

ASI Assurance Manual

VERSION 2.1
July 2024



Aluminium Stewardship Initiative (ASI)

ASI is a not-for-profit Standards setting and Certification organisation for the Aluminium value chain.

Our **vision** is to maximise the contribution of Aluminium to a sustainable society.

Our **mission** is to recognise and collaboratively foster responsible production, sourcing and stewardship of Aluminium.

Our **values** include:

- Being inclusive in our work and decision-making processes by promoting and enabling the participation of representatives in all relevant stakeholder groups.
- Encouraging uptake throughout the Bauxite, Alumina and Aluminium value chain, from mine to downstream users.
- Advancing material stewardship as a shared responsibility in the lifecycle of aluminium from extraction, production, use and recycling.

General Enquiries

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Disclaimer

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The official language of ASI is English. ASI aims to make translations available in a range of languages and these will be posted on the ASI website. In the case of inconsistency between versions, reference shall default to the official language version.

ASI Assurance Manual

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1. Introduction

1.1. About ASI

The Aluminium Stewardship Initiative (ASI) is a non-profit organisation that exists to administer an independent third-party Certification program for the Aluminium value chain. The aims of ASI are to:

- Define globally applicable Standards for sustainability performance and material chain-of-custody for the Aluminium value chain
- Promote measurable and continual improvements in the key environmental, social and governance dimensions of Aluminium production, use and recycling
- Develop a credible assurance and Certification system that both mitigates the risks of Non-Conformance with ASI Standards and minimises barriers to the broad scale implementation of ASI Standards
- Become and continue to be a globally valued organisation, advancing programs for sustainability in the Aluminium value chain, which is financially self-sustaining and inclusive of stakeholder interests.

1.2. Principles, Desired Impacts and Strategies for the ASI Assurance System

ASI's assurance system has been designed to align with the principles outlined in the ISEAL Alliance Code of Good Practice: Assessing the Impacts of Social and Environmental Standards Systems (Version 2).

Drawing from the ISEAL Alliance Assurance Code of Good Practice, the desired outcomes from implementation of the ASI Assurance Manual are that:

- The ASI assurance system results in accurate assessments of Conformance
- The effectiveness and efficiency of the ASI assurance system are improved over time
- The ASI assurance system is accessible and adds value to ASI Members.

The ASI [Theory of Change](#) sets out the following desired impacts of the ASI assurance system, which are:

- Sustainability and Human Rights principles are increasingly embedded in Aluminium production, use and recycling
- Companies increasingly invest in and reward improved practices and responsible sourcing for Aluminium
- Aluminium continues to improve its sustainability credentials with Stakeholders.

The following strategies from the ASI Theory of Change are embedded in ASI's Standards, Guidance and Assurance Manual in order to achieve these desired impacts:

- Clear Standards and assessment tools that are meaningful, practical and accessible
- Guidance and learning opportunities for capacity building and continuous improvement
- Open membership opportunities and flexibility in Certification uptake
- Credible assurance based on Materiality and risks
- Innovative IT platforms to manage data and processes
- Transparency of outcomes and collaboration with Stakeholders and other systems.

The implementation of the ASI Assurance Manual is subject to the ASI Oversight Mechanism, which is the umbrella for a range of Procedures to assess, review and improve the competency, accuracy, effectiveness and efficiency of the ASI assurance system.

This **ASI Assurance Manual** Version 2.1 has been approved by the ASI Standards Committee and adopted by the ASI Board on 15 April 2024. This version of the manual replaces Version 2.0 and will become effective on 1st July 2024; there will be no transition period.

1.3. Purpose of this Manual

The purpose of the ASI Assurance Manual is to set out the principles, Procedures and objectives for the assurance system that support the ASI Certification process. Specifically, this Manual gives instruction and guidance on:

- The overall process for achieving ASI Certification
- How ASI Members perform an initial Self Assessment to prepare for an ASI Audit
- How ASI Accredited Auditors conduct independent Third Party ASI Audits to assess Conformance with ASI Standards
- General principles for conducting effective Self Assessments and Audits.

The Manual should be used by ASI Members and ASI Accredited Auditors when carrying out activities and responsibilities associated with ASI Certification.



Information box for ASI Accredited Auditors



Information box for ASI Members



Information box for both ASI Members and ASI Accredited Auditors

1.4. Supporting Documents and References

The following documents provide additional supporting information to assist with implementing ASI Standards and achieving and communicating ASI Certification:

- ASI Audit Report Oversight Assessment Procedure
- ASI Auditor Accreditation Procedure
- ASI Auditor Competence and Assessment Procedure
- ASI Standards Benchmarking and Recognition Procedure
- ASI Chain of Custody Standard
- ASI Chain of Custody Standard Guidance
- ASI Claims Guide
- ASI Member's logo guidelines
- ASI Joint Ventures Policy
- ASI Membership Information and Application Form
- ASI Monitoring and Evaluation Plan
- ASI Oversight Mechanism
- ASI Performance Standard
- ASI Performance Standard Guidance
- ASI Registered Specialist Procedure
- ASI Registered Specialist Competence and Assessment Procedure.

All capitalised common terms and acronyms are defined in the **ASI Glossary**, which is available at the [ASI website](#).

2. Roles and Responsibilities

2.1. Overview

The ASI Secretariat, ASI Members seeking ASI Certification and ASI Accredited Auditing Firms all play distinct roles in the Certification process. In summary:

- The ASI Secretariat is responsible for the development of ASI Standards and the governance and operation of the ASI Certification process
- ASI Members are responsible for operating relevant parts of their Business in Conformance with the applicable ASI Standard(s) for which they seek or hold ASI Certification
- ASI Accredited Auditing Firms are responsible for verifying whether an ASI Member's systems are in Conformance with the ASI Standard being audited and providing an Audit Report to ASI.

