, who are affected by a *Facility's* operations, actions and decisions. (See also 'Stakeholders'.)

Closure: A process of planning and managing the decommissioning of a *Facility*, smelter and associated infrastructure and facilities, mitigating impacts, and undertaking *rehabilitation* to achieve post-closure environmental and social objectives.¹¹⁹

¹²⁰Financial Assurance: Any financial instrument, including any surety bond to a government entity, insurance policy, letter of credit, line of credit or other financial instrument or account, required by any governmental entity in an amount and form maintained by the mine owner related to or in connection with the conduct of the business or the activities of the mine, principally used to fund closure and rehabilitation of a mining Facility when the mine owner or operator is unwilling or unable to do so. ¹²¹

Financial Provision: Typically represents the public disclosure to support statutory accounting and reporting, is based on any legal liability or compliance as a minimum and represents a discounted cash flow estimation for the *closure* and *rehabilitation* costs of the current disturbed footprint and decommissioning of the mine infrastructure at the time of reporting (usually annually) over the remaining life of the asset. Also known as the Asset Retirement Obligation under <u>IAS 37</u>.³

Progressive closure: The implementation of ongoing efforts to advance *closure* activities during construction and operation of a mine. ¹²²

Rehabilitation: The return of land to a safe and stable condition that supports the intended postmining land use, having considered beneficial uses of the *Facility* and surrounding land. *Rehabilitation* could involve 'reclamation' (i.e. the recovery of pre-development ecosystems and related services and biogeochemical functions) or more commonly the repurposing of disturbed land¹²³.

Rights-holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty bearers (e.g., state or non-state actors that have a particular obligation or

¹¹⁸ Adapted from <u>INAP Acid and Metalliferous Drainage</u> (no date)

¹¹⁹ Adapted from <u>SMI Mine Closure Overview</u> (no date) <u>https://stories.uq.edu.au/smi/2022/csrm-mine-closure-hub/mine-closure-overview/index.html</u>

¹²⁰ Adapted from <u>IRMA Standard for Responsible Mining</u> (2018)

¹²¹ Adapted from <u>ICMM Financial Concepts for Mine Closure</u> (2019)

¹²² Adapted from <u>ICMM Integrated Mine Closure Guide</u> (2019)

¹²³ Adapted from <u>SMI Mine Closure Hub</u> (no date) and <u>RJC Mine Rehabilitation and Closure</u> (no date)

responsibility to respect, promote and realise human rights and abstain from human rights violations). In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected, such as Indigenous Peoples.

References:

- ICMM Integrated Mine Closure: Good Practice Guide
- ICMM Financial Concepts for Mine Closure



Disclaimer for translations: This document has been translated from English. If in doubt, please refer to the original version in English.

Consolidated Standard Assurance Process

October 2024

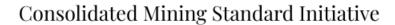










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1. Introduction

1.1 About the Consolidated Standard

The Consolidated Standard is a global standard focused on driving and maintaining a high level of performance related to the responsible production of metals and minerals. Through this standard, critical aspects of ethical business practices, worker and social safeguards, social performance and environmental stewardship are progressed, externally assured, and publicly reported against distinct Performance Areas and their contained requirements at the Facility level.

1.2 Consolidated Standard Assurance Process

The Assurance Process provides detailed information on the external assurance process and related requirements. It is designed to support Facilities and Assurance Providers to accurately and consistently verify conformance against the Consolidated Standard.

The Assurance Process establishes minimum requirements for Assurance Providers conducting external assurance and defines the process to be followed. Re-assurance is required every three years. This document also identifies the requirements and expectations for Facilities to ensure they follow a clear and consistent process for hiring qualified and accredited Assurance Providers.

1.3 How to Use this Process

The Assurance Process provides Assurance Providers with instructions required to conduct external assurance and provides Facilities with relevant information to properly prepare for the process. Assurance Providers must adhere to the requirements of this Assurance Process to conduct external assurance against the Consolidated Standard.

Section 1	Explains the roles and responsibilities of Facilities, Assurance Providers, the Secretariat and National Panels with respect to the Assurance Process.
Section 2	Explains the qualifications, competencies and training necessary to obtain and maintain approval as an assurance provider to conduct external assurance on the Consolidated Standard.
Section 3	Provides information and requirements related to planning, executing, and reporting on the external assurance, as well as how Assurance Providers can provide suggestions for continual improvement to the Secretariat.
Section 4 & 5	Provides an overview of the Consolidated Standard dispute resolution process and public grievance mechanism, which Facilities, Assurance Providers or other stakeholders can use as required.

Section 6

Explains the process to ensure and continually improve the quality of the Consolidated Standard Assurance Process, including an overview of the assurance oversight process.

Appendices

The appendices provide definitions, a list of recognised Assurance Provider credentials and may include other documents and tools for Assurance Providers and Facilities.



2. Roles and Responsibilities

There are four principal entities involved in the Consolidated Standard assurance process, each of which have particular roles and responsibilities:

- A. Facilities and their Parent Companies
- B. Assurance Providers
- C. The Secretariat
- D. National Panels

A. Facilities and their Parent Companies

The Consolidated Standard is primarily implemented at the Facility level, though a minority of performance areas are assessed, in part or in full, at a corporate level.

A Facility includes the footprint of all operational activities (i.e. mine, ancillary Facilities such as power plants, smelter, etc.) under the operational control of the company and typically located in geographic proximity.

A Facility's responsibilities when using the Assurance Process include:

- Demonstrate senior management commitment to and support for the assurance process, including making internal resources available as per the Assurance Plan.
- Prepare annual self-assessments for all applicable performance areas and undergo external assurance every three years.
- Maintain appropriate documentary evidence to demonstrate adherence to the requirements contained in the Consolidated Standard.
- Provide evidence for all applicable performance areas of the Consolidated Standard to the Assurance Provider.
- Contract an accredited Assurance Provider. Advise the Secretariat of the Lead Assurance Provider, including their contact details, and the dates of the planned assurance as soon as the Assurance Provider is selected.
- Use established communications channels to advise affected stakeholders and rights holders that an external assurance is being undertaken, how they can provide input and how the results of the external assurance will be used. This communication should take place at least 30 days in advance of the external assurance.
- Provide a comprehensive list of stakeholders and rights holders, including workers (employees and contractors) to inform the interview selection process.
- Receive Assurance Providers on-site and facilitate access to workers, rights holders and stakeholders for interviews.
- Review the draft Assurance Report for factual accuracy.
- Where required, prepare and make public an Improvement Plan.

 Publicly report results and any associated claims in accordance with the Consolidated Standard Reporting and Claims Policy.

B. Assurance Providers

Assurance Providers are independent parties accredited by the Secretariat to carry out assurance activities. Assurance Providers are accredited based on the criteria listed in Section 2.

Assurance Providers have the following responsibilities:

- Complete the application process for Assurance Provider accreditation.
- Sign a commitment to conduct external assurance in accordance with the Assurance Process.
- Successfully complete all required training provided by the Secretariat.
- Maintain accreditation as defined in the Section 2 of the Assurance Process.
- Sign a contract to provide assurance services consistent with the Assurance Process with the Facility or its parent company.
- Where guidance from National Panels exist, review it and incorporate it the Assurance Plan.
- Prepare for the external assurance in collaboration with the Facility and its parent company and develop a Facility Assurance Plan.
- Review documentary evidence from the Facility and the parent company.
- Review the list of stakeholders and rights holders to inform a target list for interviews.
- Contact and share information with stakeholders and rights holders about the purpose
 of the interviews and how their input will be used. Interview stakeholders and rights
 holders during the assessment, and share information with them on how to access the
 dispute resolution process.
- Act in accordance with the Facility's safety management system while on-site, including participation in required induction training, wearing required personal protective equipment (PPE) and complying with site-specific policies and procedures.
- Conduct a Facility assessment visit in accordance with this Assurance Process and the Assurance Plan, coordinating with the Facility throughout.
- Prepare a final assessment report in accordance with the template (see Appendix C) and submit to the Facility or its parent company and the Secretariat.
- For Facilities pursuing an assured claim but not achieving a Good Practice Level or better in all aspects, review the Facility's Continual improvement Plan to confirm it addresses the identified gaps, is time-bound, and has been signed off by senior management.
- Participate in the Assurance Oversight Process when requested by the Secretariat or a Facility representative.

C. The Secretariat

The role of the Secretariat is to ensure the consistent implementation of the Assurance Process, overseeing implementation and quality control. The Secretariat manages the accreditation process of Assurance Providers and the maintenance of a public registry of approved Assurance Providers, reporting of assessment results and claims management in accordance with the Consolidated Standard Reporting and Claims Policy.

The Secretariat has the following responsibilities to support the consistent implementation of the Assurance Process:

- Set, maintain and update the Assurance Process.
- Manage the accreditation process for Assurance Providers and provide required training.
- Confirm eligibility of participating Facilities.
- Maintain the public registry of approved Assurance Providers and monitor ongoing adherence to the Assurance Provider qualification requirements
- Review the Assurance Plan and the Assurance Report for completeness and consistency with the Assurance Process.
- Ensure publication of the Facility Assurance Report in accordance with the requirements of this document.
- Provide guidance and interpretation of the Consolidated Standard and this Assurance Process to Assurance Providers and Facilities, as needed.
- Maintain and operate the Assurance Oversight Process to ensure assurance is conducted in a manner consistent with the Assurance Process and seek opportunities for continual improvement.
- Conduct due diligence on business risks (such as a scan of sanctions lists) and a media scan and provide it to the Assurance Provider to inform the preparation of the assurance plan.
- Maintain and operate a dispute resolution process to address any disagreements on conclusions arising from the Assurance Process between the Facility and the Assurance Provider.
- Maintain and operate a public grievance mechanism to receive feedback and/or questions about the Standard and to receive allegations, complaints or concerns about the application of the Standard and the Assurance Process.
- Review the effectiveness of the Assurance Process to assess whether it meets its own aims and objectives and, where identified, oversee the implementation of system improvements. This review will take into account input from parties with diverse backgrounds to ensure lasting relevance and appropriateness.
- Confirm and remove eligibility of participating Facilities to make claims based on the separate Consolidated Standard Reporting and Claims Policy.

D. National Panels

In jurisdictions that have National Panels in place, those panels may assess whether and how the regulatory regime may provide useful information to determine whether Facilities in that jurisdiction are meeting certain Performance Areas, or parts of Performance Areas based on their compliance with the regulatory regime.

Where these assessments are done, National Panels are required to take into account both the requirements of the regulatory regime and the implementation and enforcement of those regulations. This approach has the benefit of ensuring the requirements of the Consolidated Standard are implemented consistently across the world, but that implementation and assurance efforts are focused on the elements of the Standard that can add the most value in each jurisdiction.

3. Who Can Conduct External Assurance?

3.1 Assurance Provider Requirements

It is important to the credibility of the Consolidated Standard that only qualified, competent and independent Assurance Providers perform external assurance. The following establish minimum qualifications and requirements that Assurance Providers must meet to become accredited to conduct an external assurance under the Consolidated Standard. Only Assurance Providers, individually or as a team, that have been accredited by the Secretariat as having met the Consolidated Standard requirements, may undertake Facility assurance engagements. The Secretariat retains all rights to accredit Assurance Providers, monitor ongoing adherence to the assurance provider qualification requirements and to remove their accreditation.

Of note:

- Assurance Providers are accredited as individuals and not as part of the company they
 are associated with. Applications can be submitted by an individual, a group of individuals
 or a firm on behalf of a group of individuals.
- For the purposes of conducting an external assurance, Assurance Providers may form teams that collectively meet all the requirements contained in this Assurance Process including subject matter expertise, language requirements and jurisdictional familiarity.
- These requirements are specific to Consolidated Standard external assurance. If a Facility
 chooses to engage a third party to conduct a gap assessment, self-assessment, or other
 consulting work related to Consolidated Standard, then it is the responsibility of the Facility
 to establish qualification and competency requirements.

 A Facility may choose to use the same Assurance Provider(s) for up to three cycles of assurance. After the third assurance cycle, the Facility must select a different team of accredited Assurance Providers, whether from the same company or a different company.

Note that there is no set requirement for the size of the Assurance Team or the associated level of effort. Many factors can influence these decisions, including the complexity of the Facility, the maturity of the Facility's management systems, and the experience of each Assurance Provider.

In situations where individuals from different companies form an assessment team, the contracting Assurance Provider is deemed the Lead Assessor, unless otherwise stated by the Assurance Team.

There may be instances where additional, specialised subject matter knowledge may be required by the Assurance Provider. In these instances, the Assurance Provider may choose to engage a subject matter expert (SME) who is not an accredited Assurance Provider. The SME will be engaged in an advisory capacity and must work under the direct supervision and oversight of an accredited Assurance Provider.

The assurance engagement can be completed as a stand-alone assurance engagement or as part of an integrated assurance engagement for both the Consolidated Standard and one or more other standards being applied by the Facility. Where an integrated approach is taken, the methodology and report must meet all of the requirements of this Assurance Process and must cover all elements of the Consolidated Standard.

3.1.1 Assurance Provider Qualifications

Each Assurance Provider must, at a minimum, meet the following requirements:

- 1. Represent a legal business entity or clearly describe their relationship within or affiliation with the organisational structure of a legal entity.
- 2. Hold a university degree in a relevant field and/or demonstrate technical experience in a relevant field. Relevant field refers to a subject area that is covered within the Consolidated Standard. Given the breadth of subject matter covered by the Standard, this includes a broad range of sustainability-related fields.
- 3. Demonstrate a minimum of five years of experience in providing external assurance and in environmental and/or social subject matters relevant to the Assurance Process; or have been involved in a minimum of 10 completed assurance engagements of environmental and/or social subject matter relevant to the Assurance Process.

Assurance Provider in Training:

Where a potential Assurance Provider does not meet this experience requirement but meets all of the other qualifications, they may join an assurance engagement under the direct supervision of an approved Assurance Provider as an Assurance Provider in Training (APT). All work of the APT must be directed and overseen by a qualified Assurance Provider. To keep the assurance team size manageable, it is advised that no

more than one APT be included in a given Facility level assurance engagement. Inclusion of an APT is to be done in consultation with the Facility.

- 4. Hold one or more of the audit training credentials listed in Appendix B. Demonstrate independence:
 - a. Assurance Providers must be independent of the Facility and company being evaluated to ensure the objectivity, confidentiality, and non-existence of conflicts of interest. This means Assurance Providers, as an individual or as a team, should be independent of the activity being audited and should in all cases act in a manner that is free from bias and conflict of interest.
 - b. Assurance Providers cannot have been employed directly by or provided consulting or advisory services related to the scope of the Consolidated Standard to the Facility within the last three years.
 - c. Assurance Providers must disclose any business or financial relationship with or financial interest in the Facility, or company within the scope of the assessment. Potential conflicts of interest will be evaluated by the Secretariat and disclosed in the Assurance Report.
 - d. Assurance Providers must not in any way convey the impression that the use of other services offered by the Assurance Provider, or their company, would result in preferential treatment during the external verification.
- 5. Assurance Providers must complete an initial Consolidated Standard Assurance Provider Training and pass an evaluation (as described in Sections 2.2 and 2.3). Subsequently, Assurance Providers must repeat the training at least once every three years and participate in annual update training provided by the Secretariat and other trainings as directed by the Secretariat.

