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Consolidated Standard Assurance Process

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DRAFT

Consolidated Mining Standard Initiative



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1. Introduction

1.1 About the Consolidated Standard

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

1.2 Consolidated Standard Assurance Process

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

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

1.3 How to Use this Process

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

Section 1

Explains the roles and responsibilities of Facilities, Assurance Providers, the Secretariat and National Panels with respect to the Assurance Process.

Section 2

Explains the qualifications, competencies and training necessary to obtain and maintain approval as an assurance provider to conduct external assurance on the Consolidated Standard.

Section 3

Provides information and requirements related to planning, executing, and reporting on the external assurance, as well as how Assurance Providers can provide suggestions for continual improvement to the Secretariat.

Section 4 & 5

Provides an overview of the Consolidated Standard dispute resolution process and public grievance mechanism, which Facilities, Assurance Providers or other stakeholders can use as required.

Section 6

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

Appendices

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

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2. Roles and Responsibilities

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

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

A. Facilities and their Parent Companies

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

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

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

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

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

B. Assurance Providers

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

Assurance Providers have the following responsibilities:

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

C. The Secretariat

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

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

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

D. National Panels

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

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

3. Who Can Conduct External Assurance?

3.1 Assurance Provider Requirements

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

Of note:

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

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

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

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

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

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

3.1.1 Assurance Provider Qualifications

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

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

Assurance Provider in Training:

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

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

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

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

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

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

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

3.2 Consolidated Standard Training

3.2.1 Assurance Provider Training Program

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

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

3.2.2 Update Training for Assurance Providers

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

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

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

3.2.3 Maintaining the Assurance Provider Accreditation

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

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

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

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

4. Consolidated Standard External Assurance Process

4.1 Methodology

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

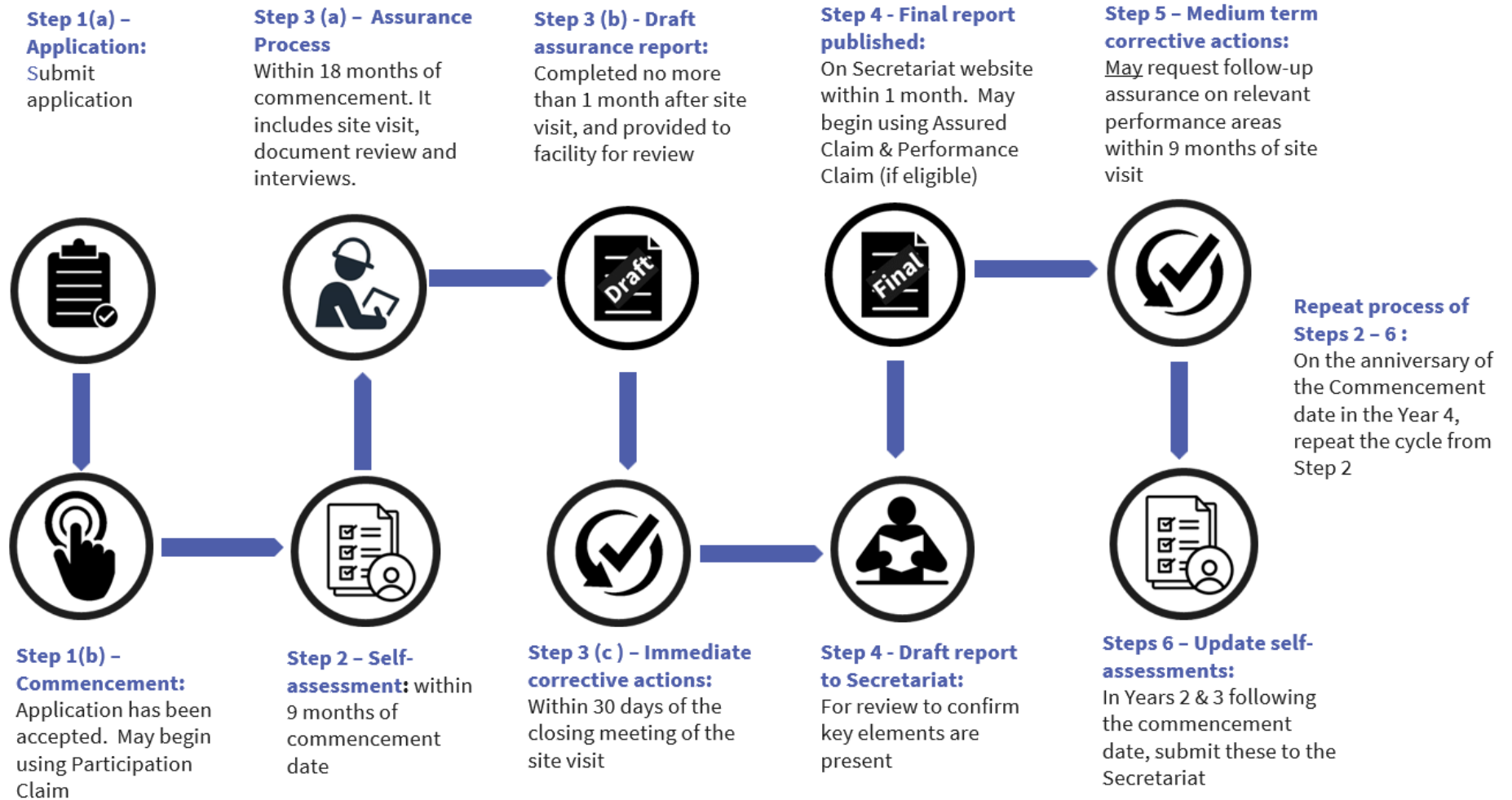
The Assurance Provider must conduct the assurance in accordance with recognised standard assurance methodologies to collect and assess the evidence, including document and record review, interviews with workers, interviews with a selection of stakeholder and rights holders, and observations at the Facility.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

