

# The Consolidated Standard Assurance Process

## Final Consultation Draft

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## 1. Introduction

### 1.1 About the Consolidated Standard

The vision for the Consolidated Mining Standard Initiative is for a sustainable society, enabled by the responsible production, sourcing, and recycling of metals and minerals. The aim is for the Consolidated Standard to be adopted by a wide range of mining companies – large and small, across all commodities and locations – to drive performance improvement at scale.

The Consolidated Standard combines the best of four existing standards into one comprehensive and practical Standard supported by a robust Assurance Process, reducing complexity in the standards landscape and increasing adoption among companies seeking to follow a credible global benchmark. It establishes clear expectations for responsible practices that span multiple performance areas of concern to stakeholders that apply to all producers committed to responsible practices, regardless of size, commodity, or location. The Consolidated Standard will help drive positive outcomes for both people and the environment along individual metals' value chains – from mining to smelting, refining and beyond.

The Consolidated Standard is to be governed by an independent Board that maintains a balanced representation of commercial and non-commercial interests from both the mining sector (upstream) and the broader value chain (downstream), ensuring no single group holds disproportionate influence. It reflects multi-stakeholder participation, reinforcing the principle of consensus-based decision making, combined with protections to ensure that decisions can't be made without the support of all groups on the Board when voting is required.

### 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 approved Assurance Providers. Definitions in this Assurance Process are aligned with the terms in the Consolidated Standard.

### 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 a list of recognised Assurance Provider credentials and includes other documents and tools for Assurance Providers and Facilities such as the draft Reporting Template (Appendix D).

## 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 (i.e. management and oversight) of the company.

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

- Commitment to and support of 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 approved 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.
- Commit to facilitating the Assurance Process with the Assurance Provider, including providing requested support to facilitate needed travel/engagement plans, providing needed information and evidence, and reacting in good time to requests from the Assurance Provider so that they may deliver the assurance service efficiently and effectively.
- Use established communications channels to inform 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 45 days in advance of the assurance engagement and should clearly articulate that communications between affected stakeholder and rights-holders, and the Assurance Provider, will be treated by the Assurance Provider as confidential.

- Provide a comprehensive list of stakeholders and rights-holders, including workers (employees and contractors) to the Assurance Provider to assist the interview selection process. Include, if available, information on communications protocols in place with rights-holders and others.
- Receive Assurance Providers on-site and ensure unfettered access (subject to safety limitations) to workers, and facilitate, if requested, access to stakeholders and for interviews.
- Review the draft Assurance Report for factual accuracy.
- Where required, prepare and make public a Continual Improvement Plan.
- Publicly report results and any associated claims in accordance with the Consolidated Standard Claims Policy.
- Report significant business changes relevant to the Consolidated Standard and / or Assurance Process to the Secretariat.

## B. Assurance Providers

Assurance Providers are independent parties approved by the Secretariat to carry out assurance activities. Assurance Providers are approved based on the requirements and qualifications listed in Section 3.

Assurance Providers have the following responsibilities:

- Complete the application process for Assurance Provider approval.
- Sign a commitment to conduct external assurance in accordance with the Assurance Process.
- Successfully complete all required training provided by the Secretariat.
- Maintain approval status as defined in the Section 3 of this document.
- Sign an attestation that the team of Assurance Providers is free from any conflict of interest with the Facility and/or operating company.
- Sign a contract to provide assurance services consistent with the Assurance Process with the Facility or its parent company.
- Respect and maintain confidentiality where access is provided to sensitive information.
- Where guidance from National Panels exists, review it and incorporate it in the Assurance Plan.
- Prepare for the external assurance in collaboration with the Facility and its parent company and develop a Facility Assurance Plan.
- Submit a Facility Assurance Plan to the Secretariat for review of completeness and consistency prior to commencement of the assurance engagement.
- Review results of the due diligence provided by the Secretariat, including the results of the media scan.
- Review documentary evidence from the Facility and the parent company.
- Review the list of stakeholders and rights-holders provided by the Facility to inform a target list for interviews using professional judgement and additional research to adjust as necessary and ensure inclusion of vulnerable groups.

- 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. If requested by the interviewee, provide a summary of the interview to validate the interview's accuracy. Provide translations services, if requested.
- Ensure stakeholders and rights-holders have the opportunity to be interviewed in a safe space, independent of interference by the Facility. Preserve the anonymity of all interviewees, including employees, stakeholders and rights-holders unless otherwise agreed to by the interviewee.
- 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 D) and submit to the Facility or its parent company and to the Secretariat for a review of completeness.
- For Facilities pursuing an assured claim but not achieving 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 Facility 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 approval 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 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 approval 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.
- Maintain an annual list on the Consolidated Standard website of the Facilities due to undergo assurance in that year, including updates with 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.
- Review the Assurance Plan and the Assurance Report for completeness and consistency with the Assurance Process.



- Ensure publication of the Facility Assurance Report, scores and continuous improvement plans 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 carry out 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 Consolidated Standard and to receive allegations, complaints or concerns about the application of the Consolidated 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 Claims Policy (previously called Reporting and Claims Policy).