At least one member of the Assurance Provider team for each Facility level assurance must demonstrate experience working in the region where the assurance is being conducted, and relevant knowledge and competencies, including:

- a. Functional proficiency in the predominant language used at the Facility and in the surrounding community, where possible. In discussion with the Facility, translators may be used to supplement the Assurance Provider team to meet this proficiency requirement.
- b. A general understanding of the legal framework and socio-economic context in the country of operation.
- c. An understanding of Indigenous Peoples' rights, the local context and suitable communication and engagement methods.
- d. A high degree of cultural awareness. At least one team member must demonstrate an understanding of local cultural considerations.

Where they exist, assurance providers are encouraged to be registered with appropriate professional organisations, adhere to those organisations' codes of ethics.

The Secretariat may, at its discretion, in line with the auditor qualification requirements defined in this Assurance Process, designate Assurance Providers as being accredited only for certain Performance Areas, geographies, types of operations, or subject-matter expertise.

3.2 Consolidated Standard Training

3.2.1 Assurance Provider Training Program

The Consolidated Standard Assurance Provider Training is offered through facilitated workshops (virtual or in-person) and a self-directed online training program. The training includes:

- An introduction of the Consolidated Standard program.
- An overview of the requirements and expectations of Consolidated Standard Assurance Providers.
- Information on recent or upcoming changes to the Consolidated Standard program.
- Presentations and case study exercises to support understanding and interpretation of the Performance Areas and the requirements of the Consolidated Standard.
- Opportunities to seek clarification.

3.2.2 Update Training for Assurance Providers

The Secretariat will hold at least one update training each year to ensure that Assurance Providers have the latest information on the Consolidated Standard and the Assurance Process. The training is used to:

- Communicate changes to any relevant aspects of the Consolidated Standard.
- Discuss common interpretation questions that may have arisen in the previous year.
- Share findings and recommendations from the annual assurance provider oversight process.

Assurance Providers are encouraged to submit any Consolidated Standard-related questions in advance of the annual training. Evidence of participation in the update training (whether in real-time or asynchronously through a recording) is required to maintain accreditation.

3.2.3 Maintaining the Assurance Provider Accreditation

To maintain an accreditation, the Assurance Provider must complete all mandatory trainings. This includes, at a minimum, one training workshop at least once every three years, the annual update training provided by the Secretariat and other trainings as directed by the Secretariat.

The Secretariat, on an annual basis, will monitor the performance of the Assurance Provider using the Assurance Oversight Process.

The Secretariat retains the right to suspend or remove an Assurance Provider's accreditation if the monitoring identifies issues in regard to:

- The Assurance Provider's adherence to the Assurance Process Policy and performance of good quality assurance services.
- The Assurance Provider's attendance and performance in mandatory trainings.
- A violation of any of the Assurance Provider's qualifications, notably in relation to conflict of interest or violation of any relevant professional codes of ethics.

4. Consolidated Standard External Assurance Process

4.1 Methodology

The purpose of the external assurance process is to have an independent, third-party Assurance Provider confirm the Facility's level of conformance with the requirements of the Consolidated Standard.

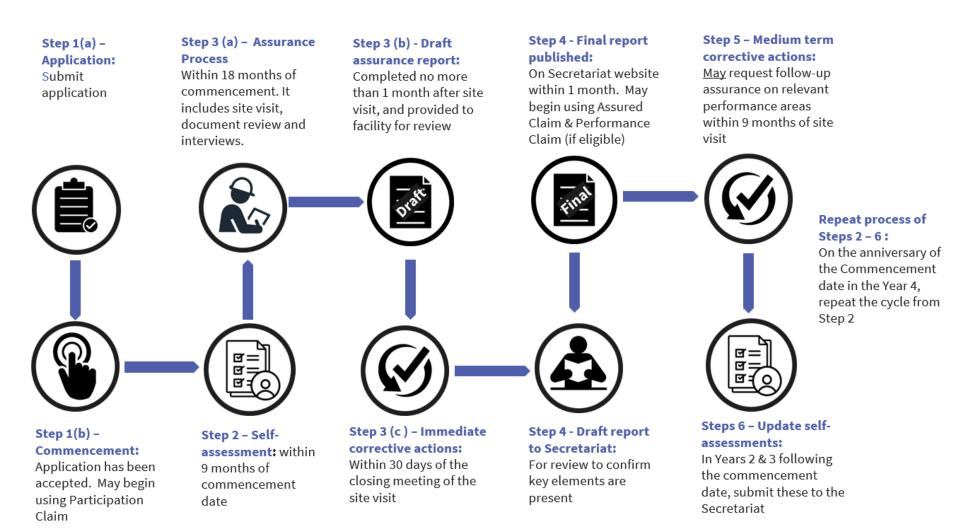
The Assurance Provider must conduct the assurance in accordance with recognised standard assurance methodologies to collect and assess the evidence, including document and record review, interviews with workers, interviews with a selection of stakeholder and rights holders, and observations at the Facility. These methodologies must include handling and treatment of evidence provided during the assurance engagement as confidential.

ISO 19011 Guidelines for Auditing Management Systems and ISAE 3000 International Standard on Assurance Engagements are two examples of recognised standard assurance methodologies, though other equivalent methodologies may also be employed. It is the responsibility of the Assurance Provider to demonstrate use of another recognised standard assurance methodology to the Secretariat and document this within the Assurance Plan.

Assurance against the Consolidated Standard may be conducted as part of a broader assurance engagement (e.g. including assurance against other standards or internal requirements) provided that all requirements within this document are met.

Figure 1 includes a step-by-step overview of the Assurance Process.

Figure 1: Overview of the Assurance Process



4.2 Planning

4.2.1 Application

A Facility begins the Assurance Process by submitting an application to the Secretariat. A company may submit applications for multiple Facilities at the same time.

4.2.2 Review and Acceptance of Facility Applications

The Secretariat undertakes a review of public sanctions lists of the UK, US, the European Union and both the host and home countries (where available)¹ as well as any reports related to the Facility that may cause an actual or perceived action against the Secretariat's business integrity obligations (money laundering, bribery, corruption, fraud, economic crimes or other risks to legal compliance) that would preclude the undertaking of the Assurance Process.

Where a facility is deemed ineligible to participate in the Consolidated Standard due to any of the above, a facility may re-apply if there is a significant and verifiable change in their circumstances that addresses the issues identified. The Secretariat will consider all relevant factors at that time in deciding the facility's re-application.

Provided there are no legal issues that would prevent the Secretariat from entering into a business relationship with the Facility and its parent company, then the Secretariat will accept the application and the Facility will pay the applicable assurance fee as per the Fee Policy. The date where the relevant documents are countersigned is considered the commencement date for the purpose of the Assurance Process. The Facility will have 9 months from the commencement date to submit an initial self-assessment report and 18 months from the commencement date to complete the Assurance Process and publish the Assurance Report. The next assurance engagement will be initiated on the fifth anniversary of the commencement date (i.e. the commencement date will always be the start of each three-year assurance cycle).

4.2.3 Media Scan

The Secretariat conducts a media scan of Facilities on issues covered by the Consolidated Standard in accordance with its established policies and procedures. In the case that a Facility has already undertaken its first assurance against the Consolidated Standard, the Secretariat further considers any issues raised through the Grievance Mechanism (refer to section 5 for details on this mechanism) that concerned the Facility(ies) or the company, if any. The results of this research will be shared with the Assurance Provider selected by the Facility for consideration as contextual information to inform the assurance planning phase. This research is not considered evidence, as it has not been factually verified, but rather provides insight into public perception.

4.2.4 Assurance Provider Selection

The Facility must select Assurance Providers for the Assurance Process from the registry of accredited Assurance Providers maintained by the Secretariat. It is expected that most

¹ Note the public sanctions lists to be reviewed will be confirmed once the location and legal structure of the organisation overseeing the Consolidated Standard and the Assurance Process have been established.

assessments will require a team of Assurance Providers. One member of the team will be designated the Lead Assurance Provider.

The Facility shall inform the Secretariat as soon as the Assurance Provider is selected. This must occur with adequate lead time for the Secretariat to provide input to the assurance planning process.

4.2.5 Assurance Planning

During the assurance planning phase, the Assurance Provider engages with the Facility and reviews background documentation, considers the information shared by the Secretariat and does desk-based research to inform decisions regarding the assurance scope, approach, and execution plan. During the planning phase, the Assurance Provider makes decisions related to sampling strategies, stakeholder and rights holder interviews, and the need for translation services. The output of this step will be an Assurance Plan (see Assurance Plan subsection below) for submission to both the Facility and the Secretariat. The Secretariat will review the Assurance Plan for completeness and conformance with Consolidated Standard] Assurance Process within 10 business days.

In preparing the Assurance Plan, Assurance Providers should consider the length of time required to review documents, engage with internal and external stakeholders, and analyse evidence for each Performance Area to verify self-assessment results.

Assurance Providers are required to take a risk-based approach to gather and analyse evidence systematically on a Facility's performance against the applicable Performance Areas. A risk-based approach is understood to be the most appropriate way to prioritise data gathering and analysis. For more information, please see *ISO 31000: Risk Management – Guidelines*.

Following the initial document review, Assurance Providers are expected to have an understanding of the Facility's operations, business activities, supply chain, and context with a view to identifying those risks that have the most potential to challenge the Facility's ability to meet the requirements of the Consolidated Standard].

Assurance Providers shall prioritise the evaluation of Performance Areas related to higher identified risks. This may include more interviews, increased data sampling and/or utilisation of subject-matter experts and may result in additional time on site. The Assurance Provider must include a detailed description of the assurance methodology in the report.

The assurance methodology shall consider the Facility's risk profile to inform the sampling strategy for each Performance Area. In informing the sampling process with a risk-based approach, the Assurance Provider should review relevant and available information including:

- The Facility's most recent self-assessment and key supporting evidence.
- The regulatory environment in the country of operation.
- Guidance from National Panels (where available).
- Facility's risk register.
- Results of a media scan
- Facility grievance register (and any grievances received by the Secretariat)).

- Industry and commodity risk profiles where they are available from a third-party provider or developed by the Consolidated Standard.
- Guidance from the Consolidated Standard.
- Any other relevant information (for example, this might include regulatory compliance issue registers, results of other recent studies or assessments).

The Assurance Process provides an assessment of the Facility's management systems and performance at the time of the assurance engagement. The sampling approach must include current data and records (i.e. from the last 12 months of operation) and should be adjusted to reflect the Facility risk profile and the particular Performance Area under examination. Where required, and at the discretion of the Assurance Team, the sample can be expanded for one or more Performance Areas to include specific historic documents or records.

4.2.6 Understanding the Operational Boundaries

The Assurance Provider shall confirm their understanding of the operational boundaries of the Facility to ensure their assurance plan covers all necessary elements of the Facility. This may include additional infrastructure, satellite Facilities or activities that may include, but are not limited to: integrated smelting and refining, manufacturing or fabrication, power generation Facilities, wastewater treatment, waste management Facilities, warehouses, power stations, ports and shipping activities, rail transport or road haulage, satellite mines, or administrative offices. Decisions related to boundaries will take into consideration ownership, operating authority and management control.

4.2.7 Determining Methodology and Risk-Based Framework

With the determination of the operational boundaries, the Assurance Provider shall work with the Facility to determine whether any of the performance areas are deemed to be not applicable (NA) due to the type of operations, infrastructure, activities and operating environment. The Assurance Provider should also take into account other available information as identified under the Assurance Plan subheading below. It is the Assurance Provider's role to confirm the Facility's rationale for any Performance Areas deemed Not Applicable, based on evidence provided by (and discussions with) the facility during the assurance process, and publicly disclosed in the assurance report.

4.2.7.1 Identifying Performance Areas that are Not Applicable

Assurance Providers are not expected to assess Performance Areas that are considered not applicable during the assessment. However, should they observe anything during the assessment that suggests this Performance Area may have applicability at the Facility, they are expected to bring to this to the attention of the Facility and the Secretariat and include this observation in the Assurance Report.

4.2.7.2 Defining the Risk-Based Parameters of the Assurance Process

While every applicable Performance Area and each requirement must be subject to the Assurance Process, the Assurance Provider is encouraged to apply a risk-based approach to the

Assurance Process to ensure the majority of time and effort are focused on the most material Performance Areas. There are two key components to developing an appropriate risk-based approach for each Facility: 1) Facility-based risk factors, and 2) jurisdictional risk factors.

- <u>Facility-based risk factors</u> in identifying and considering Facility-based risk factors, the Assurance Provider is encouraged to take into account the following:
 - The media scan provided by the Secretariat.
 - o The company or Facility risk register, if it is shared with the Assurance Provider.
 - The Assurance Provider's own knowledge of the Facility.
 - Other documents that may be provided by the company.

In addition to factoring in Facility-based risk factors identified as part of the initial planning, the Assurance Provider is able to adjust the risk-based approach as a result of observations made during the Assurance Process, including from document review, site observations and external and worker interviews.

• <u>Jurisdictional risk factors</u> – Assurance Providers are encouraged to take into account jurisdictional risk assessments provided by National Panels, where they exist.

At their own discretion, Assurance Providers should take into account both Facility-based and jurisdictional risk factors to determine and employ a sampling methodology to focus their efforts on assessing documents and data provided by the Facility and selecting interviewees.

Sampling strategies must be in accordance with recognised standard assurance methodologies and disclosed in the Assurance Report published alongside the assured results.

Sampling methods for documents and data shall be selected independently from the Facility and be based on standard assurance practice and professional judgment.

4.2.8 Advanced Notice to Stakeholders and Rights-Holders

The Facility will use established communications mechanisms to provide advance notice of the Assurance Process to relevant stakeholders and rights holders regarding activities at the Facility being assured. The information and communication approach will be suitable for each stakeholder and rights holder group, including in terms of language, format and consistency with agreed communication and engagement protocols (where they exist). The Facility will maintain evidence demonstrating this communication has occurred.

This advance notice will include an invitation for stakeholders and rights holders to engage with the Assurance Provider and provide information relevant to the Assurance Process, as well as contact information for the Lead Assurance Provider, contact information for the Secretariat and information on how to access the grievance mechanism.