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

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

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

Figure 1: Overview of the Assurance Process



4.2 Planning

4.2.1 Application

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

4.2.2 Review and Acceptance of Facility Applications

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

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

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

4.2.3 Media Scan

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

4.2.4 Assurance Provider Selection

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

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

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

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

4.2.5 Assurance Planning

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

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

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

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

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

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

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

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

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

4.2.6 Understanding the Operational Boundaries

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

4.2.7 Determining Methodology and Risk-Based Framework

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

4.2.7.1 Identifying Performance Areas that are Not Applicable

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

4.2.7.2 Defining the Risk-Based Parameters of the Assurance Process

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

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

- **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.

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

- **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 and disclosed in the Assurance Report published alongside the assured results.

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

4.2.8 Advanced Notice to Stakeholders and Rights-Holders

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

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

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

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

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

4.2.9 Site Visits

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

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

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

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

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

4.2.10 Interviewing Workers, Stakeholders and Rights Holders

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

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

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

- Consider the risk profile of the Facility and include adequate interviews which cover the higher risk Performance Areas.
- Develop an inclusive approach that seeks perspectives from a range of workers, stakeholders and rights holders including those who may be considered vulnerable, 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, there must be a sufficient number of Indigenous rights holders included in the list to appropriately inform the Assurance Provider's assessment.
- For worker interviews, include both targeted individuals/groups and a portion of interviewees selected randomly. As a guide, the Assurance Provider is encouraged to select at least 25% of the sample randomly. Should the Assurance Provider deviate from this guidance, the rationale for deviation must be disclosed in the Assurance Plan and in the Assurance Report.

The individuals and groups to be sampled must be selected by the Assurance Provider.

Interviews should be conducted without the physical or virtual presence of management or

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

4.2.11 Worker Interviews

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

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

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

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

4.2.12 External Stakeholder and Rights Holder Interviews

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

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

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

The sample of interviewees should include:

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

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

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

- Performance Area 7 – Rights of Workers – requires engagement with labour representatives.
- Performance Area 8 – Diversity, Equity and Inclusion – requires engagement with a 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 the space for interviewees to share observations or experiences related to any of the Performance Areas – not just those the Assurance Provider has pre-identified.

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

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

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

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

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

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

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

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

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

4.2.13 Assurance Plan

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

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

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

4.2.14 Observers to the Assurance Process

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

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

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

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

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

4.2.15 Review of the Assurance Plan

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

4.3 Execution of Facility Assessment

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

4.3.1 Desktop Review

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

4.3.2 Facility Site Visit

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

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

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

4.3.3 Interviews

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

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

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

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

The Assurance Provider should inform interviewees that the Assurance Report will include the number of external and worker interviews conducted by stakeholder type and the Performance Areas discussed. The report will not include the names of any interviewees and specific comments will not be attributed.