## D. National Panels

The Consolidated Standard encourages the formation of multi-interest National Panels. National Panels provide an important safe space for dialogue between the industry and national rights-holders and stakeholders. In jurisdictions that have National Panels in place, National Panels may help inform the Assurance Process by providing information and guidance including:

- Assessing whether and how the regulatory regime may provide useful information to determine whether Facilities in that jurisdiction meet certain Performance Areas, or parts of Performance Areas based on their compliance with the regulatory regime.
- Context on the effectiveness and enforcement of regulatory requirements.
- Information on national and local practices and customs, including but not limited to: state recognition of Indigenous rights, laws and custom, respect for labour rights and collective bargaining and international conventions.
- Information to help inform the selection of interviewees in specific regions.
- Focusing the Assurance Process by pointing to specific national vulnerabilities (e.g. artisanal mining, weak labour laws, corruption, etc.) while also highlighting areas in the Consolidated Standard where national protections are considered to be strong.

Any guidance provided to Assurance Providers by National Panels must be approved by the Board of the Consolidated Standard and published on the Secretariat's website.

### 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 establishes minimum qualifications and requirements that Assurance Providers must meet to be approved to conduct an external assurance under the Consolidated Standard. Only Assurance Providers, individually or as a team, that have been approved by the Secretariat as having met the Consolidated Standard requirements may undertake Facility assurance engagements. The Secretariat retains all rights to approve Assurance Providers, monitor ongoing adherence to the Assurance Provider qualification requirements and to remove their approved status.

Of note:

- As all Assurance Providers must undergo regular training and competency exams provided by the Secretariat (see 3.1.1.6 below), Assurance Providers are approved as individuals and not as part of the company they are associated with and maintain their status if they change companies. 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. This is the preferred approach as most individuals do not possess the technical knowledge for all subject-matter areas, language, 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.
- To avoid potential risks of complacency or reduced independence, a Facility may choose to use the same Assurance Provider team for up to three cycles of assurance. After the third assurance cycle, the Facility must select a different team of approved 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 (e.g. Indigenous rights and culture, tailings management) 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 approved Assurance Provider. The SME will be engaged in an advisory capacity and must work under the direct supervision and oversight of an approved Assurance Provider. Where SMEs are used in the assessment, these individuals must be

independent of the site as defined in 3.1.1.5 below. The names and affiliations of these experts must be included in the report.

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 all of 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 expertise 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 Consolidated Standard, this includes a broad range of sustainability-related fields.
3. Demonstrate a minimum of five years of experience in providing external assurance in environmental, social, governance and/or metals supply chain subject matters relevant to the Assurance Process; or have been involved in a minimum of 10 completed assurance engagements of governance, 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 recognised Assurance Provider training credentials listed in Appendix A.
5. Demonstrate independence:
  - a. Assurance Providers must be independent of the Facility and company being evaluated to ensure objectivity, confidentiality, and non-existence of conflicts of interest. This means Assurance Providers, as an individual or as a team, shall be independent of the activity being assured and 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 direct business, contractual or financial relationship with or financial interest in the Facility, or company within the scope of the assessment. These relationships will be evaluated by the Secretariat and disclosed in the Assurance Report. Should the Secretariat determine that the above represents a conflict of interest, the Assurance Provider will not be permitted to conduct the Assurance.
  - 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 or subsequent to external verification. Should the Assurance Provider intend to continue providing assurance services to the Facility, it must not offer consulting services subsequent to the Assessment.
6. Assurance Providers must complete an initial Consolidated Standard Assurance Provider Training and pass an evaluation. 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 training 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. The Assurance Provider team may engage interpreters 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 and adhere to those organisations' codes of ethics.

The Secretariat may, at its discretion, in line with the recognised Assurance Provider training credentials defined in this Assurance Process, designate and disclose some Assurance Providers as being approved only for certain Performance Areas, geographies, types of operations, or subject-matter expertise.

Assurance Providers may utilise interpreters or SME in the assessment. These individuals must be independent of the site. The names and affiliations of these experts must be included in the report.

## 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.
- A description of the Assurance Process, including gathering of evidence, interview selection and undertaking and report preparation.
- 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.
- Other topics deemed appropriate by the Secretariat to ensure quality assurance engagements.

### 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 will be 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 status as an approved Assurance Provider.

### 3.2.3 Maintaining Assurance Provider Approval Status

Assurance Providers must complete all mandatory trainings to maintain their approval status. 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 will track the participation of approved Assurance Providers in training sessions as part of the maintenance of approval status.

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

The Secretariat retains the right to suspend or remove an Assurance Provider's approval status if the monitoring identifies issues regarding:

- The Assurance Provider's adherence to the Assurance Process and performance of good quality assurance services including repeated misinterpretation of the requirements, lack of professional judgment, poor report writing, or violations of the process.
- Breach of confidentiality.
- The Assurance Provider's attendance and performance in mandatory training.

- 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.
- A reported grievance against the Assurance Provider deemed by the Secretariat to be of a nature to warrant status removal.
- Actions or inactions that are deemed to cause reputational harm to the Secretariat.

The Secretariat will communicate issues as they arise and endeavor to engage in corrective actions with the Assurance Provider before suspension or removal where possible.