2.2. ASI Secretariat

The roles and responsibilities of the ASI Secretariat include to:

- Develop, review and update ASI Standards for currency, relevance and effectiveness, to address the needs of ASI Members and Stakeholders
- Develop and maintain cost-effective and user-friendly tools and guidance for the ASI Certification process
- Oversee the quality, integrity and credibility of ASI Certification
- Accredite Third Party independent Auditors to conduct ASI Audits
- Provide Member and Auditor training and support (recognising that all decisions on Conformance are made by ASI Accredited Auditing Firms, not ASI)
- Issue ASI Certification and maintain up-to-date information regarding Members' Certification Status on the [ASI website](#)
- Maintain internal records for all relevant aspects and outcomes of the Certification process
- Administer and oversee rules around claims associated with membership and Certification Status
- Administer the ASI Complaints Mechanism, including disciplinary proceedings where required
- Monitor, evaluate and publicly report on the impacts of ASI Certification in the context of ASI's Theory of Change.

2.3. ASI Members

The two ASI membership classes – the 'Production and Transformation' and 'Industrial Users' – have commitments to achieve a level of ASI Certification as part of their ASI membership. The roles and responsibilities of ASI Members in these membership classes include to:

- Operate relevant parts of their Business, within their defined Certification Scope, in accordance with the applicable ASI Standard(s) and within Business As Usual/Day-to-day operations.
- Dedicate internal resources to maintain Conformance with the applicable ASI Standard/s
- Communicate and train relevant personnel on the ASI Standards and their own systems and controls to meet them
- Engage an ASI Accredited Auditing Firm to conduct Audits within the applicable timeframes
- Provide ASI Accredited Auditors with access to Facilities, personnel and relevant information and records, and ensure ASI Accredited Auditors are aware of any health, safety, security or other requirements on-site
- Implement Corrective Action Plans, as appropriate, to achieve and maintain Conformance and facilitate continual improvement.

2.4. ASI Accredited Auditors

The credibility of ASI's Certification program hinges on the quality and independence of ASI Accredited Auditing Firms and Accredited Auditors. The ASI Auditor Accreditation Procedure is available from the [ASI website](#) along with a list of current ASI Accredited Auditing Firms.

The roles and responsibilities of ASI Accredited Auditors in the Certification process include to:

- Conduct independent ASI Audits against the relevant ASI Standard(s)
- Verify information included in the Self Assessment, including the Certification Scope (see section 4), and determine the Entity's Overall Maturity (see section 5)
- Identify and determine any Non-Conformances as Minor or Major which require Corrective Action by the Member and Certification outcomes according to Table 14
- Identify any potential Critical Breaches and immediately report them to both the Member and the ASI Secretariat
- Recognise when Audit objectives are unattainable and report the reasons to both the Member and the ASI Secretariat
- Prepare Audit Reports for the Member and the ASI Secretariat and submit these through *elementAL*
- Review Members' progress on any Corrective Action Plans, if required in subsequent ASI Audits.



The Auditor's legal relationship is with the Member that has engaged them for the Audit, not with ASI. The Auditors who perform ASI Audits for a Member cannot advise or assist in that Member's Self Assessment, or in the development of a Member's systems that are required by an ASI Standard, as this would be a conflict of interest.

Importantly, ASI Accredited Auditing Firms remain responsible for the quality of any outsourced activities. However, it is worth mentioning that Auditors can conduct a pre-Audit gap analysis. This analysis helps identify any issues or areas that need attention before the actual Audit. It's a step to make sure the Member is well-prepared for the Audit and can meet the Standard's requirements.

3. ASI Standards and the Certification Process

3.1. ASI Standards and Member Requirements

ASI has developed two complementary Standards for Certification throughout the Aluminium value chain. In both cases, the organisation seeking Certification is described as an 'Entity'.

The ASI Performance Standard defines environmental, social and governance Principles and criteria. It aims to address sustainability issues relevant to the production and material stewardship of Aluminium, from the extraction of Bauxite to the production of commercial and consumer goods, and the recycling of Pre- and Post-Consumer Aluminium Scrap.

Whilst ASI membership is voluntary, Certification against the **ASI Performance Standard** is a mandatory requirement for two classes of ASI Members, as follows:

- Members in the 'Production and Transformation' and 'Industrial Users' classes must achieve ASI Certification against applicable requirements of the **ASI Performance Standard** for at least one Facility or Product/Program
- The deadline for Certification for each Member is within two (2) years of joining ASI.

The ASI Chain of Custody Standard sets out systems for the sourcing, Custody and/or supply of responsibly sourced Aluminium. Certification against the **ASI Chain of Custody Standard** is voluntary, though encouraged.

Chain of Custody Certification is the individual decision of a Business and not a requirement of ASI membership. However, Entities seeking ASI Chain of Custody Certification must:

- Be an ASI Member, or under the Control of an ASI Member.
- Also achieve Certification against the **ASI Performance Standard**. The Certification Scope for the **ASI Performance Standard** must as a minimum incorporate the Certification Scope for the **ASI Chain of Custody Standard**.

Each of the ASI Standards has criteria where their applicability may vary according to the supply chain activities undertaken by the Member. More detail on this applicability is described in each Standard as well as in the corresponding Guidance document.

Claims about membership or Certification Status must conform to the **ASI Claims Guide**.



Transition to updated Standards

Members are required to demonstrate Conformance to the updated Standards

(Performance Standard V3.0 and Chain of Custody Standard V2.0) in all Audits conducted from 1st June 2023 onwards.