4.3.4 Performance Determinations

As a result of the above activities and the evidence collected, the Assurance Provider is expected to be able to conclude and be prepared to attest to the performance level of the Facility in regard to each Performance Area.

To attain any of the levels in any of the Performance Areas, all of the requirements in that performance level and all of the performance levels below must be met.

Table 1 – Levels of Performance

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

If a Facility does not meet all of the requirements in the Foundation Level, then they will be assessed as “Does not meet the Foundation Level”.

4.3.5 Non-Conformances and Corrective Actions

When a Facility undertakes its independent assurance using the Consolidated Standard Assurance Process, the Assurance Provider may identify non-conformances with various requirements contained in different Performance Areas in the Standard. In contrast to other standards, the Consolidated Standard does not distinguish between major and minor non-conformances. Instead, the Standard provides two windows in the Assurance Process during which a Facility can undertake improvement actions and have the results reflected in the assured results.

4.3.5.1 1: Immediate Corrective Action

The first window is during, and immediately following, the on-site assessment. Once a non-conformance has been identified by the Assurance Provider and communicated to the Facility, the Facility can take immediate improvement action. The Facility has up to one month (30 days) following the closing meeting to provide additional evidence to demonstrate that a non-conformance has been addressed. During this short window, the focus will typically be on minor, administrative matters such as the need finalise a policy statement, a document for public disclosure or an engagement plan. Upon receiving this additional evidence, the Assurance Provider will determine if the non-conformance has been addressed and, if so, will adjust the Facility’s rating in the Assurance Report prior to its publication.

4.3.5.2 Window 2: Medium Term Corrective Action

The second window will be open for nine months after receipt of the final Assurance Report. During this window, the Facility can choose to undertake additional corrective actions to address non-conformances and request that the Assurance Provider update the Assurance Report accordingly. At the Facility’s discretion, it may submit evidence that the corrective action has been implemented to address one or more specific non-conformances and re-engage the Assurance Provider to review the outcomes of the actions taken. If deemed sufficient, the Assurance Provider

will prepare and submit a supplemental Assurance Report to the Secretariat to confirm any updated ratings.

Any additional assurance conducted during this second window will be narrowly focused on the specific requirement(s) linked to the non-conformance(s) that the Facility has addressed through its corrective actions and not an entire Performance Area. Changes in ratings during this window will be publicly reported by the Secretariat as updated ratings and detailed in a supplemental Assurance Report.

Beyond these two windows, no changes to assured ratings can be made until the next assurance engagement is undertaken. However, it is expected that Facilities will implement Improvement Plans, where required, as described in the Improvement Plan section.

4.3.6 Critical Notifications

The Assurance Provider must notify the Secretariat, at the earliest opportunity, if any of the following are identified during an Assurance Process:

- Stakeholders', rights holders', workers' or Assurance Provider's safety is in danger because of the implementation of the Assurance Process or because of actions taken by the Facility.
- Stakeholders, rights holders, workers or Assurance Providers experience threats or retaliation for participating in the Assurance Process.
- Assurance Providers are denied access to documents, locations, or individuals necessary for the completion of the assessment due to reasons other than reasonable safety or security precautions or reasonable business confidentiality considerations. If an Assurance Provider believes a restriction is unreasonable, they are to raise it with the Secretariat who will discuss with the company subject to the Assurance Process.
- There is falsification of documents, records or other evidence used for the assessment.
- Evidence of fraud, bribery or corruption, linked to criminal activity or any other illegal activity linked to the Facility.

On the basis of the above, the Secretariat may order that the Assurance Process be stopped or postponed until it is safe to continue or terminate the assessment. When legally required or where there are credible threats observed to life or the environment, either the Assurance Provider or the Secretariat is expected to report the incident or observation to the authorities. Regardless of whether circumstances such as those listed above meet an appropriate threshold to report to authorities, any critical notifications observed should be reported by the Assurance Provider or Secretariat to appropriate leadership within the company.

4.4 Reporting

At the completion of the Assurance Process, the Assurance Provider will prepare an Assurance Report that clearly presents the Facility level assured ratings for each Performance Area included in the scope of the assurance. The Assurance Report must be produced using the template in Appendix C. The website of the Consolidated Standard will include the assured ratings as well as the Assurance Report for each Facility that has undergone assurance.