## 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.

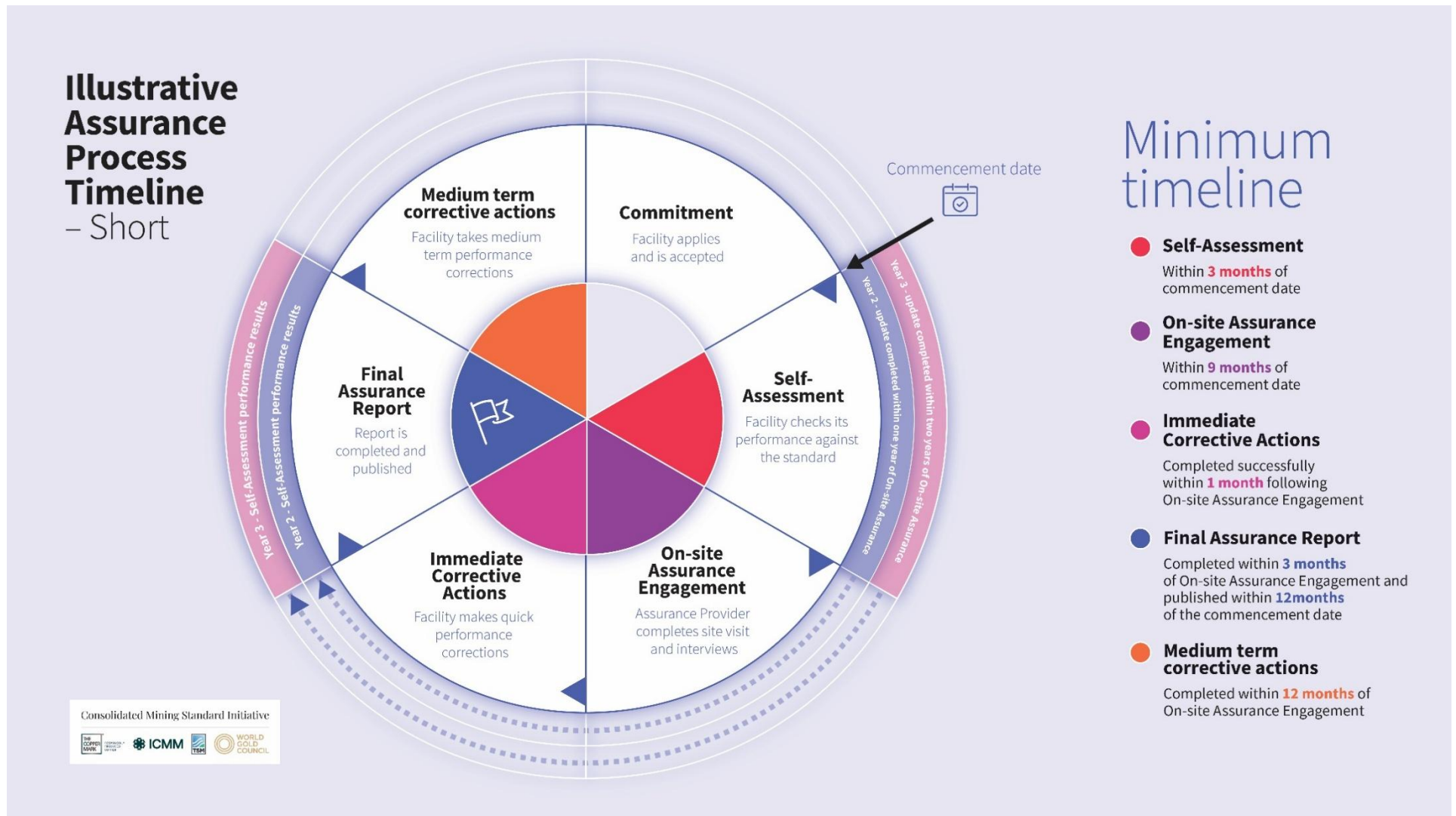
The Assurance Provider must conduct the assurance in accordance with recognised standard assurance methodologies to collect and assess the evidence, including document and record review, interviews with workers, interviews with a selection of stakeholders and rights-holders, and observations at the Facility. 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 United Kingdom, the United States of America, the European Union and both the host and home countries (where available)<sup>1</sup> 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<sup>2</sup> for the purpose of the Assurance Process. The Facility will have 3-6 months from the commencement date to submit an initial self-assessment report and 15 months from the commencement date to complete the Assurance Process and publish the Assurance Report. The assurance is valid for three years, with sites reporting updated self-assessments in intervening years. Subsequent assurance engagements will be initiated with sufficient notice to ensure the next assured report is published no later than three years after the publication of the previous report.

### 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 6 for details on this mechanism) that concerned the Facility(ies) or the company, if any. The results of this research will be shared with both the Facility and the Assurance Provider selected by the Facility for consideration as contextual information to inform the

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<sup>1</sup> 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.

<sup>2</sup> 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.



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 Self-Assessment

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-sections of the 24 Performance Areas found in the Consolidated Standard applicable to the Facility.

The first Self-Assessed Report must be submitted to the Secretariat within 3-6 months of the Facility's commencement date. The Secretariat will aim to review the Self-Assessed Reporting of performance results for completeness within 14 days. If the report is found incomplete, the Secretariat will inform the applicant of the need for corrective action. In such cases, the Self-Assessed Report must be re-submitted for review by the Secretariat within 14 days.

The first Self-Assessed Report in a given cycle will not be published on the Consolidated Standard website but will form the basis of the Assurance Process.

In subsequent Assurance Process cycles, the Facility must submit a recent, no more than 3 months old, updated Self-Assessed Report within a reasonable time to inform the assessment, and no later than 3 months before the Facility site-visit.