Existing Certifications against 2017 version Standards may continue for their full Certification cycle, whereby the Re-Certification Audit must be undertaken against the 2022 Versions.

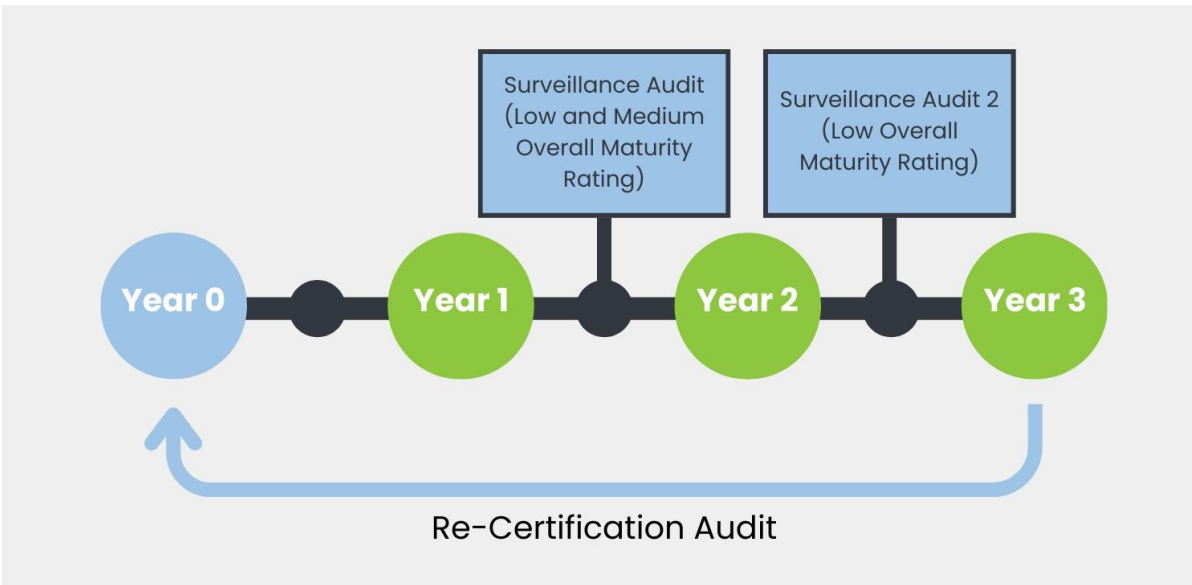
3.2. Overview of the ASI Certification Process

There are five main steps in the ASI Certification process.

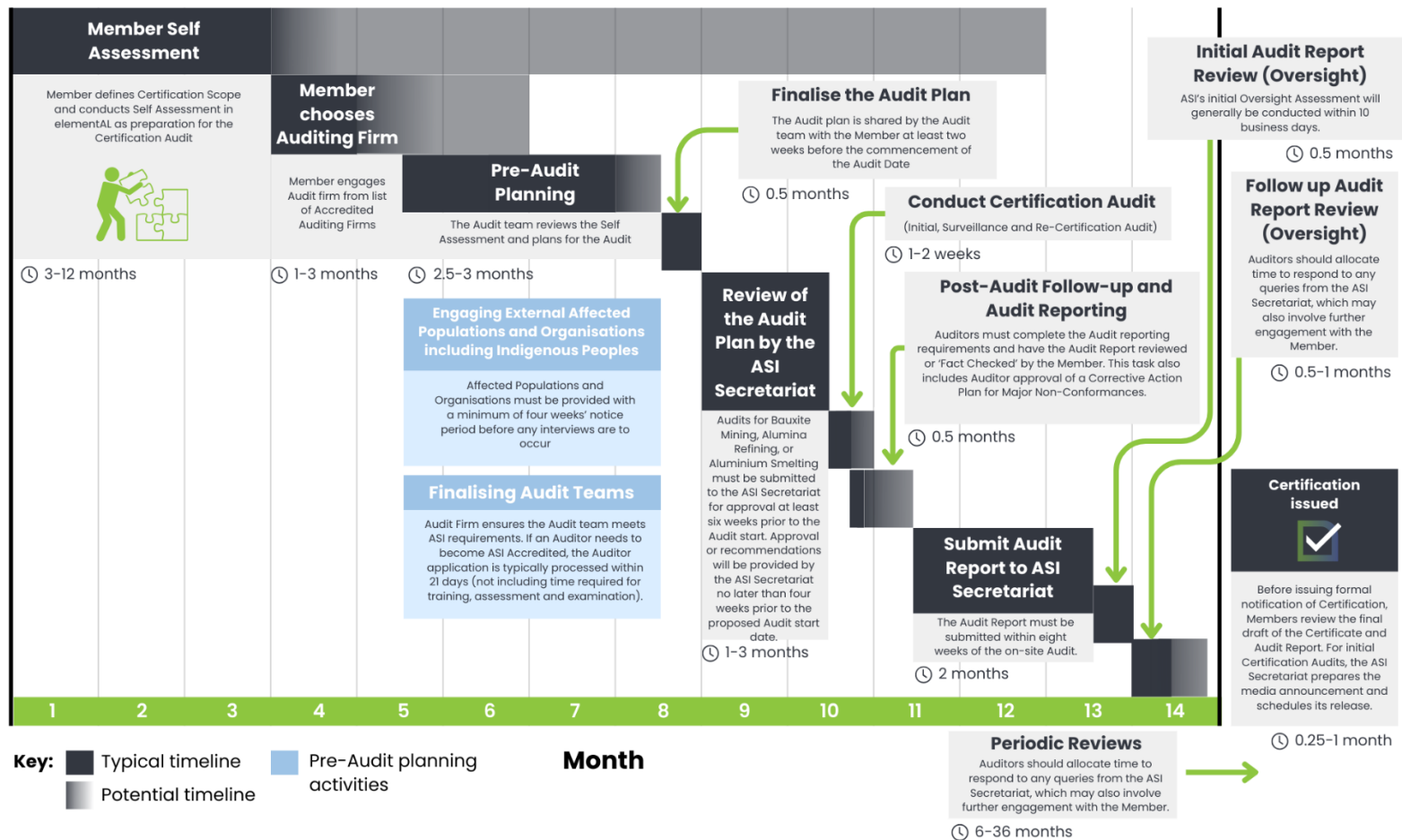
Figure 1 – Steps in the ASI Certification Process