The Assurance Report allows for standardised presentation of results by Assurance Providers and will include the following sections:

- **Facility Information:** This section requests basic information about the Facility, including location and the type of operations and infrastructure included in the scope of assurance.
- **Assurance Provider and Assurance Information:** This section requests information on the Assurance Provider, including their firm, team members, their role and qualifications, the assurance period and dates of assurance activities, and a summary of the assurance methodology and activities.
- **Statement of Findings:** This section requires the Assurance Provider to provide ratings for each sub-category of each Performance Area and provide brief commentary regarding these indicators where relevant. Comments shall include:
 - Key elements contributing to the Facility's rating on a given indicator (e.g. "*A comprehensive management system is in place that includes...*").
 - A description of the evidence observed, including titles and publication dates of documents, and interviews conducted in each Performance Area.
 - The number of interviewees by stakeholder category. The categorisation must ensure that individual interviewees cannot be identified.
 - identify which requirement(s) is not adequately supported by the evidence provided to meet the given performance level.
 - Gaps in performance necessary to achieve the Good Practice Level (e.g., "*The Facility has an effective process for engagement with Indigenous communities but is missing requirement GP4] necessary to achieve the Good Practice Level.*").
- **Statement of Assurance:** This section is to be completed and signed by the Assurance Provider. It asks the Assurance Provider to confirm that the assurance was conducted in accordance with the *Assurance Process* and that the ratings included in the report are assured as accurate. There are also sections for the Assurance Provider to list any limitations or additional comments.
- **Other:** Any additional components agreed in discussion with the Facility.

Where a requirement has been met, but the Assurance Provider believes there are opportunities to enhance effectiveness or efficiency, the Assurance Provider can identify these as an observation for improvement within the report or in a separate letter to the Facility; however, this should not affect the performance result.

In addition to the Assurance Report, the Assurance Provider is required to maintain working papers that include completed assessment checklists. They may be required to provide such papers as part of the Assurance Provider Oversight Process.

The Assurance Provider shall draft their report and submit it to the Facility within one month of the completion of the site visit for review by the Facility for factual accuracy. It shall be submitted to the Secretariat for review within two months from the completion of the site visit and the secretariat shall complete its review and publish the report on the website within three months of the site visit.

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

- A rating for each sub-category of each Performance Area.
- For any Performance Area that achieves a performance level below the Good Practice Level, identification of the individual requirements that have not been met to achieve that Good Practice Level.
- A statement for each Sub-Category in each Performance Area documenting the evidence reviewed and the interviews conducted to determine the accuracy of the rating, noting that the interviews conducted should be documented in a manner that protects the anonymity of those who provided information.
- Confirmation that the following elements were completed:
 - Advance notice of the Assurance Process provided to affected communities.
 - Facility visit conducted.
 - Number of worker interviews met the appropriate threshold.
 - Assurance Provider had the necessary information and discretion to select and conduct a sufficient number of stakeholder and rights holder interviews.

After the report is deemed complete, the Secretariat will publish the final Assurance Report, including any associated continual improvement plans to achieve the Good Practice Level, on the website of the Consolidated Standard.

The Assurance Report may be submitted in the language the assurance was conducted in. However, in such cases where the language of the report is not English, the report must also be published in English. To facilitate this, and ensure consistency in translation, the Secretariat will maintain a list of recommended translators that Facilities and Assurance Providers may use. The Secretariat can also facilitate translation, for a fee.

4.5 Continual Improvement Plan

A key aspect of the Consolidated Standard's approach to driving continual improvement is its three-level performance scale (See table 1) consisting of the Foundation Level, followed by the Good Practice Level and the Leadership Level. In order for a Facility to progress through the levels, it must meet all the requirements contained in each of the levels it is claiming to have achieved.

For example, to obtain the Good Practice Level, the Facility will have had to meet all requirements in the Foundation Level and the Good Practice Level. When a Facility has not achieved all the requirements at the Foundation Level in a particular Performance Area, it is characterised as "Does not meet the Foundation Level". This system of levels is designed to drive continual improvement by establishing clear criteria that demonstrate higher levels of performance toward which Facilities may strive to improve their operations and manage risks.

The standard is also designed in a way that results can be aggregated across various metrics such as geography, commodity, type of operation, etc., to demonstrate broad improvement patterns across all or part of the mining industry, geographies or commodities.