#### 4.2.5 Assurance Provider Selection

The Facility must select Assurance Providers for the Assurance Process from the registry of approved Assurance Providers maintained by the Secretariat. It is expected that most 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 happen prior to the start of the assurance planning process to allow for adequate lead time for the Secretariat to provide input to the assurance planning process (e.g., the results of the media scan).

#### 4.2.6 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, including guidance published by National Panels, if available. During the planning phase, the Assurance Provider makes decisions related to sampling strategies, stakeholder and rights-holder interviews, and the need for interpretation services. The output of this step will be an Assurance Plan (see section 4.2.14 on Assurance Plan) for submission to both the Facility and the Secretariat. The Facility will review the plan to make sure it is workable and will provide comments back to the Assurance Provider if there are logistical or practical reasons that the plan is not workable, noting that the Assurance Provider has the discretion on how the plan is finalised before it is submitted to the Secretariat. The Secretariat will review the Assurance Plan for

completeness and conformance with the 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 rights-holders, and analyse evidence for each Performance Area to verify conformance.

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, which includes the Facility's most recent self-assessment, 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).
- The Facility's risk register.
- The results of a media scan.
- Facility Grievance Register and any grievances received by the Secretariat – respecting confidentiality where required.
- 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's risk profile and the particular Performance Area under examination. Where required, and at the discretion of the Assurance Team, the sample may be expanded for one or more Performance Areas to include specific historic documents or records.

## 4.2.7 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.

## 4.2.8 Determining Methodology and Risk-Based Framework

With the determination of the operational boundaries and for the purpose of conducting and updating the self-assessment, the Facility shall indicate whether any of the Performance Areas are deemed to be not applicable due to the type of operation, infrastructure, activities and operating environment. 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 and interviews with employees, stakeholders and rights-holders during the Assurance Process, and publicly disclose this in the Assurance Report. In the event that the Assurance Provider is not able to confirm the Facility's rationale, the Performance Area(s) is deemed applicable and must be included in the assurance engagement. The Assurance Provider shall also take into account jurisdictional guidance where it has been developed by National Panels and other available information as identified under section 4.2.14 on Assurance Plan below.

### 4.2.8.1 *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 this to the attention of the Facility and the Secretariat and include this observation in the Assurance Report.

### 4.2.8.2 *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.

- Facility-based risk factors – 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.
  - 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 and / or Facility.
- Information provided by National Panels, if available and relevant.

In addition to accounting for 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, stakeholders and rights-holders interviews and external and worker interviews.

- Jurisdictional risk factors – 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. A description of the sampling methodology and how each of the above factors informed it must be included in the Assurance Plan that is shared with the Secretariat for the review of completeness and must be disclosed in the Assurance Report.

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

#### *4.2.8.3 Assessing Corporate Requirements*

Corporate requirements are assured at corporate level. The Assurance Providers shall determine whether an onsite visit to corporate offices is required if these are not located in the same location as the Facility.

If a company has more than one Facility that participates in the Assurance Process, corporate requirements must be assured at the same time as the first Facility and re-assured at the same time as the first Facility. Corporate requirements do not need to be re-assured as part of subsequent assurance processes for additional Facilities. After the corporate requirements are assured as part of the first Facility's assurance, the results can then be added to the results of additional participating Facilities for a period of 3 years. At this point, the corporate requirements will need to be re-assured in conjunction with the first Facility's assurance cycle. Where there are material changes to the corporate system(s), re-assurance of those can be carried out earlier to inform subsequent Facility-level assurance engagements. This will, however, not impact the 3-year assurance schedule for re-assurance of the full corporate requirements. The implementation of corporate policies, processes and procedures at Facility-level must be assured for each individual Facility that participates in the Assurance Process.

#### *4.2.9 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. The Assurance Provider will also have the discretion to directly issue the advance notice inviting participation in the Assurance Process.

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 45 days prior to the 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 due to undergo assurance in that year. This list will be updated to 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 in advance so the Secretariat can ensure they are included on the website 45 days before the Assurance Process commences.

#### 4.2.10 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. Examples of the use of technology could include but is not limited to the use of drones to provide a remote tour of the Facility or live video connections with workers and/or stakeholders and rights-holders. 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 an in-person site visit when conditions permit. If a site visit is not possible over the course of the entire three-year assurance cycle, and if a site visit cannot be conducted as part of the next assurance cycle, the Facility will no longer be eligible to participate in the Assurance Process.

#### 4.2.11 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. However, the Assurance Provider must use their own discretion to determine whether and how to take this context into account and not let undue influence determine the selection of interviewees or the approach. National Panels, where they exist, may also be consulted to provide advice on potential individuals or groups of interest prior to the interview process (e.g. NGOs, Indigenous communities).

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 free of bias or influence by the Facility. 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, with consideration of women and those who may be vulnerable, under-represented 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, the Assurance Provider must be confident that there are 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 rights-holder 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.

#### 4.2.12 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 size<sup>3</sup> 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.

#### 4.2.13 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 requirements 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 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.
- Consideration of gender perspectives.
- 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 Towards Good Practice Level (previously called Foundation Level)). Additionally, if inconsistencies in worker, stakeholder or rights-holder interviews arise, the Assurance Provider should examine these inconsistencies through triangulation and/or cross-checking

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<sup>3</sup> 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.



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 a demographic cross-section of labour representatives.
- Performance Area 8 – Diversity, Equity and Inclusion – requires engagement with a cross-section 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 a safe 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.