Step 1	Self Assessment	<ul style="list-style-type: none"> Preparation stage for the Certification Audit Conducted by the Member Required components completed in elementAL See section 7 for more details
Step 2	Pre-Audit Planning	<ul style="list-style-type: none"> Audit Team reviews the Self Assessment and plans for Audit Auditor finalises Audit Plan with Member ASI reviews the Audit Plan for Bauxite Mining, Alumina Refining and Aluminium Smelting See section 8 for more details.
Step 3	Certification Audit	<ul style="list-style-type: none"> Conducted by an Auditor who is an independent Third Party Audit takes place within two years of joining ASI Risk-based assessment of Conformance See Table 1 and section 9 for more details
Step 4	Audit Report	<ul style="list-style-type: none"> Auditor prepares Audit Report for the Member and ASI in elementAL If Certification is recommended, step 4 commences See sections 9.17 and 9.19 for more details
Step 5	Certification Issued	<ul style="list-style-type: none"> ASI conducts Oversight on the Audit Report in elementAL ASI issues Certification and updates ASI website See section 10 for more details.
Step 6	Periodic Reviews	<ul style="list-style-type: none"> Surveillance and Re-Certification Audits are conducted during/at the end of Certification Period These verify continued Conformance and/or may assess other identified risks See Table 1 and section 9 for more details

Figure 2 - Certification Life Cycle



Key Timeframes in the ASI Certification Process



3.3. ASI Assurance Platform, *elementAL*

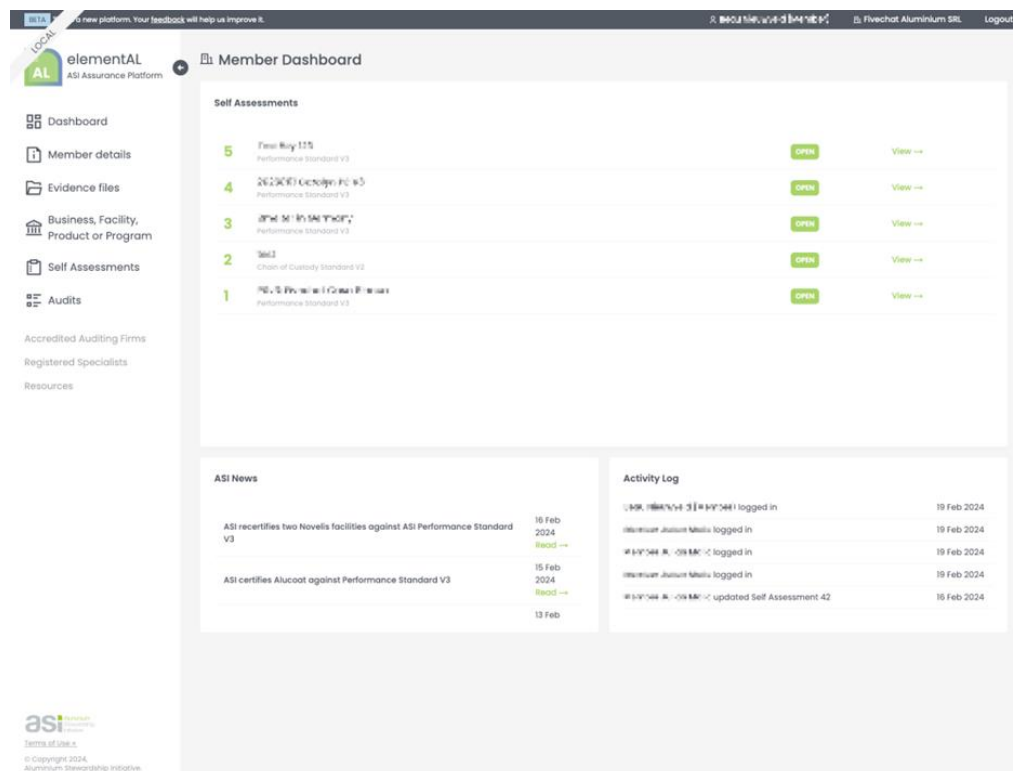
ASI has developed and implemented a custom-built cloud-based Assurance Platform, *elementAL*, to centrally manage the Certification process and streamline data collection.

The central management of the ASI process and data provides the following benefits:

- Standardised assessment tools and processes to enhance consistency
- Enhanced Oversight of the ASI Certification process to monitor the consistency of implementation
- More efficient data collection for Monitoring and Evaluation of ASI's desired impacts
- A centralised platform for rolling out revisions to ASI Standards and the Assurance Manual
- The ability for ASI to track progress, monitor potential bottleneck issues, and identify areas where additional guidance or support are needed.

elementAL is used to manage Self Assessments and Audits for both the **Performance Standard** and **Chain of Custody Standard**. It is accessible to eligible users with access granted by the ASI Secretariat. User access is restricted to only the processes and information of the organisation which the user is associated with, plus any aggregate and anonymised data that is made available through database reporting functions.