As part of its continual improvement model, all Facilities that use the Consolidated Standard and Assurance Process commit to achieve, at a minimum, the Good Practice Level of performance over time.

While a Facility works towards obtaining the Good Practice Level across all Performance Areas and after its first independent assessment, the Facility is obligated to develop, and share with the Secretariat for publication on the Consolidated Standard’s web page, a continual improvement plan that identifies the gaps that need to be filled to attain Good Practice and document the actions it intends to take to fill them. Action plans will be published with due regard to business confidentiality. The Continual Improvement Plan is required to be submitted to the Secretariat within 30 days of the issuance of the final Assurance Report.

Additionally, in the years between the Facility’s independent assurance, the Facility must update the Continual Improvement Plan and share the update with the Secretariat for publication on the website at least once every calendar year.

Table 2 – When are Continual Improvement Plans Required?

	Continual Improvement Plan	Assurance of the Continual Improvement Plan
Participant claim	Not applicable	Not applicable
Assured claim	Required where non-conformances exist to achieve the Good Practice Level.	Required where non-conformances exist and Facility has not achieved Good Practice level
Performance claim	Not required after Good Practice Level achieved.	

4.5.1 Re-Assurance

Facilities must demonstrate continued performance through a full re-assessment **every three years**. At the three-year anniversary of the previous commencement date (i.e. the date on which the Facility and the Secretariat entered into an agreement), the process is presumed to start again. Facilities that no longer wish to use the Assurance Process must notify the Secretariat before that date and they will no longer be eligible to make a Consolidated Standard claim under the Consolidated Standard Reporting and Claims Policy.

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

Significant changes or events may include:

- A significant change of a Facility operationally or through acquisition (e.g. suspension, change in mining or processing methods, move to care and maintenance);
- A change in ownership or operating entity of the Facility through a divestment, entering into a joint venture, merger, or acquisition;

- An environmental incident resulting in significant negative environmental impacts³; or
- A significant industrial accident or incident resulting in one or more fatalities; or
- An incident resulting in significant negative impact on human rights.

The Secretariat will review the information with a view to determine if there is an impact on the Facility's ability to make an assured claim and/or published results against the Consolidated Standard.

5. Dispute Resolution Process

5.1 Stage 1: Guidance by the Secretariat

Should the Assurance Provider and the Facility disagree on, and not be able to resolve between them, the interpretation of one or more requirements, or the evidence provided by the Facility to demonstrate that requirements have been met, they should jointly contact the Secretariat to discuss this disagreement. The Secretariat will provide interpretation guidance based on experience in the application of the relevant Performance Area, where possible, with the intent of assisting the Assurance Provider and the Facility to reach agreement.

5.2 Stage 2: Sub-Committee of the Board of Directors

Should an agreement not be reached, either party may invoke the second, and more formal, stage of the Dispute Resolution Process. In this stage, the Secretariat will engage a sub-committee of the Board of Directors to review the issue and make a binding decision. The process for resolving these issues is as follows:

1. The Secretariat receives a written request from the Facility or Assurance Provider to provide additional guidance on implementation of a specific Performance Area and requirement or requirements.
2. The Secretariat refers the request to the sub-committee of the Board of Directors.
3. A lead representative of the subcommittee interviews both the Assurance Provider and the Facility to understand the issue, the Facility-specific context, and the differences in interpretation.
4. The lead representative prepares a short briefing document outlining the details of the dispute, identifying potential options and their implications, and recommending interpretation guidance.
5. The lead circulates this briefing document to a sub-committee who reviews the briefing document and provides its decision to the Secretariat within 72 hours.

³ Significant negative environmental impacts include but are not limited to: negative impacts from air emissions; releases to surface water or groundwater that exceed permit allowances; non-treatment or improper disposal of hazardous or non-hazardous waste; changes to local biodiversity or ecosystems; impacts on endangered species; impacts on critical habitat or protected areas; impacts on communities that cause illness, injury or fatalities, or that negatively impact community access to or quality of water; spills or releases requiring significant clean up and/or evacuation or relocation of local communities; or contamination of land or soil.

6. The Secretariat communicates the decision to the Assurance Provider and the Facility as quickly as possible after receiving the decision.
7. If required, the guidance is reflected in the next iteration of the Performance Area requirements.