Each Facility will likely have their own definition of what constitutes suitable advance notice for communications with communities. At a minimum, the notification must take place at least 30 days prior to on-site assessment portion of the assurance engagement to allow time for

stakeholder and rights holder consideration and response. It is the responsibility of the Assurance Provider to check that this notification has been given prior to starting the Assurance Process.

The Secretariat is also required to maintain an annual list on the website of the Consolidated Standard Facilities scheduled for assurance in that year. This list will include the name and contact information for the Lead Assurance Provider, as well as the date of the planned assurance, as they are provided by Facilities undergoing assurance. Facilities are required to provide these names and dates at least 40 days in advance so the Secretariat can ensure they are included on the website 30 days before the Assurance Process commences.

4.2.9 Site Visits

Site visits are mandatory to conduct the assurance engagement. Site visits provide an opportunity for the Assurance Provider to conduct direct observation of the Facility over the course of the assurance. As such, they are an invaluable and required part of the Assurance Process. Site visits also enable the Assurance Provider to hold interviews with a broad range of employees (including management) and contractors, and engage face-to-face with external stakeholders and rights holders, both in a planned and impromptu manner.

In preparing the Assurance Plan, the Assurance Provider and the Facility should agree on the approach to the site visit, including timing, duration and site orientation and training requirements. While this should be done with as much discretion as possible from the Assurance Provider to ensure they have the independence to see the Facility as they need to, it must be recognised that these are industrial Facilities and management may impose reasonable access restrictions based on safety requirements and other logistical constraints. Scheduling of the site visit will take into consideration any seasonal constraints (e.g. wet season, snow covered ground, etc.) that may prevent the team from seeing or accessing portions of the Facility important to the successful completion of the assurance engagement.

In some rare instances, due to exceptional circumstances (such as a global pandemic or security concerns), a remote assessment may be considered for a Facility. A remote assessment is an off-site assessment where the Assurance Provider is not physically present at the Facility. The scope of the assurance is the same as a typical Assurance Process but without a site visit. A remote assessment will include a "virtual site visit", which utilises technology to visually review components of the Facility that are normally observed in-person and conduct interviews that would typically be conducted in-person. The remote assessment should be differentiated from a desk-top Assurance Process, which only reviews the documents and records of a Facility. Interviews are required in a remote assessment and the Assurance Provider shall be comfortable that the interviewees are participating freely and without coercion.

Requests for such a remote assessment must be made by the Assurance Provider in writing to the Secretariat with a clear rationale. The Secretariat will review such requests on a case-by-case basis to make a determination prior to the commencement of the Assurance Plan execution. Where approval for a remote assessment process is granted, it must be disclosed in the Assurance Report. After the remote assessment has been completed, the Facility is expected to continue to monitor the circumstances necessitating the remote assurance and, circumstances permitting, engage their Assurance Provider to conduct a follow-up site visit. If a site visit is not

possible over the course of the entire three-year assurance cycle, the Facility will no longer be eligible for the performance claim if a site visit cannot be conducted as part of the next assurance cycle.

4.2.10 Interviewing Workers, Stakeholders and Rights Holders

The Assurance Provider must interview a selection of stakeholders and rights holders with knowledge relevant to applicable Performance Areas, such as Indigenous Peoples groups and local communities, workers (including employees and contractors), locally engaged non-government organisations (NGOs), community organisations, upstream business relationships, and government entities, to gather input to substantiate evidence as part of the Assurance Process. The basis of the selection of interview subjects should begin with a discussion between the Assurance Provider and the Facility, during which the Facility will provide the Assurance Provider with a stakeholder map or equivalent register, including a list of stakeholders and rights holder groups (individuals, if available). At this time, the Facility is also free to provide any context around the list provided, including any sensitivities, such as ongoing negotiations or legal action, local political influences or entrenched opposition of certain individuals/groups.

The Assurance Provider shall critically consider any list of stakeholders and rights holders provided by the Facility, using research (e.g., media scan, map of nearby communities) and consideration of risk to identify potential interviewees of relevance and to ensure the Assurance Provider feels confident that they have been able to select interviewees on an informed, independent basis. Should the Assurance Provider note any significant gap(s) in the list of stakeholders and rights holders, they will bring this to the attention of the Facility.

In selecting the sample for both worker and stakeholder/rights holder interviews, the Assurance Provider must:

- Consider the risk profile of the Facility and include adequate interviews which cover the higher risk Performance Areas.
- Develop an inclusive approach that seeks perspectives from a range of workers, stakeholders and rights holders including those who may be considered vulnerable, underrepresented or have a divergent view or experience from the majority. The methodology must ensure information reported through interviews will not be attributable to any individuals or groups.
- Where there are Indigenous rights holders identified, there must be a sufficient number of Indigenous rights holders included in the list to appropriately inform the Assurance Provider's assessment.
- For worker interviews, include both targeted individuals/groups and a portion of interviewees selected randomly. As a guide, the Assurance Provider is encouraged to select at least 25% of the sample randomly. Should the Assurance Provider deviate from this guidance, the rationale for deviation must be disclosed in the Assurance Plan and in the Assurance Report.

The individuals and groups to be sampled must be selected by the Assurance Provider. Interviews should be conducted without the physical or virtual presence of management or

others working at or representing the Facility. Should a worker or Indigenous person request the presence of someone representing their interests, such as a union representative or an Indigenous representative, the Assurance Provider should accommodate this request and wait for such a representative to be present.

4.2.11 Worker Interviews

Assurance Providers are expected to use the Facility risk profile and their professional judgment to develop a sampling size and related plan for worker interviews based on:

- A mix of individual and group interviews. Sharing information with management and subject matter expert interviewees in advance regarding interview objectives and intent can allow interviewees to arrive prepared to share their perspectives and experiences.
- Formal and informal interview settings.
- Representative sampling for workers considering distinguishing characteristics such as age, gender, nationality, temporary/full time, employee/contractor, union/non-union, length of employment at the Facility and other elements required to include a minority voice and based on the sampling size defined below.
- A mix of employee and contractor interviews, taking into consideration the relative proportion of the workforce and the risk profile.
- A mix of representative sampling and random sampling. As described above, the guidance is to include at least 25% of the sample selected at random.

As a guide, Assurance Providers should aim to interview the square root of the total population size² with the total number of interviewees capped at 60 workers (employees and contractors). For example, for a Facility employing 900 employees and contractors (Full-Time-Equivalent), the sample size would be 30 workers. The exact number of workers to be interviewed, both employees and contractors, is subject to the professional judgment of the Assurance Provider. Assurance Providers must include the sampling methodology applied, including the rationale for any deviations from the provided guidance, in both the Assurance Plan and the Assurance Report.

With respect to interviewing workers outside of subject matter expert interviews, these should include a mix of formal interviews and informal interviews. Informal interviews should aim to complement information received during the more formal interviews and / or to test specific aspects of the facility's implementation of a given management system. For more informal interviews, the Assurance Provider may pull workers aside from their tasks, when and where it is safe to do so, for a short engagement, typically a few minutes in duration. Some interviews may also be done in small groups.

4.2.12 External Stakeholder and Rights Holder Interviews

External stakeholder and rights holder interviews are one mechanism for the Assurance Provider to obtain external input relevant to the criteria for a particular Performance Area. Other mechanisms include reviewing results of recent engagement and grievance mechanisms, such as community perception surveys, engagement logs and grievance/complaint registers. External

² This is drawn from a review of comparable voluntary sustainability standard requirements, guidance from the American Institute of Public Certified Accountants, European Union Guidance on sampling methods for audit authorities, and guidance from the Australian Auditing and Assurance Standards Board

stakeholder/rights holder groups must be selected based on the desk-based research, the risk profile and application of professional judgment.

The sample of interviewees should include:

- Representatives from each main category of stakeholders and rights holders. Individuals
 or groups within these categories should be selected based on their ability to represent
 the perspectives of a stakeholder/rights holder group and to ensure the inclusion of
 perspectives and experiences from under-represented groups or individuals.
- Inclusion of voices from all identified rights holder groups.
- Multiple perspectives on those Performance Areas identified as higher risk for the Facility.

The number of interviews conducted may vary across Facilities and will be influenced by the Facility's location, proximity to communities, identified rights holders, and its risk profile. Higher levels of performance may require a greater number of interviews to substantiate evidence (i.e. more interviews may be required for Leading Practice and Good Practice than for Foundation Level). Additionally, if inconsistencies in worker, stakeholder or rightsholder interviews arise, the Assurance Provider should examine these inconsistencies through triangulation and/or cross-checking of evidence. In some instances, the Assurance Provider may deem it necessary to increase the sample size to determine if the discrepancy is isolated or sufficient to conclude performance criteria have not been met.

The Assurance Provider should ensure they are selecting interviewees that are likely to have relevant information related to the Performance Areas being assured. Many of the Performance Areas include requirements to engage with relevant stakeholders and rights holders.. Examples include but are not limited to:

- Performance Area 7 Rights of Workers requires engagement with labour representatives.
- Performance Area 8 Diversity, Equity and Inclusion requires engagement with a crosssection of workers that bring diverse perspectives and experiences. This would include women, LGBTQ+, Indigenous and minority workers.
- Performance Area 14 Indigenous Peoples requires engagement with Indigenous Peoples;
- Performance Area 18 Water Stewardship requires engagement with other water users in the watershed or catchment, where relevant and feasible.

These types of requirements are particularly important to address through interviews. This can be done directly with individual or small groups of stakeholders, as well as through interviews with representatives of existing committees (e.g. Facility diversity and inclusion committee). Confidentiality in the interview process is extremely important and steps should be taken to ensure non-attribution of findings. The interviews should be open-ended and create the space for interviewees to share observations or experiences related to any of the Performance Areas – not just those the Assurance Provider has pre-identified.

Note that an Assurance Provider does not need to confirm every relevant requirement through interviews, but should engage sufficiently to have confidence, on a sampling basis, that the results provide a generally consistent picture of performance.

As part of the planning process, the Assurance Provider should share their proposed interview list with the Facility in advance of contacting interviewees to enable the Facility to do the following, where relevant:

- Conduct outreach to the potential interviewees in advance to make introductions with the
 aim of increasing the likelihood of gaining the consent and cooperation of the interviewee
 to participate. This applies to external stakeholder interviews only. In-person interviews
 are preferable; however, interviews may be conducted in person or virtually, depending
 on the availability and preference of the external stakeholder and logistical considerations.
- Where relevant and appropriate, identify opportunities to coordinate interviews with other ongoing third-party audits or assurance activities to respect the time and demands of external stakeholders and rights holders.
- Make the Assurance Provider aware of any sensitivities with a particular interviewee and/or operating context to provide relevant background information. In rare cases (e.g. active legal disputes or sensitive negotiations), the Facility may request that a particular stakeholder or rights holder should not be interviewed given current circumstances. The rationale for this request must be clearly communicated to the Assurance Provider.

If the Assurance Provider does not agree with this rationale and believes either their independence or interview strategy is being compromised, they should not accept it. In the event the Assurance Provider is uncertain, they are encouraged to contact the Secretariat to discuss. In the event of a serious disagreement between the Assurance Provider and the Facility, either party can raise this through the Dispute Resolution process.

A list of types and numbers of external stakeholder interviewees should be recorded in the Assurance Plan. The Assurance Plan should include a target number of stakeholder and rights holder interviews and the approach the Assurance Provider will take to ensure a sufficient number of interviews are conducted.

The Assurance Provider should inform interviewees that the Assurance Report will include the number of external stakeholder and worker interviews conducted by stakeholder type and the Performance Areas discussed. The report will not include the names of any interviewees and specific comments will not be attributed, unless requested by the interviewee. The Assurance Provider should also provide each interviewee with information on how to contact the Consolidated Standard Grievance Mechanism should they have any concerns they wish to raise regarding the process and their involvement in it.

Once each interview is complete, within a reasonable amount of time, the Assurance Provider shall provide a summary of key points from the interview to each interviewee to ensure the information captured by the Assurance Provider is accurate. This summary may be provided in writing after the site visit is complete. However, if the interviewee would prefer that the Assurance Provider provide a verbal summary of key points, the Assurance Provider is able to do so, In

order to protect the anonymity of interviewees, the Assurance Provider should ensure that information relayed back to the facility should be at a level that the identity of interviewees cannot be deduced, unless an interviewee consents to their comments being attributed to them.

At the conclusion of the Assurance Process, the Facility is required to use the same communications mechanisms that were used for the advanced notice of the Assurance Process to distribute the final Assurance Report to its stakeholders and rights holders. As part of this communication, stakeholders and rights holders should be informed that if they wish to provide feedback or make observations about the contents or accuracy of the Assurance Report, they can do so directly by contacting the Assurance Provider. The Assurance Provider should provide a reasonable amount of time that fits within the Assurance Plan, especially for issues of factual accuracy. Additionally, stakeholders and rights holders can be directed to the grievance mechanism of the Consolidated Standard to provide feedback at any time.

4.2.13 Assurance Plan

The Assurance Provider is required to prepare an Assurance Plan for submission and review by the Facility and by the Secretariat. The Assurance Plan is to be submitted to the Secretariat for a review of completeness at least 10 business days prior to scheduled start of the execution phase of the assurance engagement. If the Secretariat does not respond within those 10 days, the plan is deemed to be complete and the Assurance Process may begin. At a minimum, this plan must include the following information:

- Name of Lead Assurance Provider, members of the Assurance Team, observers (where applicable) and the name of the company associated with each Assurance Provider on the team. Where translators will be required, this will be identified in the plan along with the names of the translators (if known at the time) or the approach to contract their services.
- Scope of assurance:
 - Facility or Facilities to be assured and operational boundaries.
 - A list of applicable Performance Areas. The Assurance Provider shall document the rationale for the exclusion of any Performance Area that is determined to be not applicable (N/A) and therefore not in scope for the assurance.
- Methodology and approach to execution:
 - Procedures to address how documents and records will be shared and ensure the Facility understands what information to collect and make available. This may include a document request list and examples of the types of evidence required.
 - Facility visit plan, including dates of the Facility visit, any orientation requirements that must be satisfied in advance, and any restrictions that may be imposed on the Assurance Provider due to safety or security concerns.
 - Worker, stakeholder and rights holder interview plan, including responsibilities for arranging translation or other support where required.

- Overall approach to breadth and depth of assurance effort for each Performance Area, based on risk and/or materiality as discussed in the Assurance Planning section, sampling plan, list of identified inherent, control and detection risks (such as those resulting from any restrictions that have been imposed on the Facility visit or if any requests have been made by the Facility regarding the selection of interviewees) and how information shared per Section 3.2 has been considered.
- Assurance schedule.

4.2.14 Observers to the Assurance Process

The Consolidated Standard, Assurance Provider, or Facility may request to have an additional party attend the site visit for various reasons including but not limited to staff training,, identifying opportunities for improvement within the ,Assurance Process, and monitoring Assurance Provider quality.