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 and before preparing the Assurance Report, 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. On

delivery of the summary, the Assurance Provider should provide a reasonable amount of time for the interviewee to provide feedback or make observations about the contents or accuracy of the summary before the Assurance Report is finalised. 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 published 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 through the Consolidated Standard Grievance Mechanism with clear instructions provided. Additionally, stakeholders and rights-holders can be directed to the Grievance Mechanism of the Consolidated Standard to provide feedback at any time.

#### 4.2.14 Assurance Plan

The Assurance Provider is required to prepare an Assurance Plan for submission and review by the Facility and by the Secretariat. 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 interpreters will be required, this will be identified in the plan along with the names of the interpreters (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 of 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. It should also include a description of how documents will be shared, recognising that this should be coordinated between the Facility and the Assurance Provider and that the Consolidated Standard Secretariat does not play a role in the management or exchange of documentary evidence.

- 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 interpretation 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.

#### 4.2.15 Observers to the Assurance Process

The Consolidated Standard Secretariat, 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. In such circumstances, the cost is to be borne by the party making the request for the observer.

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. Where interpreters are used in the assessment, these individuals must be independent of the site. The names and affiliations of these experts must be included in the report.

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. When a request is made to include an observer in the Assurance Process, it requires formal consent by both the Assurance Provider and the Facility undergoing the Assurance Process. The request for consent should include a clear rationale for the purpose of the observation, e.g., is it for the purpose of general observation of the Assurance Process or is it to observe a specific aspect of the process. When all parties have consented to the observer, it should be documented in the Assurance Plan.

Observers are to be strictly non-participatory in the Assurance Process and must 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 Secretariat.

The Consolidated Standard Secretariat, 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.

#### 4.2.16 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 engagement 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 Process and the execution phase of the assurance engagement can commence. Where the plan is submitted to the Secretariat in a language other than English, the Secretariat will use automated translation services 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. The Assurance Provider may also use this time to engage remotely with Facility subject matter experts to more accurately review and assess the documents and records provided.

#### 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 considers 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.
- A closing meeting in which the Assurance Provider identifies any potential gaps in achieving the Good Practice Level and confirms whether there is additional evidence the Facility can provide to satisfy Good Practice requirements.

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, in accordance with Sections 4.2.10, 4.2.11 and 4.2.12, and employ culturally relevant consultation and dialogue techniques.

If workers or external stakeholders and/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 may 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 worker, stakeholder and rights-holder 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.

#### 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**

Towards Good Practice Level	Good Practice Level	Leading Practice Level
The <b>Towards Good Practice Level</b> is the starting position of conformance with an initial set of requirements intended to put Facilities on the path to reach Good Practice and on which a Facility can build and improve its performance. Companies at the Towards Good Practice Level have made a commitment to responsible mining but are still “on the road” to implementing Good Practice.	The <b>Good Practice Level</b> 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.	The <b>Leading Practice Level</b> is a level of practice which goes above and beyond responsible industry good practice and demonstrates leadership or best practice.

If a Facility does not meet all of the requirements in the Towards Good Practice Level, then they will be assessed as “Does not meet Towards Good Practice 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 Consolidated Standard. The Consolidated Standard does not distinguish between major and minor non-conformances. Instead, it 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: Immediate Corrective Action*

The first window is during, and immediately following, the on-site visit. 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 twelve months after the Assurance Provider delivers the results of the Assurance Process to the Facility. 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 Facility 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 criminal or 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 may 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 Facility or its parent company.

#### 4.4. Extensions

In exceptional circumstances, the Secretariat may allow for limited additional time beyond the defined timeframe for the Facility to complete one or more steps defined in this Assurance Process. The timeframe will be reviewed on a case-by-case basis and minor extensions can only be granted if the Facility is able to provide evidence that the required measures cannot reasonably be implemented within the given timeframe. In this case, a reasonable timeframe is agreed between the Facility and the Secretariat.

Facilities with an extension are exempt from the suspension or removal process, unless they choose otherwise.

Facilities who are not able to meet the requirement of the Assurance Process within the prescribed timelines because of exceptional circumstances may request an extension by meeting the following requirements:

- Extension requests must be made in writing and addressed to the Secretariat.
- Extension requests must be received so as to allow for a reasonable amount of time for the Secretariat to assess its merits before the deadline has elapsed but at a minimum 15 business days prior to the deadline.
- Requests must include:
  - Evidence that the required measures cannot reasonably be implemented within the given timeframe.
  - The additional time requested for implementation.

As part of the request for an extension, Facilities must include the following evidence in writing to the Secretariat:

- Overview of the current status and gaps between the current practice or status and the requirement(s).
- Justification why the gaps cannot be addressed within the timeline.
- Implementation plan, timelines, and milestones for completion.

Requests that do not meet these requirements will not be granted.

Once a request for extension is received, the Secretariat will implement the following steps:

- Review the request to assess the following:
  - Completeness of the request.
  - Whether the evidence provided is reasonable in the circumstances.
  - Whether there is precedent in other similar situations.



- Where appropriate, the Secretariat may engage in additional information gathering, including discussions with Assurance Providers.
- The Secretariat will issue a decision to grant the extension or not within 15 business days from receipt.

Extensions granted are noted in the public Assurance Report.

Where a request for an extension is approved, the Secretariat will monitor the progress and adherence to the new deadline during regular check-ins with the Facility.