6. Public Grievance Mechanism

The Secretariat manages a public grievance mechanism, accessible to any stakeholder. Grievances may take the following form:

- **Grievances against the Secretariat.** Grievances about the implementation of the Secretariat's policies, procedures, and operating processes for which its management and Board of Directors has direct governance responsibility.
- **Grievances with a Facility's rating or claim, against the conduct of an Assurance Provider, or against a Facility that is alleged to not follow the guidance of all applicable Secretariat policies, procedures, and documents.** Grievances can be raised on either the Assurance Process or the outcome.

Grievances related to the operational performance of a Facility should be addressed through the grievance mechanism(s) of the Facility or other mechanisms that may be available in the jurisdiction or internationally. The objective of the grievance mechanism is to ensure that grievances raised with the Secretariat are handled in a timely, comprehensive, consistent, transparent, and effective manner and in accordance with its established policies and procedures.

The Secretariat accepts grievances from any organisation or individual who believe they have been negatively affected or otherwise hold a stake in the outcome of the grievance.

To submit a grievance, a stakeholder must provide some indication or evidence that would support its veracity and be prepared to participate in a subsequent investigation, anonymously if requested.

Upon receipt of a grievance, the Secretariat will undertake or commission a review to make a determination of the veracity of the grievance. The report of the review will be prepared, shared with the Facility (if the grievance pertains to a facility), and the complainant for review and comment, and published. If the grievance is validated, the report will state what actions will be taken to respond to the grievance, including but not limited to the following:

- Modifications to the Secretariat's policies, procedures and operating process;
- A commitment to review specific requirements in the standard;
- Revision of a Facility's rating;
- Review of an Assurance Provider's accreditation and its potential withdrawal;
- Suspension of a Facility's claim pending resolution of the grievance or the claim's withdrawal.

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

7. Continual Improvement

7.1 System Improvement

The Secretariat will conduct/commission regular reviews of the effectiveness of the Assurance Process to assess whether it meets its own aims and objectives and, where identified, oversee the implementation of system improvements. The process includes oversight of Assurance Providers, a general evaluation of effectiveness of the Consolidated Standard Assurance Process, and an annual report to share findings and recommendations.

7.2 Assurance Provider Oversight Process

The Secretariat will commission an experienced and independent Assurance Provider to conduct an annual review of the Assurance Process to ensure that active Assurance Providers are conforming with the Assurance Process and that are demonstrating sound interpretation and application of Consolidated Standard requirements. The process involves an assessment of Assurance Provider competency and a review of interpretation consistency of the Consolidated Standard across Assurance Providers, allowing both Assurance Providers and the Secretariat an opportunity for continual learning and improvement.

The review's scope will include Assurance Provider credentials, the Assurance Plan, and sampling strategy to assure conformance with the requirements of the Assurance Process. The review will also evaluate Assurance Providers' final assurance report(s) and copies of documents used to conduct the assurance (e.g. completed checklists) for a sub-set of Performance Areas. Copies of Facility documents for confidential review may also be requested during the review but only provided with a Facility's consent.

The oversight process is structured to ensure that the work of each active Assurance Provider is reviewed at a minimum every three to five years. The review involves document review and a discussion with each Assurance Provider to ask questions, collect additional information, and provide feedback. The results of the review are shared with the Secretariat in a report to support continual improvement of the Assurance Process. The report will also be published on the Secretariat's website. The report will summarise overall observations, conclusions and provide recommendations for improving the Assurance Process, if warranted.

Any feedback or recommendations resulting from the direct oversight and review process that are relevant to individual Facilities will be shared with them and their Assurance Provider. If concerns are identified with an Assurance Provider's approach, this will not result in changes to a Facility's ratings, but relevant findings should be considered by the Facility in subsequent self-assessments and Assurance Processes. While the published report will identify the various Assurance Providers and Facilities considered in the review, the published report will not identify Assurance Providers of Facilities associated with any concerns identified.

7.3 General oversight process

A general oversight process allows the Secretariat to assess the effectiveness of different elements of Consolidated Standard Assurance Process on an annual basis, in tandem with the direct oversight and review process. For example, the Secretariat may choose to review a particular Performance Area to assess Assurance Provider consistency in interpretation or to examine how Assurance Providers meet the competency requirements in the *Assurance Process*. This process is conducted through a survey or short telephone interviews with Assurance Providers. Findings may inform the Secretariat's ongoing policy work to meet evolving expectations of customers and investors, address changes in best practice for standards, and consider issues that emerge through Consolidated Standard implementation.