Interpreters or translators may also be required to help with local-language interviews or document review. Where these individuals are not approved Assurance Providers, they are considered observers.

Other observers, for example Assurance Providers in training, or representatives from external organisations and National panels (where they exist), may also request to attend but may only do so with the expressed consent of the Facility and the Assurance Provider.

Observers may not interfere with the Assurance Process or the Assurance Provider's determination. Observers are subject to all policies and procedures of the Consolidated Standard, the Facility, and the Assurance Provider. With the exception of Secretariat staff, the Assurance Provider has the right to exclude observers from interviews with stakeholders and rights holders. Similarly, interviewees have the right to exclude observers from their interviews. Observers may be required to sign a confidentiality agreement at the request of the Facility, the Assurance Provider and/or the Consolidated Standard.

The Consolidated Standard, the Facility, and the Assurance Provider must all be notified of all observers prior to the submission of the Assurance Plan to the Secretariat to obtain consent and ensure they have agreed to all relevant policies and procedures.

4.2.15 Review of the Assurance Plan

The Assurance Provider may submit the Assurance Plan to the Secretariat in the language that the Assurance Plan is being conducted. The plan must be submitted at least 10 business days before the scheduled start of the execution phase of the Assurance Process to allow the Secretariat to undertake a high-level review to confirm the plan is complete and is in conformance with the Consolidated Standard's Assurance Process. Any inconsistencies that require the plan's adjustment will be communicated to the Assurance Provider within a 10 business day period. At the end of the 10-day window, a non-response from the Secretariat shall result in the Assurance Plan being deemed complete and in conformance with the assurance framework and the execution phase of the Assurance Process may commence. Where the plan is submitted to the Secretariat in a language other than English, the Secretariat will use automated translation services in order to conduct the review of completeness.

4.3 Execution of Facility Assessment

The objective of this phase is to confirm the level of conformance of the Facility with each applicable performance area. During the execution phase, the Assurance Provider will undertake document review and a Facility visit to collect and analyse evidence.

4.3.1 Desktop Review

The Assurance Provider will review documents and records provided by the Facility for each Performance Area in advance of the Facility visit to enhance preparedness and use on-site time effectively.

4.3.2 Facility Site Visit

While on-site, the Assurance Provider will execute the approved Assurance Plan, including complying with all Facility health, safety and security requirements. The Assurance Provider will have flexibility to adjust the plan, as required and in consultation with the Facility. The Facility visit will include:

- Risk-based sampling of records and data that takes into account inherent risks, control risks and detection risks.
- Direct observations of the Facility's operations, infrastructure and activities.
- Management and worker interviews.
- Stakeholder and rights holder interviews, employing culturally relevant consultation and dialogue techniques.
- Closing meeting in which the Assurance Provider identifies any potential gaps in achieving at minimum the Good Practice Level and confirms whether there is additional evidence the Facility will provide.

Evidence and observations of existing processes and practices (including leading practices as well as any gaps) should be noted in the assurance working papers or the Assurance Provider's own assurance management tools.

4.3.3 Interviews

The Assurance Provider will execute the interview plan for both workers, and stakeholders and rights holders during the execution phase of the assurance engagement. Interviews are to be conducted in person wherever possible and employ culturally relevant consultation and dialogue techniques.

If workers, external stakeholders or rights holders decline to be interviewed as part of the Assurance Process, their position is to be respected and documented. Where potential interviewees do not respond to multiple requests for an interview, the Assurance Provider should also request the assistance of the Facility in contacting the potential interviewee to elicit a response. Where no response is forthcoming, the Assurance Provider must document steps taken to contact the potential interviewee and make reasonable efforts to secure enough interviews to meet the objectives and intent of the interview process: that is, to collect adequate objective evidence to support the assessment conclusion.

Should a potential interviewee express a desire to participate but identifies capacity barriers to participation, the Assurance Provider should, with the permission of the potential interviewee, bring this to the attention to facility personnel and the Consolidated Standard Secretariat to identify opportunities to address identified barriers and enable the potential interviewee to participate.

Where the number and/or content of the interviews provides some limitation on the Assurance Provider's ability to reach an assessment conclusion, those limitations and their significance must be documented in the Assurance Report.

The Assurance Provider should inform interviewees that the Assurance Report will include the number of external and worker interviews conducted by stakeholder type and the Performance Areas discussed. The report will not include the names of any interviewees and specific comments will not be attributed.

4.3.4 Performance Determinations

As a result of the above activities and the evidence collected, the Assurance Provider is expected to be able to conclude and be prepared to attest to the performance level of the Facility in regard to each Performance Area.

To attain any of the levels in any of the Performance Areas, all of the requirements in that performance level and all of the performance levels below must be met.

Table 1 - Levels of Performance

Foundation Level	Good Practice Level	Leading Practice Level
	is a level of practice in line with industry standards and international norms,	beyond responsible industry Good Practice and demonstrates leadership or

If a Facility does not meet all of the requirements in the Foundation Level, then they will be assessed as "Does not meet the Foundation Level".

4.3.5 Non-Conformances and Corrective Actions

When a Facility undertakes its independent assurance using the Consolidated Standard Assurance Process, the Assurance Provider may identify non-conformances with various requirements contained in different Performance Areas in the Standard. In contrast to other standards, the Consolidated Standard does not distinguish between major and minor non-conformances. Instead, the Standard provides two windows in the Assurance Process during which a Facility can undertake improvement actions and have the results reflected in the assured results.

4.3.5.1 1: Immediate Corrective Action

The first window is during, and immediately following, the on-site assessment. Once a non-conformance has been identified by the Assurance Provider and communicated to the Facility, the Facility can take immediate improvement action. The Facility has up to one month (30 days) following the closing meeting to provide additional evidence to demonstrate that a non-conformance has been addressed. During this short window, the focus will typically be on minor, administrative matters such as the need finalise a policy statement, a document for public disclosure or an engagement plan. Upon receiving this additional evidence, the Assurance Provider will determine if the non-conformance has been addressed and, if so, will adjust the Facility's rating in the Assurance Report prior to its publication.

4.3.5.2 Window 2: Medium Term Corrective Action

The second window will be open for nine months after receipt of the final Assurance Report. During this window, the Facility can choose to undertake additional corrective actions to address non-conformances and request that the Assurance Provider update the Assurance Report accordingly. At the Facility's discretion, it may submit evidence that the corrective action has been implemented to address one or more specific non-conformances and re-engage the Assurance Provider to review the outcomes of the actions taken. If deemed sufficient, the Assurance Provider

will prepare and submit a supplemental Assurance Report to the Secretariat to confirm any updated ratings.

Any additional assurance conducted during this second window will be narrowly focused on the specific requirement(s) linked to the non-conformance(s) that the Facility has addressed through its corrective actions and not an entire Performance Area. Changes in ratings during this window will be publicly reported by the Secretariat as updated ratings and detailed in a supplemental Assurance Report.

Beyond these two windows, no changes to assured ratings can be made until the next assurance engagement is undertaken. However, it is expected that Facilities will implement Improvement Plans, where required, as described in the Improvement Plan section.

4.3.6 Critical Notifications

The Assurance Provider must notify the Secretariat, at the earliest opportunity, if any of the following are identified during an Assurance Process:

- Stakeholders', rights holders', workers' or Assurance Provider's safety is in danger because of the implementation of the Assurance Process or because of actions taken by the Facility.
- Stakeholders, rights holders, workers or Assurance Providers experience threats or retaliation for participating in the Assurance Process.
- Assurance Providers are denied access to documents, locations, or individuals necessary
 for the completion of the assessment due to reasons other than reasonable safety or
 security precautions or reasonable business confidentiality considerations. If an
 Assurance Provider believes a restriction is unreasonable, they are to raise it with the
 Secretariat who will discuss with the company subject to the Assurance Process.
- There is falsification of documents, records or other evidence used for the assessment.
- Evidence of fraud, bribery or corruption, linked to criminal activity or any other illegal activity linked to the Facility.

On the basis of the above, the Secretariat may order that the Assurance Process be stopped or postponed until it is safe to continue or terminate the assessment. When legally required or where there are credible threats observed to life or the environment, either the Assurance Provider or the Secretariat is expected to report the incident or observation to the authorities. Regardless of whether circumstances such as those listed above meet an appropriate threshold to report to authorities, any critical notifications observed should be reported by the Assurance Provider or Secretariat to appropriate leadership within the company.

4.4 Reporting

At the completion of the Assurance Process, the Assurance Provider will prepare an Assurance Report that clearly presents the Facility level assured ratings for each Performance Area included in the scope of the assurance. The Assurance Report must be produced using the template in Appendix C The website of the Consolidated Standard will include the assured ratings as well as the Assurance Report for each Facility that has undergone assurance.

The Assurance Report allows for standardised presentation of results by Assurance Providers and will include the following sections:

- **Facility Information:** This section requests basic information about the Facility, including location and the type of operations and infrastructure included in the scope of assurance.
- Assurance Provider and Assurance Information: This section requests information on the Assurance Provider, including their firm, team members, their role and qualifications, the assurance period and dates of assurance activities, and a summary of the assurance methodology and activities.
- Statement of Findings: This section requires the Assurance Provider to provide ratings for each sub-category of each Performance Area and provide brief commentary regarding these indicators where relevant. Comments shall include:
 - Key elements contributing to the Facility's rating on a given indicator (e.g. "A
 comprehensive management system is in place that includes...").
 - A description of the evidence observed, including titles and publication dates of documents, and interviews conducted in each Performance Area.
 - The number of interviewees by stakeholder category. The categorisation must ensure that individual interviewees cannot be identified.
 - identify which requirement(s) is not adequately supported by the evidence provided to meet the given performance level.
 - Gaps in performance necessary to achieve the Good Practice Level (e.g., "The Facility has an effective process for engagement with Indigenous communities but is missing requirement GP4] necessary to achieve the Good Practice Level.").
- Statement of Assurance: This section is to be completed and signed by the Assurance
 Provider. It asks the Assurance Provider to confirm that the assurance was conducted in
 accordance with the Assurance Process and that the ratings included in the report are
 assured as accurate. There are also sections for the Assurance Provider to list any
 limitations or additional comments.
- Other: Any additional components agreed in discussion with the Facility.

Where a requirement has been met, but the Assurance Provider believes there are opportunities to enhance effectiveness or efficiency, the Assurance Provider can identify these as an observation for improvement within the report or in a separate letter to the Facility; however, this should not affect the performance result.

In addition to the Assurance Report, the Assurance Provider is required to maintain working papers that include completed assessment checklists. They may be required to provide such papers as part of the Assurance Provider Oversight Process.

The Assurance Provider shall draft their report and submit it to the Facility within one month of the completion of the site visit for review by the Facility for factual accuracy. It shall be submitted to the Secretariat for review within two months from the completion of the site visit and the secretariat shall complete its review and publish the report on the website within three months of the site visit.

The Secretariat's review will confirm, at a minimum, that the Assurance Report includes:

- A rating for each sub-category of each Performance Area.
- For any Performance Area that achieves a performance level below the Good Practice Level, identification of the individual requirements that have not been met to achieve that Good Practice Level.
- A statement for each Sub-Category in each Performance Area documenting the evidence reviewed and the interviews conducted to determine the accuracy of the rating, noting that the interviews conducted should be documented in a manner that protects the anonymity of those who provided information.
- Confirmation that the following elements were completed:
 - Advance notice of the Assurance Process provided to affected communities.
 - Facility visit conducted.
 - Number of worker interviews met the appropriate threshold.
 - Assurance Provider had the necessary information and discretion to select and conduct a sufficient number of stakeholder and rights holder interviews.

After the report is deemed complete, the Secretariat will publish the final Assurance Report, including any associated continual improvement plans to achieve the Good Practice Level, on the website of the Consolidated Standard.

The Assurance Report may be submitted in the language the assurance was conducted in. However, in such cases where the language of the report is not English, the report must also be published in English. To facilitate this, and ensure consistency in translation, the Secretariat will maintain a list of recommended translators that Facilities and Assurance Providers may use. The Secretariat can also facilitate translation, for a fee.

4.5 Continual Improvement Plan

A key aspect of the Consolidated Standard's approach to driving continual improvement is its three-level performance scale (See table 1) consisting of the Foundation Level, followed by the Good Practice Level and the Leadership Level. In order for a Facility to progress through the levels, it must meet all the requirements contained in each of the levels it is claiming to have achieved.

For example, to obtain the Good Practice Level, the Facility will have had to meet all requirements in the Foundation Level and the Good Practice Level. When a Facility has not achieved all the requirements at the Foundation Level in a particular Performance Area, it is characterised as "Does not meet the Foundation Level". This system of levels is designed to drive continual improvement by establishing clear criteria that demonstrate higher levels of performance toward which Facilities may strive to improve their operations and manage risks.

The standard is also designed in a way that results can be aggregated across various metrics such as geography, commodity, type of operation, etc., to demonstrate broad improvement patterns across all or part of the mining industry, geographies or commodities.

As part of its continual improvement model, all Facilities that use the Consolidated Standard and Assurance Process commit to achieve, at a minimum, the Good Practice Level of performance over time.

While a Facility works towards obtaining the Good Practice Level across all Performance Areas and after its first independent assessment, the Facility is obligated to develop, and share with the Secretariat for publication on the Consolidated Standard's web page, a continual improvement plan that identifies the gaps that need to be filled to attain Good Practice and document the actions it intends to take to fill them. Action plans will be published with due regard to business confidentiality. The Continual Improvement Plan is required to be submitted to the Secretariat within 30 days of the issuance of the final Assurance Report.

Additionally, in the years between the Facility's independent assurance, the Facility must update the Continual Improvement Plan and share the update with the Secretariat for publication on the website at least once every calendar year.

Table 2 - When are Continual Improvement Plans Required?

	Continual Improvement Plan	Assurance of the Continual Improvement Plan
Participant claim	Not applicable	Not applicable
Assured claim	Required where non- conformances exist to achieve	Required where non- conformances exist and
Performance claim	the Good Practice Level. Not required after Good Practice Level achieved.	Facility has not achieved Good Practice level

4.5.1 Re-Assurance

Facilities must demonstrate continued performance through a full re-assessment **every three years**. At the three-year anniversary of the previous commencement date (i.e. the date on which the Facility and the Secretariat entered into an agreement), the process is presumed to start again. Facilities that no longer wish to use the Assurance Process must notify the Secretariat before that date and they will no longer be eligible to make a Consolidated Standard claim under the Consolidated Standard Reporting and Claims Policy.

If there are significant changes to the scope of the assessment or significant events or incidents that might affect the rating that occur in the interim, then the Facility is obliged to inform the Secretariat.