Figure 3– ASI Assurance Platform *elementAL* Member dashboard screenshot

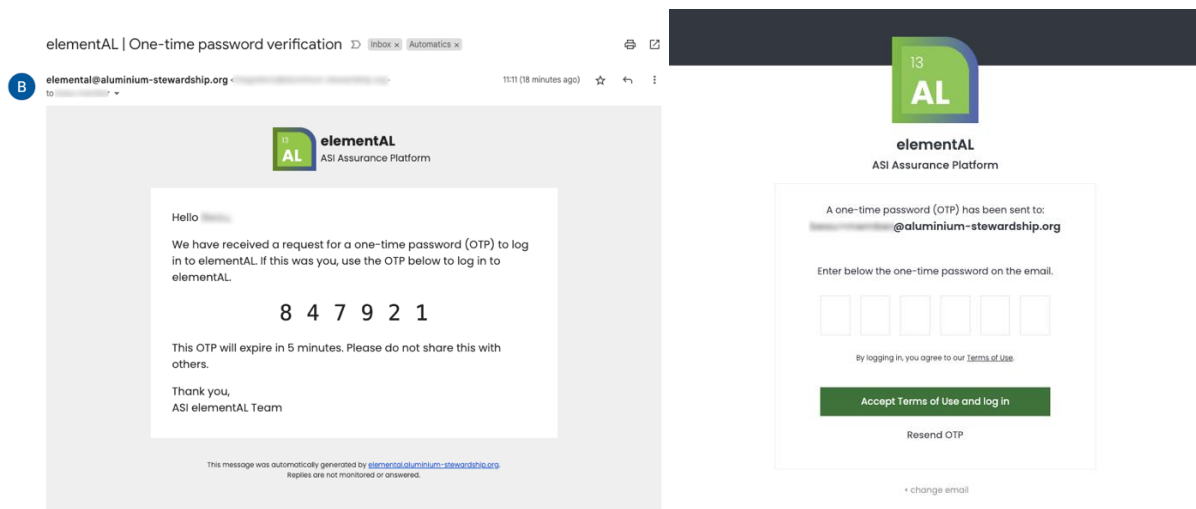


Member access to *elementAL*'s Member Dashboard is via this link:

<https://elemental.aluminium-stewardship.org/member>

Access to an individual user account is available to all eligible personnel from both ASI Members and ASI Accredited Auditing Firms. Once access is approved by the ASI Secretariat, a welcome email will be sent to the nominated email address.

To log in to *elementAL*, enter the email address for the account and select "Next →" A one-time password (OTP) will be sent to the nominated email address. Enter this code into *elementAL* and click "Accept Terms of Use and log in".



The OTP can only be used once, cannot be shared between users, and must be used within 5 minutes of being generated. The OTP is encrypted and not stored in *elementAL*.

The ASI Assurance Platform, *elementAL* has been designed to incorporate all of the process steps described in the Assurance Manual and the requirements in the ASI Standards, including:

- Automated screening of applicable criteria based on the Entity's Certification Scope
- Recognition of the external Recognised Standards and Schemes in Table 4
- The Risk Maturity Model as described in section 5
- The ability to record notes and upload evidence to support the Self Assessment and ASI Audits.

As a first step, ASI requests users to review the information presented in 'Member Details', including information such as languages spoken. This can be updated via the "Add/Edit Details" tab. To add other colleagues to the platform, inform the ASI Secretariat via the *elementAL* Help Desk. All Member account requests, changes and removals are required to be approved by the *elementAL* Contact, or if one has not been nominated, approved by the ASI Primary Contact.

The Platform’s features continue to be expanded with additional functionalities and updates. ASI welcomes feedback on *elementAL* and suggestions for improvement.

3.4. Audit Types and Frequency

There are a range of Audit Types prescribed in *elementAL* that are used to achieve and maintain ASI Certification against both the **ASI Performance Standard** and **ASI Chain of Custody Standard**. These Audit types and their frequency are defined below.

Table 1 – ASI Audit Types

Audit Type	Frequency	Details
Initial Certification Audit	Initial Audit to achieve ASI Certification.	<p><i>For Performance Standard:</i></p> <ul style="list-style-type: none"> Members in the ‘Production & Transformation’ or ‘Industrial User’ membership class must achieve an ASI Certification within two (2) years of joining ASI See section 3.5.1 for mandatory requirements for Members to achieve Performance Standard Certification. <p><i>For Chain of Custody Standard:</i></p> <ul style="list-style-type: none"> Certification is voluntary See section 3.5.2 for details on the timing of Chain of Custody Certification.
Surveillance Audit	<p>Within six (6) months for Provisional Certification.</p> <p>Up to two Surveillance Audits (one every 12 months) following Certification / Re-Certification Audits.</p>	<p>Provisional Certification requires a site-based Surveillance Audit within six (6) months of the previous Audit.</p> <p>For full three (3) year Certifications:</p> <ul style="list-style-type: none"> Members with a High Overall Maturity Rating are not required to have a Surveillance Audit Members with a Medium Overall Maturity Rating are required to have one Surveillance Audit to occur between 12-24 months after the previous Audit Members with a Low Overall Maturity Rating are required to have two Surveillance Audits. See section 5 for more information on Audit Type and Overall Maturity Rating.

Surveillance and Scope Change Audit	As required.	This Audit type combines a change to the Certification Scope ('Scope Change') with the timing of a Surveillance Audit.
Audit - Scope Change	As required.	This Audit type enables a change to the Certification Scope ('Scope Change') (such as the addition of an additional site or sites) outside of a scheduled Audit such as Surveillance or Re-Certification.
Audit - Complaints Mechanism	As required.	This Audit type may be triggered as an input to, or as an outcome of, the ASI Complaints Mechanism.
Re-Certification Audit	At the end of Certification Period.	Mandatory to maintain Certification (and ASI membership, where applicable).
Re-Certification and Scope Change Audit	As required.	This Audit type combines a change to the Certification Scope ('Scope Change') with the timing of a Re-Certification Audit.