7.4 Annual oversight report

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

The report includes information on the types of reviews conducted and a summary of results and findings. It also includes observations or recommendations to improve the effectiveness of the Assurance Process or to highlight areas where additional guidance may be required for Assurance Providers or their Facilities. The Secretariat will not publish information about an Assurance Provider or share individual assessments of Assurance Providers with participants or any third party without prior consultation with the Assurance Provider.

These recommendations may also be informed by a survey of Assurance Providers conducted by the Secretariat each year to log any questions or issues related to Consolidated Standard. The report includes consolidated information so as not to identify individual Assurance Providers or Facilities. The Secretariat shares the report with the Mining Committee and, where available, National Panels for discussion or awareness.

The report will also be posted on the Secretariat's website and discussed with Assurance Providers during the annual training. The report's recommendations will inform revisions to the Assurance Process, the Consolidated Standard, or other Consolidated Standard policies or protocols, where warranted.

Appendices

A. Definitions

Claim: The Consolidated Standard-related claim is a claim or representation that is public-facing or used in business to business (B2B) communications, is documented, and consists of one or more of:

- Use of one of the Consolidated Standards' logos or metal marks, such as the Copper Mark.
- Text relating to the attainment of assured performance thresholds based on the Consolidated Standard.

Stakeholder: Individuals and groups that have an interest in, or believe they may be affected by, decisions regarding the management of a Facility's operations.

Facility: A distinct operating unit of a company at which the Consolidated Standard performance indicators can be applied. Companies may categorise their Facilities differently. The definition of a Facility is based on activities, product, geographical scope, and management control. A Facility may comprise several activities in different locations in the same geographic area and under the same management control.

Assurance Provider: An individual, or team of individuals that, meeting all the requirements of the Terms of Reference for Assurance Providers and is registered as an accredited Assurance Provider, is engaged by a Facility to perform an external assurance of Consolidated Standard performance.

Evidence: Data supporting the existence or verity of something. Objective evidence can be obtained through observation, measurement, test, interviews or by other means. Objective evidence for the purpose of the assurance generally consists of records, statements of fact, or other information which are relevant to the criteria and verifiable. (Drawn from *ISO 19011:2018*.)

Assurance Plan: Description of the activities and arrangements for an assurance (drawn from *ISO 19011:2018*, substituting assurance instead of audit).

B. List of Recognised Auditor Training Credentials

Recognised Auditor Training Credentials Include:

- ISAE 3000
- ISO 19011 Lead Auditor Course
- Association of Professional Social Compliance Auditors (APSCA) Certified Social Compliance Auditor
- AA1000 Certified Sustainability Assurance Practitioner
- ISO 14001 Auditor (Environmental Management Systems)
- ISO 45001 Auditor (Occupational Health and Safety)

- 5-day Management Systems Lead Auditor
- IRCA Lead Auditor Training

Other credentials may be deemed equivalent to the above if they demonstrate that those holding the credential have received training in all the following areas:

- Professional scepticism, judgement, and ethics
- Planning and execution of an assurance engagement
- Materiality and risk considerations
- Limited and reasonable assurance
- Methodologies for gathering and reviewing evidence
- Preparing an assurance report
- Stakeholder engagement

C. Reporting Template (enclosed)

DRAFT

Consolidated Standard Assessment Report

Facility information	
Name of the facility	
Address	
Country of operation	
Name of brands produced at the facility and corresponding exchanges	

Conclusions			
1. Corporate requirements		9. Safe, healthy and respectful workplaces	17. Grievance management
2. Business ethics and 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. Stakeholder engagement	20. Climate change
5. Human rights		13. Community impacts and benefits	21. Tailings
6. Child and forced labor		14. Indigenous Peoples	22. Pollution prevention
7. Rights of workers		15. Cultural heritage	23. Circular economy
8. Diversity, equity and inclusion		16. Artisanal and small-scale mining	24. Mine closure

Statement of assurance

Scope of the assessment			
Materials in scope			
Final products of materials in scope			
	Other:		
Operating activities			
	Other:		
Infrastructure			
	Other:		
About the facility			

Independent facility assessment	
Name of assurance provider	
Date(s) of assessment	
Assessment period	
Summary of assessment methodology	
Summary of assessment activities	