Monitoring will include a discussion on the progress of implementation of the plan, adherence to timelines, and meeting of milestones for completion.

## 4.5 Reporting

At the completion of the Assurance Process, the Assurance Provider will prepare an Assurance Report that clearly presents the Facility level assured performance for each Performance Area included in the scope of the assurance. The Assurance Report must be produced using the template in Appendix D and is separate from the management report.

The website of the Secretariat will include the assured performance levels 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 the performance level for each sub-section of each Performance Area and provide brief commentary regarding the requirements there in where relevant. Comments shall include:
  - Key elements contributing to the Facility's performance on a given requirement (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.
  - Identifying which requirement(s) is not adequately supported by the evidence provided to meet the given performance level. Indicating opportunities for improvement 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.”*).

- Where a Facility indicates they are working to achieve Leading Practice in a given Performance Area(s) and where the Good Practice Level has been achieved for that specified Performance Area(s), requirements needing to be met to achieve the Leading Practice Level should be included in the Assurance Report.
- **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 performance levels 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 or in the event of a registered grievance.

The finalised Assurance Report shall be published within 3 months of the completion of the Facility site visit. The Assurance Provider shall submit the report with a minimum of 1 month for Review of Completeness by the Secretariat and review for factual accuracy by the Facility.

The Secretariat’s review will confirm, at a minimum, that the Assurance Report includes:

- The performance level for each sub-section 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.
- Where a Facility indicates that they are working to achieve Leading Practice in a given Performance Area(s), identification of the individual requirements that have been met on the path to achieving that Leading Practice Level.
- A statement for each sub-section in each Performance Area documenting the evidence reviewed and the interviews conducted to determine the accuracy of the performance level, 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 onsite 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.

## 4.6 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 Towards Good Practice Level, followed by the Good Practice Level and the Leading Practice Level. As the performance levels build upon each other, 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, including those at lower levels.

For example, to obtain the Good Practice Level, the Facility will have had to meet all requirements in the Towards Good Practice and the Good Practice Level. When a Facility has not achieved all the requirements at the Towards Good Practice Level in a particular Performance Area, it is characterised as "Does not meet the Towards Good Practice 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 Consolidated 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. If a Facility fails to show meaningful progress against published improvement plans to achieve Good Practice in two consecutive assurance cycles, the Secretariat will engage the Facility to discuss their commitment to the Consolidated Standard. Continued failure to improve performance may lead to the Facility becoming ineligible to participate in the Consolidated Standard.

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 Level and document the actions it intends to take to fill

them. Continual Improvement 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 publication 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.

Facilities that have met the Good Practice Level and achieved a Performance Claim are encouraged but not required to publish an Improvement Plan for achieving the Leading Practice Level.<sup>4</sup>

#### 4.6.1 Self-Assessment Follow Up/Annual Reporting

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 an updated Self-Assessed Report to the Consolidated Standard Secretariat by no later than 12 months following the Facility site-visit 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 has changed since the last report.
- For any Performance Area where 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 and 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. Both the Secretariat and the Facility must clearly label the report as self-assessed performance results. The Facility must also link to the results as published on the Consolidated Standard website.

#### 4.6.2 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 Secretariat will notify the Facility that a re-assurance cycle is due to commence. The same timelines as defined in this Assurance Process, e.g. for the self-assessment, Assurance Process and reporting, apply to all assurance cycles. Facilities that no longer wish to use the

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<sup>4</sup> If a Facility has satisfied the requirements for a Performance Claim but has not yet met the Good Practice Level in all applicable performance levels, gaps required to do so must still be disclosed, accompanied by published Continual Improvement Plan. As stated in the Claims Policy, such Facilities have up to one assurance cycle to close these gaps to meet the Good Practice Level in all applicable areas. Please refer to the Claims Policy for more detail.

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 Claims Policy.

If there are significant changes to the scope of the assessment or significant events or incidents that might affect the performance level that occur in the interim, then the Facility is obliged to inform the Secretariat.

Significant changes or events may include:

- A significant change to the 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 impacts<sup>5</sup>.
- A significant industrial accident or incident resulting in one or more fatalities.
- 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 assurance results against the Consolidated Standard. For example, as some requirements in the Consolidated Standard are corporate in nature, a change in ownership could affect the Facilities' performance levels or ability to make claims. When information of the kind listed above are shared with the Secretariat and include confidential business information, it will be treated as confidential by the Secretariat.

## 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 interpretative 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 of the Assurance Provider or the Facility may invoke the second, and more formal, stage of the Dispute Resolution Process. In this stage, the Secretariat will engage

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<sup>5</sup> Significant negative environmental impacts include but are not limited to: significant negative impacts from air emissions; releases to surface water or groundwater; 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.

a sub-committee of its Board of Directors<sup>6</sup> to review the issue and make a binding decision. The process for resolving these issues is as follows:

1. The Secretariat receives a written request from the Assurance Provider or the Facility 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.
3. A lead representative of the sub-committee 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 representative circulates this briefing document to the sub-committee members who review the briefing document and provide its decision to the Secretariat within 72 hours.
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 will manage a public Grievance Mechanism on its website that is accessible to any stakeholder or rights-holder. 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 performance level 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 about either the Assurance Process or the outcome.
- Grievances related to national assurance guidance produced by National Panels. Grievances can be raised regarding the contents and application of national guidance produced on a jurisdictional basis by National Panels, where they exist.