3.5. Certification Deadlines and Extensions

3.5.1. Performance Standard

As noted in section 3.1, Members in the ‘Production and Transformation’ and ‘Industrial Users’ classes must achieve ASI Certification against the applicable requirements of the **ASI Performance Standard** for at least one Facility, Program or Product, within two (2) years of joining ASI. This is a condition of continued ASI membership.



Members should plan to meet the two (2) year timeframe and allow sufficient time for Audit planning and Oversight Assessment. At minimum, the Audit visit must be fully completed before this timeframe.

In exceptional circumstances, a maximum six (6) months extension to a Member’s two (2) year deadline may be considered. These circumstances must impact the ability of the Member to schedule an Audit within their deadline, and include:

- Lack of available Auditors
- Sudden changes in corporate structure or key personnel
- Pending Corrective Actions, such as capital works, that will improve Conformance levels
- Changes to the ASI Certification program
- ‘Force Majeure’ type situations.

For an extension to be granted by the ASI Secretariat, evidence of progress on the Self Assessment will be required.

The ASI Secretariat will send regular reminders to Members of the time remaining until their deadline to achieve or renew their Certification.

3.5.2. Chain of Custody Standard

Certification to the **ASI Chain of Custody Standard** is voluntary. However, Entities that seek Certification to the **Chain of Custody Standard** must also be Certified to the **ASI Performance Standard**, as defined by the requirements in the **Chain of Custody Standard** and as applicable based on the membership class and the Entity’s activities:

- For Entities with any activities in Bauxite Development, Bauxite Mining, High Purity Alumina (HPA) Production, Alumina Refining, Aluminium Smelting, Aluminium Re-Melting/Refining, and/or operating a Casthouse, Certification against the **Performance Standard** is a pre-requisite for Chain of Custody Certification.
- For Entities only with activities that are Post-Casthouse, Certification against the **Chain of Custody Standard** may be obtained before Certification against the **Performance Standard**. However, Certification against the **Performance Standard** must be achieved within the applicable deadline for their ASI membership (*within two (2) years of joining ASI*).

- Where a Post-Casthouse Entity has already met their applicable ASI membership deadline for **Performance Standard** Certification of at least one Business, Facility or Product/Program, but now seeks Chain of Custody Certification for a different Business, Facility, and/or Product/Program:
 - The **Performance Standard** Certification for this Entity, Facility or Product/Program must be achieved *within one (1) year* of the Chain of Custody Certification being granted.
 - If **Performance Standard** Certification is not achieved within the applicable deadline, the Chain of Custody Certification will be suspended.
 - Certification to the **Chain of Custody Standard** is possible for Entities that have not yet received ASI Certified material.



Aligning Certification Scopes for both Standards

An Entity's Certification Scope for the ASI Chain of Custody Standard must be fully covered by an ASI Performance Standard Certification. This means that all parts and aspects of an Entity's operation that are Chain of Custody Certified must also be Performance Standard Certified.

3.6. Certification Status and Certification Period

A Member's Certification Status and Certification Period are determined by the ASI Accredited Auditor based on the outcome of an ASI Audit and are interrelated. The Certification Status may be:

Table 2 – Certification Status and Period

Certification Status	Certification Period
Certification	The Certification Period is for three (3) years where the Audit identified full Conformance (zero (0) Non-Conformances) or only Minor Non-Conformances were identified (as defined in section 6.1).
Provisional Certification	<p>In cases where there is at least one Major Non-Conformance (defined in section 6.1), a Provisional Certification of one (1) year may be issued to encourage improvement and a targeted transition towards Conformance.</p> <p>This will only be granted if a Corrective Action Plan approved by the Auditor is in place.</p> <p>Members with Provisional Certifications are expected to transition to a full three (3) year Certification as soon as practicable</p>
Not Certified (which includes situations where Certification	If Critical Breaches occur (see section 6.3), Certification will not be issued, or it will be revoked or suspended. Alternatively, the Scope of Certification may be narrowed to exclude any activities, Facilities or Product/Programs that are not in Conformance. Depending on the nature of the Critical

has been suspended or revoked).	Breach, and feasibility and commitments for Corrective Action, disciplinary proceedings (as set out in the ASI Constitution) against the relevant Member may commence.
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To maintain ASI Certification beyond the Initial Certification Period of three (3) years, Certified Entities must undertake a Re-Certification Audit for a renewed Certification Period to come into effect.

Below is the applicable Certification Period, based on the nature of Non-Conformances identified during an Audit.

Table 3 – Certification Period by Audit Findings

Audit Type	Full Conformance or Minor Non-Conformances only	Major Non-Conformances	Any Critical Breaches
Certification Audit	Certified for three (3) year Certification Period.	Provisional Certification is limited to a one (1) year Certification Period.	Restricted Certification Scope; Suspended or revoked Certification; and/or disciplinary proceedings.
Surveillance Audit	Continue the current three (3) year Certification Period.	Certification Period will be commuted to a one (1) year Provisional Certification.	
Re-Certification Audit	A further three (3) year Certification Period.	Provisional Certification is limited to a one (1) year Certification Period.	



The one (1) year Provisional Certification Status is capped at two (2) consecutive years (i.e., Major Non-Conformances identified in two consecutive Audits). If there is a Major Non-Conformance found in the third Audit, Certification will be suspended. More information is available in section 0.