Assessment Summary Report

Statement of findings				
Performance area	Rating	Description of system	Identified gaps (where appropriate)	Evidence to support determination
1. Corporate requirements		What is in place from a high-level to support the rating (refer back to performance area requirements). Links to publicly available information should be included, especially where highlighted.	Written in terms of gaps in the requirements (everything else should be an opportunity for improvement)	<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>Number and type of sampled records and how they demonstrate alignment or not with the performance area.</p> <p>The number and type of interviewees by stakeholder category. The categorization must ensure that individual interviewees cannot be identified.</p> <p>Interviews with management and how they confirm or not alignment with the performance area..</p> <p>Interviews with workers and how they confirm or not alignment with the performance area.; note where unions, women, or other minorities are included as appropriate.</p> <p>Interviews with external stakeholders and how they confirm or not with the performance area..</p> <p>Observations on site and how they confirm or not alignment with the performance area.</p>
1.1 Board and Executive Accountability, Policy and Decision-Making				
1.2 Sustainability Reporting				
1.3 Transparency of Mineral Revenues				
1.4 Crisis Management and Communications				
2. Business ethics and integrity				
2.1 Legal Compliance				
2.2 Business Ethics and Accountability				
3. Responsible supply chains				
4. New projects, expansions and resettlement				
4.1 Risk and Impact Assessments of New Projects and Expansions				
4.2 Land Acquisition and Resettlement				
5. Human rights				
6. Child and forced labor				
7. Rights of workers				
7.1 Workers' Rights Risk, Mitigation and Operational Performance				
7.2 Grievance Mechanism for Employees and Contractors (Workers)				
8. Diversity, equity and inclusion				
8.1 Governance of Diversity, Equity, and Inclusion (Corporate Level)				
8.2 Diversity, Equity, and Inclusion Management (Facility Level)				
8.3 Diversity, Equity and Inclusion Monitoring, Performance and Reporting (Facility Level)				
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. Stakeholder engagement				
13. Community impacts and benefits				
13.1 Identify and Address Community Impacts				
13.2 Community Development and Benefits				
14. Indigenous Peoples				
15. Cultural heritage				
16. Artisanal and small-scale mining				
17. Grievance management				
18. Water stewardship				

Assessment Summary Report

18.1 Water Management and Performance within the facility			
18.2 Collaborative Watershed Management			
18.3 Water Reporting			
19. Biodiversity, ecosystem services and nature			
20. Climate change			
20.1. Corporate Climate Change Strategy (Corporate Level)			
20.2. Climate Change Management (Facility Level)			
20.3. Annual Climate Change Public Reporting (Facility Level disaggregated reporting)			
21. Tailings			
22. Pollution prevention			
22.1 Waste and Hazardous Materials Management			
22.2 Non-GHG Air Emissions			
22.3 Mercury			
22.4 Cyanide			
22.5 Accidental Releases of Polluting Materials			
22.6 Noise, Vibration, Dust and Light pollution/nuisance			
23. Circular economy			
23.1 Circular Economy Management at mine facilities			
23.2 Additional Requirements for Smelters			
24. Mine closure			

Identified Gaps and Improvement Activities (for performance areas needing to be filled to achieve the next Performance Level)			
Performance Area	Rating	Identified gaps	Facility response (optional)
<i>To be completed by assessor</i>		<i>Which requirement of the criteria is not aligned and does it relate to the system, implementation, or impact Copy/paste from above</i>	<i>What actions are planned regarding improvement (may be completed by the participant)</i>
<i>Add lines as necessary or delete if not necessary</i>			

Assurance Provider Attestation	
This assurance process was conducted in accordance with the terms of the [CONSOLIDATED STANDARD] assurance framework and, accordingly, consisted primarily of interviews, data analysis, and examination (on a sample basis) of other evidence relevant to management's assertion of conformance to the requirements of the [CONSOLIDATED STANDARD]'s Performance Areas.	<input type="checkbox"/> The assurance process was conducted with in accordance with the [CONSOLIDATED STANDARD] Assurance Framework
The ratings indicated in this report are assured as being accurate based on the evidence reviewed during the assurance process of this facility.	<input type="checkbox"/> The ratings in this report are considered accurate based on this
Limitations	
Additional Comments	
Names of Assurance Providers	
Date of Assurance Attestation	
Signature of lead Assurance Provider	

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