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.

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<sup>6</sup> The sub-committee should include balanced representation and avoid any potential conflicts of interest.

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 believes they have been negatively affected or otherwise hold a stake in the outcome of the grievance.

To submit a grievance, a stakeholder or rights-holder must provide some indication or evidence that would support its veracity and be prepared to participate in a subsequent investigation, anonymously if requested to protect the complainant from intimidation or reprisals. The Secretariat will acknowledge receipt within 2 weeks.

Upon receipt of a grievance, the Secretariat will undertake or commission a review to make a determination of the merit of the grievance. Within a reasonable amount of time and a target of within 120 days after receipt of the grievance, the report of the review will be prepared, shared with the Facility (if the grievance pertains to a Facility) and/or the Assurance Provider (if the grievance pertains to an Assurance Provider or an Assurance Provider and a Facility), and the complainant for review and comment, and published with due regard to confidentiality. If the grievance is validated to have merit, 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 Consolidated Standard.
- Revision of a Facility's performance level.
- Review of an Assurance Provider's status and its potential withdrawal.
- Suspension of a Facility's claim pending resolution of the grievance or the withdrawal of the claim.

Any investigation that reveals activity of a potentially criminal nature will be referred to the appropriate authorities.

The Secretariat will apply an appropriate format for monitoring that might include, but is not limited to, a formal review of the situation after six months or a year, request for formal status updates from the parties, or ad hoc outreach and engagement of the parties.

## 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<sup>7</sup> to conduct an annual review of the Assurance Process to ensure that active Assurance Providers are conforming with the Assurance Process and that they 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 scope of the review will include Assurance Provider credentials, the Assurance Plan, and a sampling strategy to evaluate 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, working papers) 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 as part of the sampling strategy at a minimum every three to five years (depending upon the number of active Assurance Providers). The review involves document review and a discussion with each Assurance Provider whose work is being evaluated 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 Consolidated Standard'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 performance level, 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 or 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 the 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 work to

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<sup>7</sup> An Assurance Provider that has not conducted assurance for any Facility against the Consolidated Standard



meet evolving expectations of customers, investors, regulators and other interested parties, address changes in best practice for standards, and consider issues that emerge through Consolidated Standard implementation.

#### 7.4 Annual Oversight Report

The Secretariat will ensure the transparency of the oversight process by preparing an annual report that summarises both the direct oversight and general oversight processes.

The report will include information on the types of reviews conducted and a summary of results and findings. It will also include 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 will include consolidated information so as not to identify individual Assurance Providers or Facilities. The Secretariat will share 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. List of Recognised Assurance Provider Training Credentials

Recognised Training Credentials Include:

- ISAE 3000
- ISO 9001 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

While not a requirement, ISO 17021 – Conformity Assessment-Requirements for bodies providing audit and certification of management systems, is helpful for an Assurance Provider’s legal business entity to have as a means of demonstrating that processes are in place to manage conflict of interest, document control and ability to receive and address grievances.

### B. Assurance Plan Template

#### Assurance Team

Lead Assurance Provider: [Name, Company, E-mail Address]

Other members of the assurance team: [Name, Company, E-mail Address]

#### Client Information

Company name:

Facility name:

Client contact:

### **Scope of Verification**

Operational boundaries: [e.g., 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]

Applicable chapters: [Provide rationale for any chapters determined to be out of scope]

### **Description of Methodology**

Risk-based considerations: [Consider material jurisdictional risks. Include list of identified inherent, control and detection risks (such as those resulting from any restrictions that have been imposed on the site visit or if any requests have been made by the Facility)]

Approach to sampling:

Document and file-sharing procedures: [Explain how documents and records will be shared between the Facility and the Assurance Provider]

### **Assurance Schedule**

Schedule for verification: [Provide agenda here or as an attachment]

### **Site Visit Plan**

Dates of the site visit:

Site orientation requirements:

Safety or security restrictions:

Personal protective equipment requirements:

### **Interview Plan**

Stakeholders and rights-holders: [Describe the types and targeted number to be interviewed]

Workers: [Describe the types and targeted number of workers to be interviewed. Assurance Providers should aim to interview the square root of the total population size with the total number of interviewees, capped at 60 workers (employees and contractors). The exact number of workers to be interviewed is subject to the professional judgment of the Assurance Provider.]

### C. Table of Activities and Deadlines for Facilities

Activity	Deadline	Example date (latest possible)
Submit application	NA	1 August 2026
Application approved – commencement date set	Reasonable time from receipt of application	5 August 2026
Submit 1 <sup>st</sup> Self-Assessed Report	3-6 months from commencement date	5 February 2027
Select Assurance Provider Engage in pre-assessment activities Prepare for on-site assessment Provide advanced notice to stakeholders and rights-holders	45 days before the on-site assessment (which must be within 15 months of the commencement date)	21 September 2027
Conduct Facility site-visit	15 months from the commencement date	5 November 2027
Complete immediate corrective actions	Within 1 month of Facility site visit	5 December 2027
Review draft Assurance Report for accuracy	Upon submission of the draft report, within 3 months of site visit and no more than 2 months after the Facility site visit.	26 January 2028 (Assumes report received 5 January 2028)
Submit Continual Improvement Plan (for Facilities working toward the Good Practice Level across all Performance Areas)	Within 1 month of publication of the Assured Report	4 March 2028 (Assumes report is published 2 February 2028)
Complete medium-term corrective actions	Within 12 months of Facility site visit	5 November 2028

### D. Draft Reporting Template (Enclosed)

Consolidated Standard Reporting Template

Final Consultation Draft

**NOTE:** For this round of consultation, the draft Reporting Template has been updated to include updated Performance Areas, as well as some minor editorial changes. Post final consultation further adjustments will be made to the template to account for the different levels of reporting, including aggregate scores.