3.7. Benchmarking and Recognition of External Standards and Schemes

The ASI assurance system aims to recognise external Standards Systems wherever possible and appropriate, to reduce unnecessary duplication. Identification, benchmarking and review of external Standards Systems for potential recognition by ASI are done under the ASI Standards Benchmarking and Recognition Procedure.

The Assurance Manual will be updated regularly when additional external Standards Systems are recognised, however *elementAL* can be checked for the most up-to-date list of [Recognised Standards or Schemes](#).

Requests for evaluation of other external Standards Systems should be sent to info@aluminium-stewardship.org.

External Standards Systems which share issues and objectives with ASI Standards and which have been recognised by ASI can be found in Table 4. Auditors must determine Equivalency based on whether there is alignment between the external Standard or Scheme and the ASI Certification Scope.

Where there is Equivalency, the criteria in the ASI Standard can be assessed by an Auditor as Conformant without additional review of Objective Evidence or implementation by the Auditor.

Auditors will validate claims of equivalency made by ASI Members as follows:

- Verify that the Scope of the Recognised Standard or Scheme applies to the entirety of the Member's ASI Certification Scope. If the Recognised Standard or Scheme Scope is less than the ASI Certification Scope, then those parts of the Member's Business not covered by the Recognised Standard or Scheme must be included in the Audit Scope (see section 9.4);
- Auditors will review the most recent Certification/Re-Certification and Surveillance Audit Reports relating to the Recognised Standard or Scheme to ensure that any identified Non-Conformances are being actioned by the Member. This must be included in the Audit Scope (see section 9.4).

While an Auditor is not expected to evaluate Conformance for Equivalent criteria, an Auditor may do so if there is evidence that a Non-Conformance may exist in that criterion. For instance, if an Entity has an ISO 45001 certification at a Facility within their Certification Scope that is deemed to be equivalent, but the Auditor sees concerns with health and safety during the site visit, the Auditor may assess the criteria that were excluded from the Audit Scope for Conformance and, if warranted, a Non-Conformance may be issued to the Entity.

If during the Certification Period, an ASI Certified Entity no longer maintains Certification with a Recognised Standard or Scheme that was deemed Equivalent in an earlier Audit, then the criteria which were not reviewed in the earlier ASI Audit must be included in the Audit Scope of the next scheduled ASI Audit.

Table 4 – Recognised External Standards and Schemes

ASI Standard	Criteria	Recognised external Standards
ASI Performance Standard	1.2 Anti-Corruption	The Entity holds current certification to: ISO 37001:2016 – Anti-bribery Management Systems – Requirements with guidance for use
	2.3a Environmental and Social Management Systems	The Entity holds current certification to: ISO 14001:2015 – Environmental Management Systems: Requirements and guidance for use
	4.1a Environmental Life Cycle Assessment	The Entity holds current certification to: ISO 14001:2015 – Environmental Management Systems: Requirements and guidance for use AND has evaluated the life cycle impacts of its major Product lines for which Aluminium is considered or used in accordance with: ISO 14044:2006 – Environmental management – Life cycle assessment – Requirements and guidelines OR

		<p>ISO 21930:2017 – Sustainability in buildings and civil engineering works</p> <p>OR</p> <p>EN 15804 Environmental Product Declaration</p>
	<p>11.1a Occupational Health and Safety (OH&S) Management System</p> <p>11.2 Employee engagement on Health and Safety</p>	<p>The Entity holds current certification to:</p> <p>ISO 45001:2018 – Occupational Health and Safety Management Systems</p>
ASI Chain of Custody Standard	<p>7.1a Due Diligence for Non-CoC Material, CoC Material Acquired through a Trader and Recyclable Scrap Material – Responsible Sourcing Policy: Anti-Corruption</p>	<p>The Entity holds current certification to:</p> <p>ISO 37001:2016 – Anti-bribery Management Systems – Requirements with guidance for use</p>

4. The Certification Scope

4.1. Why is the Certification Scope Important?

The Certification Scope is defined by the Member and sets out what parts of the Business, Facility (or Facilities) and/or Product(s)/Program(s) are covered by an ASI Certification. The Certification Scope must be accurately documented, so that:

- The Member is clear about what is within the Scope of an ASI Audit
- The Auditor can develop an appropriate Audit Plan to determine Conformance with the relevant ASI Standard/s
- A Member’s Certification Scope is communicated clearly and accurately to Stakeholders.

4.2. Flexibility in Defining Certification Scope

ASI offers flexibility to Members to define the Certification Scope that best suits their Business, Facilities and Products/Programs. The three types of approaches that can be taken are described in the table below, with examples further illustrated in section 4.7 and section 4.8.

Table 5 – Approaches to defining ASI Certification Scope

Approach	Certification Scope	Examples	Suitable for
Business Level	A whole Member company, a subsidiary of a Member or a Business unit of a Member.	‘GreenAl Ltd’, which runs a smelter and 2 rolling mills. The packaging division of a diversified Member.	Members that are interested in a Business-wide Certification. If the desired Certification Scope does not cover <u>all</u> relevant parts of the nominated Business, then a Facility Level or Product/Program Level approach must be taken instead.
Facility Level	A single Facility or group of Facilities that are a subset of a	A single mine. Five packaging manufacturing facilities out of a total	Members that are interested in Certification for only a selection of their Facilities. A minimum

	Member's total Facilities.	of 50 operated by a Member.	of one Facility is required under this type of Certification Scope.
Product/ Program Level	A single identifiable Product/Program or group of Products/Programs.	Low carbon Aluminium. A car chassis. A type of packaging. Material stewardship activities.	Members (usually Industrial Users) for whom a Product/Program focus is more relevant than a Facility focus. A minimum of one Product/Program as defined by the Member is required under this type of Certification Scope. When a Product/Program approach is taken the Entity must Certify all Facilities involved in the production of the Certified Product/Program.