Significant changes or events may include:

- A significant change of a Facility operationally or through acquisition (e.g. suspension, change in mining or processing methods, move to care and maintenance);
- A change in ownership or operating entity of the Facility through a divestment, entering into a joint venture, merger, or acquisition;

- An environmental incident resulting in significant negative environmental impacts³; or
- · A significant industrial accident or incident resulting in one or more fatalities; or
- An incident resulting in significant negative impact on human rights.

The Secretariat will review the information with a view to determine if there is an impact on the Facility's ability to make an assured claim and/or published results against the Consolidated Standard.

5. Dispute Resolution Process

5.1 Stage 1: Guidance by the Secretariat

Should the Assurance Provider and the Facility disagree on, and not be able to resolve between them, the interpretation of one or more requirements, or the evidence provided by the Facility to demonstrate that requirements have been met, they should jointly contact the Secretariat to discuss this disagreement. The Secretariat will provide interpretation guidance based on experience in the application of the relevant Performance Area, where possible, with the intent of assisting the Assurance Provider and the Facility to reach agreement.

5.2 Stage 2: Sub-Committee of the Board of Directors

Should an agreement not be reached, either party may invoke the second, and more formal, stage of the Dispute Resolution Process. In this stage, the Secretariat will engage a sub-committee of the Board of Directors to review the issue and make a binding decision. The process for resolving these issues is as follows:

- The Secretariat receives a written request from the Facility or Assurance Provider to provide additional guidance on implementation of a specific Performance Area and requirement or requirements.
- 2. The Secretariat refers the request to the sub-committee of the Board of Directors.
- A lead representative of the subcommittee interviews both the Assurance Provider and the Facility to understand the issue, the Facility-specific context, and the differences in interpretation.
- 4. The lead representative prepares a short briefing document outlining the details of the dispute, identifying potential options and their implications, and recommending interpretation guidance.
- 5. The lead circulates this briefing document to a sub-committee who reviews the briefing document and provides its decision to the Secretariat within 72 hours.

³ Significant negative environmental impacts include but are not limited to: negative impacts from air emissions; releases to surface water or groundwater that exceed permit allowances; non-treatment or improper disposal of hazardous or non-hazardous waste; changes to local biodiversity or ecosystems; impacts on endangered species; impacts on critical habitat or protected areas; impacts on communities that cause illness, injury or fatalities, or that negatively impact community access to or quality of water; spills or releases requiring significant clean up and/or evacuation or relocation of local communities; or contamination of land or soil.

- 6. The Secretariat communicates the decision to the Assurance Provider and the Facility as quickly as possible after receiving the decision.
- 7. If required, the guidance is reflected in the next iteration of the Performance Area requirements.

6. Public Grievance Mechanism

The Secretariat manages a public grievance mechanism, accessible to any stakeholder. Grievances may take the following form:

- **Grievances against the Secretariat.** Grievances about the implementation of the Secretariat's policies, procedures, and operating processes for which its management and Board of Directors has direct governance responsibility.
- Grievances with a Facility's rating or claim, against the conduct of an Assurance Provider, or against a Facility that is alleged to not follow the guidance of all applicable Secretariat policies, procedures, and documents. Grievances can be raised on either the Assurance Process or the outcome.

Grievances related to the operational performance of a Facility should be addressed through the grievance mechanism(s) of the Facility or other mechanisms that may be available in the jurisdiction or internationally. The objective of the grievance mechanism is to ensure that grievances raised with the Secretariat are handled in a timely, comprehensive, consistent, transparent, and effective manner and in accordance with its established policies and procedures.

The Secretariat accepts grievances from any organisation or individual who believe they have been negatively affected or otherwise hold a stake in the outcome of the grievance.

To submit a grievance, a stakeholder must provide some indication or evidence that would support its veracity and be prepared to participate in a subsequent investigation, anonymously if requested.

Upon receipt of a grievance, the Secretariat will undertake or commission a review to make a determination of the veracity of the grievance. The report of the review will be prepared, shared with the Facility (if the grievance pertains to a facility), and the complainant for review and comment, and published. If the grievance is validated, the report will state what actions will be taken to respond to the grievance, including but not limited to the following:

- Modifications to the Secretariat's policies, procedures and operating process;
- A commitment to review specific requirements in the standard;
- Revision of a Facility's rating;
- Review of an Assurance Provider's accreditation and its potential withdrawal;
- Suspension of a Facility's claim pending resolution of the grievance or the claim's withdrawal.

Any investigation that reveals activity of a potential criminal nature will be referred to the appropriate authorities.

7. Continual Improvement

7.1 System Improvement

The Secretariat will conduct/commission regular reviews of the effectiveness of the Assurance Process to assess whether it meets its own aims and objectives and, where identified, oversee the implementation of system improvements. The process includes oversight of Assurance Providers, a general evaluation of effectiveness of the Consolidated Standard Assurance Process, and an annual report to share findings and recommendations.

7.2 Assurance Provider Oversight Process

The Secretariat will commission an experienced and independent Assurance Provider to conduct an annual review of the Assurance Process to ensure that active Assurance Providers are conforming with the Assurance Process and that are demonstrating sound interpretation and application of Consolidated Standard requirements. The process involves an assessment of Assurance Provider competency and a review of interpretation consistency of the Consolidated Standard across Assurance Providers, allowing both Assurance Providers and the Secretariat an opportunity for continual learning and improvement.

The review's scope will include Assurance Provider credentials, the Assurance Plan, and sampling strategy to assure conformance with the requirements of the Assurance Process. The review will also evaluate Assurance Providers' final assurance report(s) and copies of documents used to conduct the assurance (e.g. completed checklists) for a sub-set of Performance Areas. Copies of Facility documents for confidential review may also be requested during the review but only provided with a Facility's consent.

The oversight process is structured to ensure that the work of each active Assurance Provider is reviewed at a minimum every three to five years. The review involves document review and a discussion with each Assurance Provider to ask questions, collect additional information, and provide feedback. The results of the review are shared with the Secretariat in a report to support continual improvement of the Assurance Process. The report will also be published on the Secretariat's website. The report will summarise overall observations, conclusions and provide recommendations for improving the Assurance Process, if warranted.

Any feedback or recommendations resulting from the direct oversight and review process that are relevant to individual Facilities will be shared with them and their Assurance Provider. If concerns are identified with an Assurance Provider's approach, this will not result in changes to a Facility's ratings, but relevant findings should be considered by the Facility in subsequent self-assessments and Assurance Processes. While the published report will identify the various Assurance Providers and Facilities considered in the review, the published report will not identify Assurance Providers of Facilities associated with any concerns identified.

7.3 General oversight process

A general oversight process allows the Secretariat to assess the effectiveness of different elements of Consolidated Standard Assurance Process on an annual basis, in tandem with the direct oversight and review process. For example, the Secretariat may choose to review a particular Performance Area to assess Assurance Provider consistency in interpretation or to examine how Assurance Providers meet the competency requirements in the Assurance Process. This process is conducted through a survey or short telephone interviews with Assurance Providers. Findings may inform the Secretariat's ongoing policy work to meet evolving expectations of customers and investors, address changes in best practice for standards, and consider issues that emerge through Consolidated Standard implementation.

7.4 Annual oversight report

The Secretariat ensures the transparency of the oversight process by preparing an annual report that summarises both the direct oversight and general oversight processes.

The report includes information on the types of reviews conducted and a summary of results and findings. It also includes observations or recommendations to improve the effectiveness of the Assurance Process or to highlight areas where additional guidance may be required for Assurance Providers or their Facilities. The Secretariat will not publish information about an Assurance Provider or share individual assessments of Assurance Providers with participants or any third party without prior consultation with the Assurance Provider.

These recommendations may also be informed by a survey of Assurance Providers conducted by the Secretariat each year to log any questions or issues related to Consolidated Standard. The report includes consolidated information so as not to identify individual Assurance Providers or Facilities. The Secretariat shares the report with the Mining Committee and, where available, National Panels for discussion or awareness.

The report will also be posted on the Secretariat's website and discussed with Assurance Providers during the annual training. The report's recommendations will inform revisions to the Assurance Process, the Consolidated Standard, or other Consolidated Standard policies or protocols, where warranted.

Appendices

A. Definitions

Claim: The Consolidated Standard-related claim is a claim or representation that is public-facing or used in business to business (B2B) communications, is documented, and consists of one or more of:

- Use of one of the Consolidated Standards' logos or metal marks, such as the Copper Mark.
- Text relating to the attainment of assured performance thresholds based on the Consolidated Standard.

Stakeholder: Individuals and groups that have an interest in, or believe they may be affected by, decisions regarding the management of a Facility's operations.

Facility: A distinct operating unit of a company at which the Consolidated Standard performance indicators can be applied. Companies may categorise their Facilities differently. The definition of a Facility is based on activities, product, geographical scope, and management control. A Facility may comprise several activities in different locations in the same geographic area and under the same management control.

Assurance Provider: An individual, or team of individuals that, meeting all the requirements of the Terms of Reference for Assurance Providers and is registered as an accredited Assurance Provider, is engaged by a Facility to perform an external assurance of Consolidated Standard performance.

Evidence: Data supporting the existence or verity of something. Objective evidence can be obtained through observation, measurement, test, interviews or by other means. Objective evidence for the purpose of the assurance generally consists of records, statements of fact, or other information which are relevant to the criteria and verifiable. (Drawn from ISO 19011:2018.)

Assurance Plan: Description of the activities and arrangements for an assurance (drawn from ISO 19011:2018, substituting assurance instead of audit).

B. List of Recognised Auditor Training Credentials

Recognised Auditor Training Credentials Include:

- ISAE 3000
- ISO 19011 Lead Auditor Course
- Association of Professional Social Compliance Auditors (APSCA) Certified Social Compliance Auditor
- AA1000 Certified Sustainability Assurance Practitioner
- ISO 14001 Auditor (Environmental Management Systems)
- ISO 45001 Auditor (Occupational Health and Safety)

- 5-day Management Systems Lead Auditor
- IRCA Lead Auditor Training

Other credentials may be deemed equivalent to the above if they demonstrate that those holding the credential have received training in all the following areas:

- Professional scepticism, judgement, and ethics
- Planning and execution of an assurance engagement
- Materiality and risk considerations
- Limited and reasonable assurance
- Methodologies for gathering and reviewing evidence
- Preparing an assurance report
- Stakeholder engagement

C. Reporting Template (enclosed)

Consolidated Standard Assessment Report Facility information Name of the facility Address Country of operation Name of brands produced at the facility and corresponding exchanges Conclusions 17. Grievance management 1. Corporate requirements 9. Safe, healthy and respectful workplaces 18. Water stewardship 2. Business ethics and integrity 10. Emergency preparedness and response 19. Biodiversity, ecosystem services and nature 3. Responsible supply chains 11. Security management 4. New projects, expansions and resetllement 12. Stakeholder engagement 20. Climate change 5. Human rights 13. Community impacts and benefits 21. Tailings 6. Child and forced labor 14. Indigenous Peoples 22. Pollution prevention 7. Rights of workers 15. Cultural heritage 23. Circular economy 8. Diversity, equity and inclusion 16. Artisanal and small-scale mining 24. Mine closure Statement of assurance Scope of the assessment Materials in scope Final products of materials in scope Operating activities Infrastructure About the facility Independent facility assessment Name of assurance provider Date(s) of assessment Assessment period Summary of assessment methodology

Summary of assessment activities

Statement of findings				
Performance area	Rating	Description of system	Identified gaps (where appropriate)	Evidence to support determination
1. Corporate requirements		What is in place from a high-level to support the rating (refer back to performance area requirements). Links to publicly available information should be included, especially where highlighted.	Written in terms of gaps in the requirements (everything else should be an opportunity for improvement)	Types of documents and how they align or not to the performance area / description of system. Include titles and publication dates of documents. Number and type of sampled records and how they demonstrate alignment or not with the performance area. The number and type of interviewees by stakeholder category. The categorization must ensure that individual interviewees cannot be identified. Interviews with management and how they confirm or not alignment with the performance area Interviews with workers and how they confirm or not alignment with the performance area.; note where unions, women, or other minorities are included as appropriate. Interviews with external stakeholders and how they confirm or not with the performance area Observations on site and how they confirm or not alignment with the performance area.
1.1 Board and Executive Accountability, Policy and Decision-Making				
1.2 Sustainability Reporting				
1.3 Transparency of Mineral Revenues				
1.4 Crisis Management and Communications				
Business ethics and integrity Legal Compliance				
2.2 Business Ethics and Accountability				
Responsible supply chains New projects, expansions and				
resetllement				
4.1 Risk and Impact Assessments of New Projects and Expansions				
4.2 Land Acquisition and Resettlement5. Human rights				
6. Child and forced labor				
7. Rights of workers7.1 Workers' Rights Risk, Mitigation and				
Operational Performance				
7.2 Grievance Mechanism for Employees and Contractors (Workers)				
8. Diversity, equity and inclusion 8.1 Governance of Diversity, Equity, and				
Inclusion (Corporate Level)				
8.2 Diversity, Equity, and Inclusion Management (Facility Level)				
8.3 Diversity, Equity and Inclusion Monitoring, Performance and Reporting (Facility Level)				
Safe, healthy and respectful workplaces				
9.1 Health and Safety Management				
9.2 Psychological Safety & Respectful Workplaces				
9.3 Training, Behaviour and Culture				
9.4 Monitoring, Performance and Reporting				
10. Emergency preparedness and response				
11. Security management				
12. Stakeholder engagement13. Community impacts and benefits				
13.1 Identify and Address Community				
Impacts 13.2 Community Development and				
Benefits 14. Indigenous Peoples				
15. Cultural heritage				
16. Artisanal and small-scale mining17. Grievance management				
18. Water stewardship				

Assessment Summary Report

18.1 Water Management and		
Performance within the facility		
18.2 Collaborative Watershed		
Management		
18.3 Water Reporting		
19. Biodiversity, ecosystem services and		
nature		
20. Climate change		
20.1. Corporate Climate Change		
Strategy (Corporate Level)		
20.2. Climate Change Management		
(Facility Level)		
20.3. Annual Climate Change Public		
Reporting (Facility Level disaggregated		
reporting)		
21. Tailings		
22. Pollution prevention		
22.1 Waste and Hazardous Materials		
Management		
22.2 Non-GHG Air Emissions		
22.3 Mercury		
22.4 Cyanide		
22.5 Accidental Releases of Polluting		
Materials		
22.6 Noise, Vibration, Dust and Light		
pollution/nuisance		
23. Circular economy		
23.1 Circular Economy Management at		
mine facilities		
23.2 Additional Requirements for		
Smelters		
24. Mine closure		

Performance Area Rating Identified gaps To be completed by assessor Which requirement of the criteria is not aligned and does it relate to the system, implementation, or impact Copy/paste from above What actions are planned regarding improvement (may be completed by the participal of the criteria is not aligned and does it relate to the system, implementation, or impact Copy/paste from above	Identified Gaps and Improvement Activities (for performance areas needing to be filled to achieve the next Performance Level)					
The de completed by assessed.	Performance Area	Rating	Identified gaps	Facility response (optional)		
	To be completed by assessor			What actions are planned regarding improvement (may be completed by the participant)		
Add lines as necessary or delete if not necessary						

Assurance Provider Attestation	
This assurance process was conducted in accordance with the terms of the [CONSOLIDATED STANDARD] assurance framework and, accordingly, consisted primarily of interviews, data analysis, and examination (on a sample basis) of other evidence relevant to management's assertion of conformance to the requirements of the [CONSOLIDATED STANDARD]'s Performance Areas.	The assurance process was conducted with in accordance with the [CONSOLIDATED STANDARD] Assurance Framework
The ratings indicated in this report are assured as being accurate based on the evidence reviewed during the assurance process of this facility. Limitations Additional Comments Names of Assurance Providers Date of Assurance Attestation Signature of lead Assurance Provider	□ The ratings in this report are considered accurate based on this

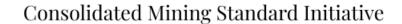
This document does not intend to, nor does it, replace, contravene or otherwise alter the requirements of [CONSOLIDATED STANDARD] Articles of Association or any applicable national, state or local government laws, regulations or other requirements regarding the matters included herein. This document gives general guidance only and should not be regarded as a complete and authoritative statement on the subject matter contained herein and has not, unless expressly stated otherwise, been independently audited or verified by any third party and is subject to change at any time, without notice.