Facility information					
Name of the Facility					
Address					
Country of operation					
Name of brands produced at the Facility and corresponding exchanges					
Conclusions					
1. Corporate Requirements		9. Safe, Healthy and Respectful Workplaces		17. Grievance Management	
2. Business Integrity		10. Emergency Preparedness and Response		18. Water Stewardship	
3. Responsible Supply Chains		11. Security Management		19. Biodiversity, Ecosystem Services and Nature	
4. New projects, Expansions and Resettlement		12. Engagement		20. Climate Action	
5. Human Rights		13. Community Impacts and Benefits		21. Tailings Management	
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. Closure	
Statement of assurance					
Scope of the assessment					
Materials in scope					
Final products of materials in scope					
	Other:				
Operating activities					
	Other:				
Infrastructure					
About the Facility	Other:				
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		<p>What is in place from a high-level to support the rating (refer back to Performance Area requirements).</p> <p>Links to publicly available information should be included, especially where highlighted.</p>	Written in terms of gaps in the requirements (everything else should be an opportunity for improvement)	<p>Types of documents and how they align, or not, to the Performance Area / description of system. Include titles and publication dates of documents.</p> <p>The number and type of interviewees by stakeholder category. The categorisation must ensure that individual interviewees cannot be identified.</p> <p>Number and type of sampled records and how they demonstrate alignment, or not, with the Performance Area.</p> <p>Interviews with management and how they confirm alignment, or not, with the Performance Area.</p> <p>Interviews with workers and how they confirm alignment, or not, with the Performance Area; note where unions, women, or other minorities are included as appropriate.</p> <p>Interviews with external stakeholders and how they confirm alignment, or not, with the Performance Area.</p> <p>Observations on site and how they confirm alignment, or not, with the Performance Area.</p>
1.1 Corporate Accountability				
1.2 Sustainability Reporting				
1.3 Transparency of Mineral Revenues				
1.4 Risk Assessment				
1.5 Corporate Crisis Management				
2. Business Integrity				
2.1 Legal Compliance				
2.2 Business Ethics and Accountability				
3. Responsible Supply Chains				
3.1 Responsible Supply Chain				
3.2 Responsible Mineral Sourcing				
4. New Projects, Expansions and Resettlement				
4.1 Environmental and Social Impact Assessments				
4.2 Land Acquisition and Resettlement				
5. Human Rights				
6. Child and Forced Labor				
7. Rights of Workers				
7.1 Rights of Workers				
7.2 Grievance Mechanism for Workers (Employees and Contractors)				
8. Diversity, Equity and Inclusion				
8.1 Governance of Diversity, Equity, and Inclusion (Corporate Level)				
8.2 Management of Diversity, Equity, and Inclusion Management (Facility Level)				
9. 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. Engagement				
13. Community Impacts and Benefits				
13.1 Community Impact Management				
13.2 Community Development and Benefits				
14. Indigenous Peoples				
15. Cultural Heritage				

16. Artisanal and Small-Scale Mining				
17. Grievance Management				
18. Water Stewardship				
18.1 Water Management and Performance				
18.2 Collaborative Watershed Management				
18.3 Water Reporting				
19. Biodiversity, Ecosystem Services and Nature				
20. Climate Action				
20.1. Corporate Climate Change Strategy (Corporate Level)				
20.2. Climate Change Management (Facility Level)				
20.3. Annual Climate Change Public Reporting				
21. Tailings Management				
22. Pollution Prevention				
22.1 Non-mineral Waste and Hazardous Materials Management				
22.2 Mineral Wastes (excluding tailings)				
22.3 Non-GHG Air Emissions				
22.4 Mercury				
22.5 Cyanide				
22.6 Accidental Polluting Releases				
22.6 Noise, Vibration and Light Pollution/Nuisance				
23. Circular Economy				
23.1 Circular Economy for all Facilities				
23.2 Additional Requirements for Smelters				
24. Closure				

Identified gaps and improvement activities (for Performance Areas with gaps, to achieve the next performance level)			
Performance Area	Rating	Identified gaps	Facility response (optional)
To be completed by assessor		Which requirement of the criteria is not aligned? Does it relate to the system, implementation, or impact? Copy/Paste from above	What actions are planned regarding improvement (may be completed by the participant)?
Add/delete lines as necessary			

Assurance Provider Attestation	
This Assurance Process was conducted in accordance with the terms of the Consolidated Standard Assurance Process 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.	<div>The assurance process was conducted with in accordance with the</div> <div><input type="checkbox"/> Consolidated Standard Assurance Process</div>
The ratings indicated in this report are assured as being accurate based on the evidence reviewed during the assurance process of this Facility.	<div><input type="checkbox"/> The ratings in this report are considered accurate based on this</div>
Limitations	
Additional comments	
Names of Assurance Providers	
Date of assurance attestation	
Signature of Lead Assurance Provider	

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