This document has been made available for informational purposes only and is of a general nature and is not intended to amount to advice on which you should rely. [CONSOLIDATED STANDARD] is not responsible or liable for any consequences of you or anyone else acting, or refraining to act, in reliance on this information or for any decision based on it.

While this document has been prepared in good faith, the [CONSOLIDATED STANDARD] does not, to the fullest extent permissible under applicable law, accept any responsibility or liability of any kind, with respect to the accuracy or completeness of the information, materials and data in this document.

The Consolidated Standard Reporting & Claims Policy

Consultation Draft October 2024











The Consolidated Standard Reporting & Claims Policy

The Consolidated Standard is the trading name of the UK incorporated not-for-profit company that owns and governs the certification mark and logo trademark also known as "The Consolidated Standard." The Consolidated Standard is a credible assurance framework to promote responsible production practices and demonstrate the industry's commitment to the green transition.

The Consolidated Standard also retains ownership and governs and the use of existing metal specific logo marks, known as the following:

- "The Copper Mark";
- "The Nickel Mark";
- "The Zinc Mark"; and
- "The Molybdenum Mark"

The term "Performance Claim" refers to the combination of the "the metals marks" listed above together with The Consolidated Standard.

For the purposes of this Policy, reference to The Consolidated Standard-related claims shall mean claims relating to any of The Company Logos mentioned above as applicable to that metal, unless otherwise specified.

Disclaimer

This document does not intend to, nor does it, replace, contravene or otherwise alter the requirements of the Consolidated Standard Articles of Association or any applicable national, state or local government laws, regulations or other requirements regarding the matters included herein. This document gives general guidance only and should not be regarded as a complete and authoritative statement on the subject matter contained herein. The Consolidated Standard documents are updated from time to time.

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1. Introduction

1.1 About this Policy

Claims are any messages, logos and imagery used to communicate that a facility meets a certain level of Consolidated Standard performance. This policy is intended to define the framework that will enable claims to be used in marketing and communications materials, annual reports, and other media by companies and their facilities that are formally participating in the standard. The framework contained in this policy is intended to cover claims resulting from both self-assessed and independently Assured Reporting.

1.2 Legal Compliance

Companies and their facilities that make Consolidated Standard-related claims are each responsible for legal compliance with applicable regulations, including labelling, advertisement, consumer protection and competition laws, at all times. The Consolidated Standard cannot accept liability for any violations of law, or any infringement of third-party rights made by other organisations.

1.3 The Consolidated Standard and related claims

The Consolidated Standard enables facilities to report performance data related to the standard and, when performance reaches defined thresholds, make claims to differentiate their business.

The Consolidated Standard-related claim is a claim or representation that is public-facing or used in business to business (B2B) communications, is documented, and consists of one or more of the Consolidated Standards' logo or metal marks, such as The Copper Mark, The Molybdenum Mark, The Nickel Mark or the Zinc Mark (herein referred to as "metal marks").

Consistent, accurate and appropriate use of terms related to reporting and claims based on the Consolidated Standard helps to incentivise continual improvement and build awareness, recognition and credibility.

Through this Reporting & Claims Policy, the Consolidated Standard controls all relevant rules for reporting and making claims to ensure that such claims are both credible and accurate. This means that the Consolidated Standard must grant permission for any reporting based on the standard and use of related claims prior to their being made, unless stipulated otherwise in this policy. The Consolidated Standard reserves the right to act on any use of its name or logo that it reasonably believes to be inappropriate.

1.4 Purpose of this Policy

The purpose of the Consolidated Standard Reporting & Claims Policy is to set out the rules and supporting guidance for all aspects of reporting and claims. This Policy outlines the types of reporting and claims both permitted and prohibited by the Consolidated Standard. It also addresses the measures the Consolidated Standard may take to monitor reporting and claims and enforce the rules contained in this policy.

2. General Requirements for all Consolidated Standard-Related Reporting & Claims

2.1 General

The following rules apply to all Consolidated Standard-related reporting and claims:

- The Consolidated Standard logo and metal marks, collectively referred to as the "Performance Claims", must be used and referred to as set out in Annex I.
- The names of the logos may not be translated into other languages without also retaining the English version/s for reference.
- The logos or their names must never be displayed in such a way that is misleading or confusing or might lead to any harm or prejudice to the reputation or credibility of the Consolidated Standard.
- The use of the logos or their names as, or as part of, another brand name is prohibited.
- The logos or their names must not be placed in such a way that they could be interpreted as belonging to any company or organisation other than the Consolidated Standard.
- The use of the logos or their names alongside other sustainability/responsible sourcing logos, marks or seals is generally permitted.

2.2 Logo Use Requirements

The Consolidated Standard has developed Brand Guidelines that contains information on:

- Available logos formats;
- Minimum size of logos;
- Colours and permitted adaptations;
- Background colours;
- Exclusion zone;
- Visual examples of acceptable and incorrect uses of logo placement, size, colour etc.

Please contact the Consolidated Standard at [TO BE INSERTED IN DUE TIME] to request a copy of the Brand Guidelines or if you have any questions.

3. Types of Reporting & Claims

3.1 Types of Reporting

3.1.1 Self-Assessed Reporting

A Self-Assessed Report is a report prepared by a facility related to its self-assessed performance based on the requirements of the Consolidated Standard. This report consists of individual performance results for each of the sub-categories of the 24 Performance Areas found in the Consolidated Standard applicable to the facility.

The Self-Assessed Reporting of performance results must:

- Be published by the Consolidated Standard Secretariat on the Consolidated Standard's web page and labelled as self-assessed performance results;
- If published by the facility, be clearly labelled as self-assessed performance results, and include a link to the performance results as published on the Consolidated Standard's website.

These Self-Assessed Reports will occur annually in the years in which a facility is not subject to the assurance process. Please refer to the Consolidated Standard Assurance Process for a description of how Self-Assessed Reporting fits within the assurance process. The first Self-Assessed Report is to be submitted within 9 months of the facility's commencement date¹. This report will not be published but will form the basis of the first assurance process. After the first assurance process is complete and within twelve months of the publication of the Assured Report, the facility will submit its second Self-Assessed Report to the Secretariat for review and publication, followed by a third Self-Assessed Report within the next twelve months after publication of the previous Self-Assessed Report. See Figure 1 for the full self-assessed and Assured Reporting schedule.

3.1.2 Assured Reporting

Like the Self-Assessed Report, the Assured Report involves the publication of the performance of the facility based on the Consolidated Standard requirements.

The difference is that the performance results have been subject to an independent assurance process using the Consolidated Standard's Assurance Process, conducted by an accredited assurance provider and published as assured results. See Annex I for the Assured Report Template.

To be able to make an Assured Report, the facility must apply through the Consolidated Standard Secretariat, implement the Consolidated Standard Assurance Process and have its independent assurance report reviewed by the Secretariat for completeness.

The Assured Report of performance results must:

- Be published by the Consolidated Standard Secretariat on the Consolidated Standard's web page and labelled as assured performance results. The results must be published alongside the assurance report produced by the assurance provider on record for the facility;
- If published by the facility, include a link to the performance results and the assurance report produced by the assurance provider as published on the

¹ Commencement date – this is the date on which the facility's application to participate in the Consolidated Standard is approved and the facility's participation formally begins. This date forms the basis for the beginning of the assurance and reporting cycle for the facility.

Consolidated Standard's website.

Assured Reports will be to be published within 18 months of the facility's commencement date and within 9 months of every third anniversary of the commencement date after that. Assured Reports are expected to be complete and published within nine (9) months of each facility's commencement date and then within nine months of the anniversary of the commencement date every third year. Please refer to the Consolidated Standard Assurance Process for a description of how Assured Reporting fits within the assurance process.

Figure 1. Overview of the Reporting Cycle



Example of Reporting Timeline

Based on the reporting cycle in Figure 1, a facility that has its application to participate in the Consolidated Standard on January 1st, 2026 would have the following schedule:

- January 1st, 2026 Commencement Date
- September 30th, 2026 First Self-Assessed Report published
- June 30th, 2027 First Assured Report published
- June 30th, 2028 Second Self-Assessed Report published
- June 30th, 2029 Third Self-Assessed Report published
- September 30th, 2030 Second Assured Report published

3.2 Types of Claims

3.2.1 Participant Claim

The Participant Claim is permitted to be used by a facility as soon as its application to participate in the Consolidated Standard has been approved. It is intended to signal that the facility has committed to participate in the formal reporting and assurance processes of the Consolidated Standard and has begun implementing the standard. It does not convey any information on the performance of the facility against the requirements of the Consolidated Standard.

A facility may continue to use the Participant Claim until its first Assured Report is published on the Consolidated Standard's website, which is within 18 months of the facility's commencement date. Prior to initiating the Assurance Process and within 9 months of the facility's commencement date, the facility must submit a self-assessment to the Secretariat, which will form the basis of the initial Assurance Process. After the Assurance Report is finalised and published, the facility will be able to progress to the Assured Claim and/or the Performance Claim as described below.

Any attempt to make use of the Participant Claim in a manner that implicitly or explicitly communicates an achievement of performance against the requirements of the Consolidated Standard is in violation of this policy.

3.2.2 Assured Claim

The Assured Claim builds on the Participant Claim and can be utilised by a facility as soon as the facility's first Assured Report has been published on the Consolidated Standard's website, no later than 18 months following the Commencement Date. The Assured Claim can be used to efficiently communicate to interested parties, such as customers, investors, communities and other stakeholders, that the Assurance Process has been completed and an Assured Report is available.

The Assured Claim is intended to communicate the level of performance achieved within each of the applicable Consolidated Standard Performance Areas of the Consolidated Standard.

- A facility may continue to use the Assured Claim so as long as it remains in good standing within the Consolidated Standard. This means that it must continue to:
- implement the Assurance Process and adhere to the applicable policies and procedures of the Consolidated Standard,
- continue to publish its Self-Assessed Reports in the two years between assurance cycles,
- undertake the independent assurance every third year,
- ensure its fees are paid-in-full.

3.2.3 Performance Claim

The Performance Claim builds on the Assured Claim and can be sought by any facility that has undergone an independent assurance and has achieved the minimum performance threshold described below.

The Performance Claim is facility-based and intended to communicate a level of performance achieved by the facility.

Facilities that produce one or more of the minerals / metals covered by the metals marks are able to apply for one or more metals mark based on the metals they produce. For other facilities that produce metals or minerals not covered by one of the metals marks, they may apply for the Performance Claim based on the Consolidated Standard logo that does not specify a specific metal.

Qualifying for the Performance Claim and being approved to use it entitles the facility to use the respective logo as an indication of its level of performance in the standard. Performance Claims are published on the Consolidated Standard webpage and include both the facility's assured results (Assured Report) as well as the Performance Claim.

As with the Assured Claim, after a facility has earned the right to use the Performance Claim, it may continue to do so as long as it remains in good standing within the Consolidated Standard. This means that it must:

- continue to implement the Assurance Process and adhere to the applicable policies and procedures of the Consolidated Standard,
- continue to publish its Self-Assessed Reports in the two years between assurance cycles,
- continue to undertake independent assurance every third year,
- maintain its performance at a sufficient level to meet the minimum threshold for obtaining the Performance Claim, and
- ensure its fees continue to be paid-in-full.

3.3 Minimum Threshold for Obtaining the Performance Claim

In order to apply to obtain the Performance Claim, a facility must meet a minimum level of performance based on the Consolidated Standard.

CONSULTATION NOTE: the Consolidated Mining Standard Initiative (CMSI) is seeking views through the public consultation on how to set the minimum threshold to achieve the Performance Claim. We are seeking to balance the need to set the threshold at a sufficiently high bar such that the Performance Claim is a credible claim of good practice while recognising that it is highly unlikely that any facility will maintain adherence to 100% of the requirements at the Good Practice Level 100% of the time. We are also seeking to encourage large-scale adoption of the standard and setting the threshold at a level deemed highly unlikely to be achieved, especially by small and medium size facilities, will act as a deterrent to uptake and implementation. As such, the CMSI has provided two examples of what a threshold could look like. We are looking for views on these two examples and suggestions for other examples.

Example 1 – 80% Threshold

To apply to obtain a Logo Claim, a facility must meet a minimum level of performance based on the Consolidated Standard. Specifically:

- 1. Facilities must achieve the Good Practice level of performance in 80% of the applicable Performance Areas; and
- 2. Foundational Practice in the remaining applicable Performance Areas. 80% is based on the level of the Performance Area, not individual requirements. To count towards the 80% threshold, all requirements in a Performance Area up to and including the Good Performance Level must be met.

Example 2 - 75%/75% Threshold

To apply to obtain a Logo Claim, a facility must meet a minimum level of performance based on the standard. Specifically:

- 1. Facilities must achieve the Good Practice level of performance in 75% of the applicable Performance Areas; and
- 2. All remaining Performance Areas must meet Foundational Practice and 75% of the Good Practice requirements

Additional Consultation Questions:

In addition to seeking views on the two examples above and suggestions for other thresholds, the CMSI is also seeking views on the following questions:

- A. Beyond the types of claims and reports described above, is a more gradual on-ramp appropriate in the transition to incentivise early and rapid uptake of the Consolidated Standard and avoid companies staying out of the standard until they can meet the high bar for the Performance Claim?
- B. Within the example thresholds above, or other thresholds, should there be Performance Areas that must be at Good Practice (for example, the Tailings Management Performance Area) and/or should there be specific requirements within some of the Performance Areas that must be met in order to meet the threshold for the Performance Claim?
- C. Is there value in recognising leading practice through a higher-level claim, such as a claim that is attained when Good Practice or Leading Practice is achieved across all Performance Areas? Or, if not a higher-level claim, are there other ways to incentivise the progression from Good Practice to Leading Practice within the Consolidated Standard?

3.4 Assurance Provider Claims

The Consolidated Standard encourages expressions of support and the promotion of the Consolidated Standard by accredited assurance providers in good standing. Assurance providers that are accredited and in good standing will be included in the registry of accredited assurance providers. Such assurance providers may promote their services in relation to the Consolidated Standard; however, they may not use the Consolidated Standard logo, or any of the associated metal mark logos, to demonstrate to clients, potential clients and other interested parties that they are accredited to provide assurance services on behalf of the Consolidated Standard.

4. Submission, Review and Approval of Reporting and Claims

4.1 Assured Report

When a facility has completed an assurance process, the Assured Report must be submitted to the Secretariat for review prior to publication and within the timelines defined in the assurance process. The Secretariat will review the Assured Report for completeness in accordance with the Consolidated Standard Assurance Framework.

If the Assured Report is deemed complete, the Secretariat will publish it on the Consolidated Standard website and communicate to the facility that it can also publish its report in accordance with the conditions defined in this Reporting and Claims Policy.

As per the Assurance Framework, the Secretariat has up to one (1) month to review the Assured Report and publish it on the website of the Consolidated Standard. If deficiencies are found, the Secretariat will return the report to both the facility and the Assurance Provider for corrective action. In such cases, the report must be re-submitted within (1) month for review by the Secretariat who will aim to review it within ten (10) business days.

4.2 Self-Assessed Report

After an Assured Report has been completed for a facility, in the two reporting years before the next Assurance is due to be completed, a facility is required to provide a Self-Assessed Report to the Consolidated Standard Secretariat by no later than 12 months following the publication of the Assured Report and then another 12 months after the publication of the previous Self-Assessed Report. Once received, the Secretariat will review the Self-Assessed Report for completeness and determine that it includes:

- Updated performance results for each Performance Area that have changed since the last report
- For any Performance Area that performance results below the Good Practice Level, the identification of the applicable individual requirements that have not been met to achieve that Good Practice Level
- An Action Plan to address requirements necessary to meet the Good Practice Level

If the Self-Assessed Report is deemed complete, the Secretariat will publish it on the

Consolidated Standard website and communicate to the facility that it can also publish its report in accordance with the conditions defined in this Reporting and Claims Policy.

The Consolidated Standard secretariat will aim to review the Self-Assessed Reporting of performance results for completeness within 10 business days. If the disclosure of performance results is found to be incomplete, the Secretariat will inform the applicant of the need for corrective action. In such cases, the disclosure of performance results must be re-submitted for review by the Secretariat in a timeline that still meets the annual deadline above.

4.3 Performance Claim

When a facility submits an Assurance Report to the Consolidated Standard Secretariat, if it meets the required performance threshold, it may apply to use the Performance Claim.

The facility must apply to the Secretariat to attain authorisation to use the Performance Claim. In that notification, the facility must specify whether it is applying to obtain a metals mark, such as The Copper Mark, The Molybdenum Mark, The Nickel Mark, The Zinc Mark, or, where a relevant metals mark is not in place, the Consolidated Standard Logo.

Upon receipt of an application, the Secretariat will review the submitted assurance report to ensure the appropriate performance thresholds are met and, if they are, will grant the facility the right to use the specific Performance Claim requested by the facility.

Once the Performance Claim is authorised for a facility, the facility may begin to use the relevant Performance Claim in a manner consistent with this Reporting and Claims Policy and the Branding Guidelines. The facility must submit examples of how it intends to use the Performance Claim, including for example:

- Placement on a website
- Inclusion in an e-mail footer
- Placement on a publication

The Secretariat will aim to review these examples and approve the use of the logo within 10 business days.

5. Monitoring and Enforcement

It is essential that claims and reports be accurate. Claims and reports that appear absolute or imply performance levels beyond what is actually assessed or assured by the Consolidated Standard Assurance Process are not permitted.

The Secretariat will monitor the public use of claims and reports that are made improperly. In cases where a claim implies a formal association with the Consolidated Standard where none exists, resulting in misleading business or the general public, the Secretariat will take appropriate steps (including legal recourse, as needed) to protect the Consolidated Standard's intellectual property rights.

5.1 Monitoring Use of Claims and Reporting

The Consolidated Standard Secretariat will implement the following strategies to monitor the use of related claims and reports:

- The Consolidated Standard Secretariat will carry out checks to monitor internetbased claims and reports and cross-check these with approved claims and reports, using internet search services.
- Interested parties can report concerns relating to the Consolidated Standard-related claims and reports, which will be investigated through the Consolidated Standard Grievance Mechanism. The Grievance Mechanism will be made accessible through the Consolidated Standard website and is overseen by the Secretariat.

5.2 Identified Misuse of Consolidated Standard-Related Claims and Reports

The Consolidated Standard Secretariat has the right to suspend or withdraw approval for use of Consolidated Standard-related claims and reports where there is a reasonable risk that a Consolidated Standard-related claim or report may be false, misleading or confusing or where a claim or report is being used in a manner that is not authorised by the Consolidated Standard.

Identification of potential misuse of the Consolidated Standard-related claims may be made by the Consolidated Standard Secretariat itself, by its stakeholders informing the Consolidated Standard, or through a complaint being lodged under the Consolidated Standard Grievance Mechanism.

Where instances of misuse are identified, the Secretariat will engage with the facility in question to clarify requirements for proper use, working collaboratively with the facility to modify or remove any misused reporting or claims. In cases where a facility is unwilling to respect the terms of this Reporting & Claims Policy, appropriate action will be taken to defend the registered trademarks associated with the Consolidated Standard, including possible legal action.

In cases where a participating facility is not adhering to these requirements, the Secretariat will work collaboratively with the facility in question to modify or remove any misused claims or labels. In cases where this approach is not successful, the Secretariat will engage the Board of Directors of the Consolidated Standard, which could lead to suspension or disassociation.

In cases of misuse, the Consolidated Standard will take the following steps:

1. Identification and recording of the misuse of a Consolidated Standard-related claim.

2. Written notification of misuse issued to the organisation making the Consolidated Standard-related claim and requirement to take corrective action within 15 business days.

3. Final warning issued on last (15th) day.

Receipt of written confirmation and supporting evidence that the corrective action has been taken Where corrective action is not undertaken in a timely manner or is inadequate.

4. Notification in writing that the corrective action related to the claim has been completed to the satisfaction of the Consolidated Standard.

4. Notification in writing that the corrective action related to the claim has NOT been completed to the satisfaction of the Consolidated Standard and issuance of a final 5-business day warning.

5. Final warning issued on last (5th) day.

6. Notification of ineligibility to make the Consolidated Standard-related claims.

7. The Consolidated Standard may seek legal advice, the result of which could include 'cease and desist' letters and/or legal action

6. Review of this Policy

The Consolidated Standard Secretariat will continue to engage with its participants and stakeholders on the content, implementation and oversight of this Reporting and Claims Policy. This Policy will be regularly reviewed to take into account implementation experience and identify where it can be improved.

7. Contact the Consolidated Standard

This Policy aims to cover the key information relating to making Consolidated Standard-related reporting and claims. The Consolidated Standard Secretariat welcomes feedback and questions, which will be used to inform future revisions of the Policy.

8. References

This Policy has been developed based on the ISEAL Alliance, Sustainability Claims Good Practice Guide, Version 1.0, May 2015.

9. Glossary

To be added

Annex I: Assured Reporting Template

To be developed



Annex II: The Company Logos

Name	Logo(s)	Permitted users
The Consolidated Standard Mark	To be developed	Facilities that have been assured as having meet the required performance threshold and produce products that do not align with the various metal marks listed in this Annex
The Copper Mark	THE COPPER MARK or THE COPPER MARK RESPONSIBLY PRODUCED COPPER	Facilities that have been assured as having meet the required performance threshold and produce a saleable Copper product
The Nickel Mark	THE CONICKEL MARK OR THE CONICKEL RESPONSIBLY PRODUCED NICKEL	Facilities that have been assured as having meet the required performance threshold and produce a saleable Nickel product
The Zinc Mark	THE COZINC MARK or THE COZINC RESPONSIBLY PRODUCED ZINC	Facilities that have been assured as having meet the required performance threshold and produce a saleable Zinc product

The Molybdenum Facilities that have S THE Mark been assured as MOLYBDENUM having meet the required **MARK** performance or threshold and တ THE produce a MOLYBDENUM MARK RESPONSIBLY saleable PRODUCED Molybdenum MOLYBDENUM product

Annex III: Branding Guidelines

To be developed upon completion of the first public consultation. See Annex II of <u>The Copper Mark Claims Guide</u> for examples of what these will include.



Annex IV: Examples of Use of The Company Logos

To be developed upon completion of the first public consultation. See Annex III of <u>The Copper Mark Claims Guide</u> for examples of what these will include.

Disclaimer for translations: This document has been translated from English. If in doubt, please refer to the original version in English.

Consolidated Mining Standard: Proposed Governance Model

October 2024

This document sets out the details of the proposed governance model for the Legal entity that will advance work related to the Consolidated Mining Standard (CMS) and related activities on responsible metals and mineral value chains. It is drafted for the purposes of soliciting input from interested and affected stakeholders that may wish to contribute their opinions and perspectives to help shape the design of the governance model.

It includes details on the following:

- 1. What is the vision?
- 2. What is the mandate of the Legal Entity to deliver this vision?
- 3. What principles have guided the development of the governance model?
- 4. What are some of the key features the governance model needs to include?
- 5. What does the overall governance model look like?
- 6. What will the composition of the Board look like?
- 7. How will the Board make decisions?
- 8. What will the composition of the Mining and Value Chain Committees look like?
- 9. How does delegated authority work and what would the delegated responsibilities of Mining and Value Chain Committees be?
- 10. Would other Committees be established?
- 11. How would the initial Board be established?
- 12. How would the Board be renewed over time?
- 13. What is the role of National Panels?
- 14. What happens next?

Consolidated Mining Standard Initiative









1. What is the vision?

Our vision is for a sustainable society, enabled by the responsible production, sourcing, and recycling of metals and minerals.

The Legal Entity (name to be confirmed) responsible for the Consolidated Mining Standard (CMS) will promote responsible practices across metal value chains.

Responsible practices entail a full life-cycle approach to metals and minerals production that promotes positive contributions to society, addresses its impacts on people and the environment, and supports progress to a circular economy. The work of the four partners to simplify the current upstream mining standards landscape through the consolidation of their existing standards provides the catalyst to enable this vision.

Building on the delivery of the Consolidated Mining Standard - and earlier activities of The Copper Mark across copper, molybdenum, nickel and zinc - over time the aim is to promote continual improvement of environmental, social and governance practices along individual metals' value chains.

2. What is the mandate of the Legal Entity to deliver this vision?

This is informed by the overall objectives of what the four partners have set out to achieve. Beyond the objectives of simplifying the standards landscape and encouraging greater uptake and implementation of credible standards, the Consolidated Mining Standard (CMS) should meet the needs of customers, regulators and others in the value chain. Ultimately, it must help provide confidence to consumers that the metals and minerals in the products they buy have been responsibly produced and used throughout value chains.

This requires a Legal Entity with a Secretariat that has responsibility to:

- Develop, promote and maintain the CMS, and implement the related assurance process, grievance mechanism and claims policy, as well as a platform for public disclosure of associated information (e.g. outcomes of assurance).
- Accredit assurance providers, provide training on assurance and establish quality control mechanisms, to support the independent assurance required by facilities.
- Establish a Value Chain strategy, approach and business model, guided by a need to avoid duplication of efforts.
- Pursue the harmonisation and recognition of standards along supply chains and across sectors.
- Undertake targeted efforts to address gaps to meet market and regulatory demands where standards and assurance frameworks are not currently available or implemented.

The current Copper Mark entity will transition and evolve to become the Legal Entity. This leverages the skills, experience and credibility of The Copper Mark, and is an effective and efficient way to establish and scale up at the pace required – as opposed to setting up a new entity from scratch.

3. What principles have guided the development of the governance model?

We have been guided by a set of **Governance Principles** that were agreed between the four partners and the **Stakeholder Advisory Group (SAG)** and **Industry Advisory Group (IAG)** as follows:

- **Inclusive:** The inclusion of the perspectives of affected stakeholder groups in its decision-making, including those directly engaged/involved with the mining sector.
- **Effective:** The ability to deliver the global implementation and verification of performance against the standard.
- **Credible:** Supports the recognition of the standard by affected stakeholders, customers, policymakers and investors.
- Impact-driven: The ability to deliver impact at scale.
- **Efficient:** The ability to ensure a reasonably lean structure to support economic viability and sustain the operation of the standard.
- **Pragmatic:** The opportunity to build on the existing knowledge, people and infrastructure of the founding partners.

Beyond these initially agreed governance principles, the SAG and IAG have emphasised the need for diversity criteria to be considered in appointing members of the Board and any associated committees. This would include but go beyond Diversity, Equity and Inclusion (DEI) criteria, to reflect a diversity of interests (e.g. Indigenous Peoples and labour), different sizes of companies, diverse geographies and commodities, and different parts of the value chain.

On that basis and as a point of principle, the four partners are committed to an independent, **multi-stakeholder** Board. The aim is that the multi-stakeholder Board will be appointed prior to the launch of the CMS, and potentially prior to the second public consultation.

4. What are some of the key features the governance model needs to include?

Taking into consideration the objectives of what we are trying to achieve, the vision and the governance guiding principles outlined above, the proposed governance model seeks to (see Figure 1):

• **Embody multi-stakeholder oversight:** Achieve balanced representation of mining and value chain interests, as well as of commercial and non-commercial interests, within an overall Board structure, while establishing dedicated committee structures within which mining and value chain, as well as commercial and non-commercial, interests can be advanced. The inclusion of upstream producers of metals and minerals and their stakeholders recognises the importance for mined materials to be responsibly produced, as the primary inputs that drive all subsequent value chain activities. The inclusion of midand downstream value chain companies and their stakeholders recognises the importance of securing buy-in from value chain participants.

- **Embrace a life cycle approach:** To enable the Legal Entity to connect with the needs of companies along the value chain, the interests of stakeholders across the value chain, governments and regulators with an interest in responsible practice, and ultimately, provide confidence to consumers that materials in the products they buy have been responsibly produced and used throughout value chains.
- **Emphasise consensus-based decision-making:** The preferred option for Board and committee decision-making is consensus-based so that the choices they make reflect alignment across multi-stakeholder interests. When voting is required, provide protections for all groups on the Board and committees so that decisions cannot be made that don't enjoy broad support from all groups.
- Leverage existing expertise and credibility: Notably the institutional experience of The Copper Mark in standard setting and assurance oversight, recognising that this experience and capabilities are difficult to establish in a new organisation.

The proposed governance model therefore seeks to balance participation across company and stakeholder groups for mining and value chain at the Board - and reflect that same balance within a Mining Committee and a Value Chain Committee.

Figure 1. Key features of the proposed governance model



Embody multi-stakeholder oversight:

Achieve balanced representation of mining and value chain interests within an overall Board structure, and dedicated committee structures for mining and value chain interests to be advanced



Embrace a life cycle approach: To enable the Standard to

connect with the needs of companies and stakeholders along the value chain (including regulators) - and ultimately, provide confidence to consumers that mined materials in the products they buy have been responsibly produced and used throughout value chains



Emphasise consensus-based decision-making:

As the preferred option for Board decisions, but when voting is required, provide protections for all groups represented on the Board so that decisions cannot be made that don't enjoy broad support from all groups

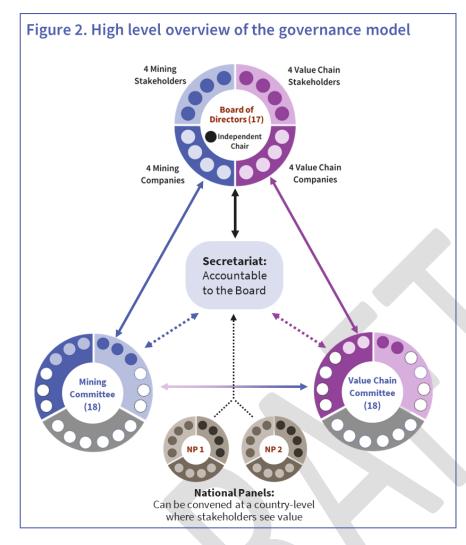


Leverage existing expertise and credibility: Notably the institutional

experience of the Copper Mark in standard setting and assurance oversight, recognising that this experience and capabilities are difficult to establish in a new organisation

5. What does the overall governance model look like?

The governance model comprises a 17-person Board of Directors led by an Independent Chair. The Secretariat is responsible for delivering the 'legal entity's' strategy and objectives (see also section 1) and is accountable to the Board. Further details on the Board and Committees are included in sections 6 and 8 below.



The two main operational Board Committees are the Mining Committee and Value Chain Committee (see Section 8). Both Committees have delegated authority for their respective remits. While the Committees are accountable to the Board, they are expected to work closely with the Secretariat.

In addition, there is provision for National Panels to be convened incountry where the Board and relevant stakeholders see value, , and can secure required funding in-country. A National Panel is not mandatory, and the absence of a panel is not a barrier to companies implementing the Standard. Further details are included in section 13 below.

6. What will the composition of the Board look like?

The legal entity will have a Board of Directors with collective responsibility for the entity's vision, strategy, governance and resourcing. In constituting the Board, the four partners will seek to reflect the composition outlined below, as well as the range of skillsets needed for an efficient Board. The Board is intended to work in a constructive and collaborative manner, which will be a key criterion in the selection of Directors (see section 8).

Specifically, the Board will comprise an Independent Chair who is not currently working within the mining and metals industry (and has not for at least 3 years), plus 16 Directors able to contribute the perspectives sought for the following four 'groups' (see Figure 3):

4 Directors from mining companies implementing the Standard ('Mining Companies').
 Three mining company Directors will be drawn from the memberships of ICMM, MAC and WGC (one per membership organisation), with due regard to ensuring participation across different commodities, geographies and company size. It is recommended that one Director within this group should represent the interests of mid-tier mining companies, and one should represent smaller mining companies.

- 4 Directors from mining affected stakeholders ('Mining Stakeholders'). This will include at least one Director from Indigenous Peoples, at least one from labour, and the others to further reflect social/community and environmental perspectives.
- 4 Directors from value chain companies ('Value Chain Companies') committed to responsible minerals and metals value chains which would include a mix of fabricators, recyclers, manufacturers, finance, retailers, etc., including two consumer facing companies and two companies further up the value chain.
- 4 Directors from value chain stakeholders ('Value Chain Stakeholders') committed to
 responsible minerals and metals value chains which may include those able to contribute
 the perspectives of labour, multi-lateral organisations, international NGOs, academics,
 multi-stakeholder initiatives, etc.

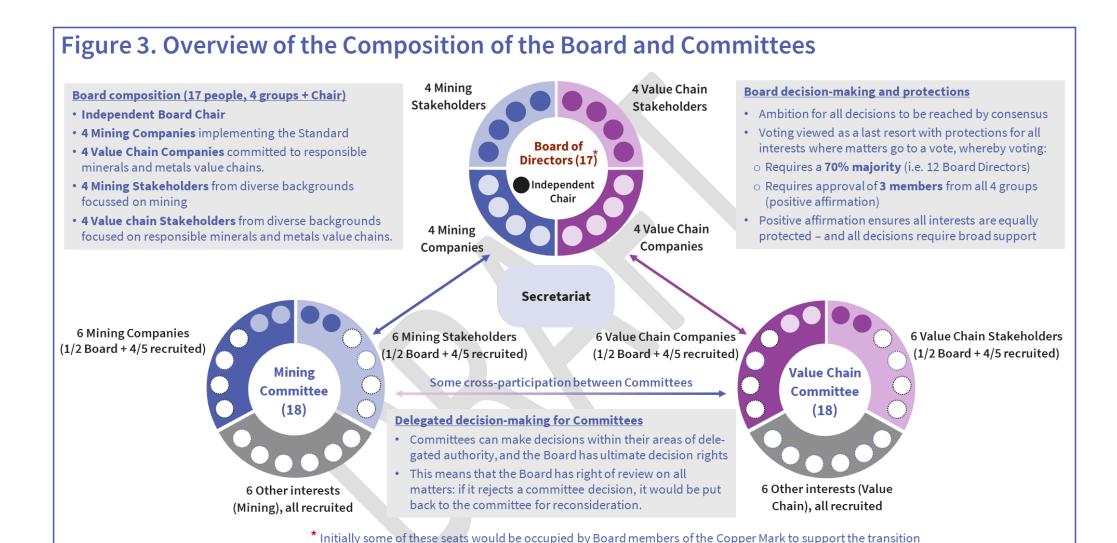
Initially, some of the Board seats will be filled by The Copper Mark Board members to support the transition and to be replaced by relevant commercial or stakeholder interests in due course. Having some Copper Mark Directors play this interim role will support the transition and ensure the continuity of operations. A list of the current Board members of the Copper Mark is available here.

7. How will the Board make decisions?

The Board is expected to work in a constructive and collaborative manner to support the overall objectives of the legal entity. The ambition is for all decisions to be reached by consensus. To guide Directors in the process of decision-making and promote high levels of integrity, they will be encouraged to follow the voluntary **Code of Conduct for Directors**, which is currently in the process of development by the UK Institute of Directors.

Voting is viewed as a last resort, but when voting is required, the threshold will be a **70% majority** overall (which would require 12 Directors to support a decision). As voting would take place by exception, if Board members are not present when a vote is initiated, they should be enabled to vote offline within a defined time period, so all Directors get to express an opinion. In addition, voting would require **positive affirmation** from all four groups, i.e. approval from at least three of the four Directors in each of the 4 groups. Positive affirmation will ensure that all groups' interests are equally protected and that all decisions have broad support.

A quorum will be established. For example, the quorum could require the participation of at least 9 Board members plus the Chair, with at least 2 from each group. In addition, criteria for recusal of Directors in the event of a conflict of interest or prejudice concerning a particular matter will be established.



8. What will the composition of the Mining and Value Chain Committees look like?

The Mining and Value Chain Committees will have similar compositions (see Figure 3) that aim to balance interests as follows:

- Each will have 6 company members (with a minimum of 1 and maximum of 2 from the Board, and the remainder recruited by the Board).
- Mining company members must include at least 2 small or mid-tier companies, and value chain companies should include a mix of fabricators, recyclers, manufacturers and consumer facing companies.
- Each will have 6 stakeholders affected by mining or value chain activities (with a minimum
 of 1 and maximum of 2 from the Board, and the remainder recruited by the Board). In the
 case of mining, this should include at least 2 Indigenous and 1 labour Committee
 members.
- Each will have 6 other interests committed to responsible mining/value chains, to reflect a balance between commercial and non-commercial interests, all recruited by the Board.
- Other interests could include investors, providers of finance, multi-lateral organisations, responsible mining or value chain initiatives, academics, think-tanks, international NGOs, etc., with a deep interest in and commitment to responsible mining and/or responsible minerals and metals value chains.

The proposal is that 2 of the 'other interests' on each Committee should bring relevant experience and expertise to the other Committee. In constituting Committees, the Board will strive to avoid duplication (and ensure broad participation of interests). The diversity criteria that apply to the Board will also apply to the selection of Committee members.

The Committee would have a Chair and two vice-Chairs so that each of the three groups participate, with the role of Chair rotating periodically.

9. How does delegated authority work and what would the delegated responsibilities of Mining and Value Chain Committees be?

As noted above (section 5), the expectation is that the Board will delegate authority to the Mining and Value Chain Committees for their respective remits. The Committees would therefore operate on a partial delegation basis. In practice, this means that the Board will be able to delegate decision-making to Committees, while retaining ultimate decision-making rights as legally required.

This model facilitates the ability of the Mining and Value Chain Committees to have decision-making powers for their respective remits, whilst retaining a level of protection for the Board members who are ultimately liable for the Legal Entity's actions. The Board will have a right of review on all matters; where the Board exercises its review powers to reject a committee decision on the basis of reasoned judgement, the committee decision or recommendation would be put back to the committee for reconsideration.

The Mining Committee will have delegated authority for:

- Consistent and robust processes to periodically update or develop the Standard, assurance process, grievance mechanism and claims policy.
- Providing guidance on interpreting the Standard, assurance, etc.

The Value Chain Committee will have delegated authority for:

- Initially, establishing a Value Chain strategy, approach and business model, guided by a need to avoid duplication of efforts.
- Improving the flow of data along the value chain and promoting continual improvement of environmental, social and governance practices along the responsible value chain of minerals and metals.
- Pursuing the harmonisation and recognition of standards along supply chains and across sectors.
- Developing targeted efforts to address gaps to meet market and regulatory demands where standards and assurance frameworks are not currently available or implemented.

The process for decision-making in Committees would likely be similar to that at Board level. The ambition therefore would be for all decisions to be reached by consensus. Voting is viewed as a last resort, but when voting is required, the threshold will be a 70% majority overall (which would require 13 Committee members to support a decision). As voting would take place by exception, it should enable those not present to vote so all Committee members get to express an opinion. In addition, voting would require **positive affirmation** from four members of all three groups, to ensure that all groups' interests are equally protected and that all decisions have broad support.

The Board will determine whether a quorum of Committee members is needed and what that should be. In addition, criteria for recusal of members in the event of a conflict of interest or prejudice concerning a particular matter would likely be the same as for the Board.

10. Would other Committees be established?

The Board will determine whether additional committees are required, which would likely include (at a minimum) both an Audit and Risk Committee and a Governance Committee (see also section 12).

11. How would the initial Board be established?

The four partners (ICMM, MAC, WGC and The Copper Mark) will be responsible for overseeing the process by which the inaugural Board is established, with reference to the details on Board Composition outlined in section 6. It is envisioned that this will work as follows:

- The four partners will propose a limited number of criteria to guide the selection of an Independent Chair, which the IAG and SAG will review, refine and agree with the four partners. At that stage there will be an open call for applications.
- Taking into consideration applications received, the IAG and SAG will be asked to put together a shortlist of potential Independent Chairs that satisfy the agreed criteria and on the basis that any could serve as an effective independent Chair.
- The four partners will select the independent Chair from this shortlist.
- The Independent Chair will work with the IAG, and the SAG to select the 4 Mining Stakeholders, 4 Value Chain Stakeholders, and 4 Value Chain Company Directors (see section 6 for further details). This will initially include some Directors from the Copper Mark to support the transition and ensure the continuity of operations.
- The ICMM, MAC and WGC will each nominate one Mining Company Director, with due regard for ensuring representation across different commodities, geographies and company sizes (see section 3).

In working through the above process, input will be sought from the IAG and the SAG, including consideration of whether any IAG or SAG members should be appointed to the initial Board. Prior to commencing this process, any SAG and IAG members interested in being nominated would be asked to recuse themselves from all discussions around the nomination process.

Director terms shall be 3 years, renewable once. It is envisaged that the initial appointments will be staggered to ensure a rotation of the Board that is manageable and allows for continuity of the organisation. Diversity criteria in line with the principles outlined in section 2 should be considered in the appointment process of the Board and its committees and will be developed in due course.

12. How would the Board be renewed over time?

A process for renewal of the inaugural Board will be designed to protect:

- The governance principles outlined in section 3 (i.e. inclusive, effective, credible, impact-driven, effective, pragmatic, and diverse)
- The balance of participation between the four groups and sustained involvement of interests deemed essential to the process (e.g. labour, indigenous members)
- A sustained understanding of the responsibilities of Board members with reference to a Code of Conduct
- The need to balance the requisite skills/experience and diversity across the Board.

It would be overseen by a Board Governance Committee (involving diverse participation) from the groups participating in the Board. It would include an open call for interested parties that meet clearly defined requirements to replace the outgoing Board member(s) to indicate their interest. Once the Governance Committee has identified preferred candidate(s), the final selection would be subject to Board approval.

13. What is the role of National Panels?

National Panels would be convened in-country where the Board and relevant stakeholders see value and can secure required funding in-country. They would be required to adhere to Terms of Reference (ToR) developed by the Board that set out minimum expectations for multi-stakeholder participation, operational procedures and transparency. National Panels may be convened by national mining associations, EITI multi-stakeholder groups, etc., subject to adhering to the ToR. The National Panel could:

- Provide country-specific interpretation to implementers and assurance providers, but would not be able to change the requirements of the Standard
- Advise on jurisdictional risks based on legal framework
- Provide a forum for dialogue between stakeholders on implementation of the Standard
- Support the identification of stakeholders to participate in assurance processes at the facility level
- Provide a pipeline of informed participants to engage in governance bodies and to serve on committees during standard reviews

A National Panel is not mandatory, and the absence of a panel is not a barrier to companies implementing the Standard.

14. What happens next?

Following a 60-day public consultation period, the four partners will compile and review all input received and discuss the implications for the proposed governance model with the SAG and IAG.