Activities conducted at a corporate level and related to or supporting implementation of the Standard at a Facility level or Product/Program level can still be assessed by the Auditor under these approaches. This could include relevant Policies, systems or Procedures that are maintained at the corporate level but applicable at the Facility or Product/Program level. Members are to identify in their Self Assessment where Auditors can find evidence for Conformance against a particular criterion of an ASI Standard.

Where Members choose a Facility or Product/Program level approach to ASI Certification, or prioritise one part of the Business first, they are not limited to only one Certification. For example, different Facilities could be Certified separately (with separate Certificates issued) if that suits the nature of the Business.

A Member may additionally choose to certify an Associated Facility that is not one of the identified supply chain activities in section 4.3 (i.e., a port or hydropower dam associated with a smelter).

It is expected that over time, Members will expand their Certification Scope or individual Certifications to include all Business, Facilities or Products/Programs within the Control of that Member that relate to the Aluminium value chain.

4.3. ASI Membership Classes and Supply Chain Activities

ASI membership is structured into six membership classes which have different roles and decision-making weight in ASI governance.

ASI Certification is open to ASI Members in the ‘Production and Transformation’ and ‘Industrial Users’ membership classes. These classes include the following activities:

- **Production and Transformation:** Organisations with activities in one or more of: Bauxite Development, Bauxite Mining, High Purity Alumina (HPA) Production, Alumina Refining, Aluminium Smelting, Aluminium Re-Melting/Refining, Semi-Fabrication, and/or Material Conversion.



Production and Transformation Members with Bauxite Development Projects or High Purity Alumina (HPA) production

From November 2023, the Production and Transformation class was updated to include Bauxite Development (considered to be a well-developed Bauxite project such as when a financial investment decision has been made) and High Purity Alumina (HPA) production as eligible activities.

Glossary of Supply Chain Activities

Casthouse (Casting): Where molten Aluminium in furnaces, usually sourced as Liquid Metal, Cold Metal and/or other alloying metals, is cast into specific Casthouse Products to meet customer specifications or supplied to a customer as Liquid Metal.

Casthouse Products: Aluminium or its alloys in forms that include ingots, slabs, bars, billets, wire rod or other speciality products and which have a physical stamp or marking on or with the product that identifies the producing Casthouse and a unique identification number.

Semi-Fabrication: Rolling or extrusion of Casthouse Products, as an intermediate processing stage for subsequent Material Conversion and/or further downstream processing and manufacturing of finished products. Examples of semi-fabricated products include sheet, foil, and can stock; extruded rod, bar, shapes, pipe and tube; and other mill products such as drawing stock, wire, powder and paste.

Material Conversion: Further processing (for example cutting, stamping, bending, joining, forging, product Casting, packaging production etc.) of Casthouse Products or semi-fabricated Aluminium products, into products or components that are used in or sold for final assembly or filling and sale to end consumers.

In the case of Bauxite Development in particular, the expansion of eligibility allows project owners to work towards ASI Certification by applying the ASI Performance Standard, such as the criterion on Free, and Prior Informed Consent (FPIC) with Indigenous Peoples, towards the project as it develops.

However, for Entities with no other Facilities eligible for ASI Certification, prospective Members should be confident at the time of applying for membership that there will be sufficient progress in the project to enable an Audit visit within two (2) years of joining ASI.

The next major revision of the ASI Standards will address this expansion at the criteria and applicability level. In the meantime:

- Members or Entities with HPA production within their Certification Scope should apply the criteria for Alumina Refining
- Members or Entities engaged in Bauxite Development:
 - I. Where it is associated with an existing Bauxite Mining activity within a Certification Scope, can consider the Bauxite Development activities as part of their 'Area of Influence' for the ASI Performance Standard;
 - II. Where it is a new or stand-alone Bauxite Development project that is not connected with an existing Bauxite Mining activity within a Certification Scope, cannot yet apply the ASI Performance Standard;
 - III. Point II. Applies, but the Production and Transformation Member has no other Entities or Facilities eligible for ASI Performance Standard Certification, that Member has an exemption to the two (2) year requirement set out in (see section 3.5.1) until the ASI Standards are updated to include Bauxite Development and an appropriate transition period has applied. The exemption and reasons will be published on the individual Member page on the ASI website.

- **Industrial Users:** Organisations that manufacture consumer or commercial goods containing Aluminium in the: aerospace, automotive, construction, consumer durables, engineering, IT and similar sectors, and organisations in the beverage, food, pharmaceutical or other sectors that use Aluminium in packaging in their products. If an organisation carries out Material Conversion (as described under Production and Transformation above) but is also eligible for the Industrial User class, they can nominate either of these two classes to join based on their desired level of ASI Certification.

ASI Members in the Production and Transformation and Industrial Users membership classes are subject to minimum Certification requirements as a condition of their membership (see section 3.5.1).

Other ASI membership classes (Downstream Supporters, Civil Society, Associations, and General Supporters) are not eligible to seek ASI Certification. The **ASI Governance Handbook** and **ASI**

Membership Information and Application Form, available from the [ASI website](#), have more information about ASI membership classes.

Transition from Performance Standard V2 Principles 1 – 4 (PI-4) to Performance Standard V3 Principles 1-11 (PI-11)

Under Performance Standard V3, Members with Material Conversion and/or Other Manufacturing Facilities are required to certify Material Conversion and/or Other Manufacturing Facilities to at least Principles 1 – 4 (PI-4) solely for the Initial Certification cycle (i.e., a maximum three (3) year period). After three (3) years, all Material Conversion and/or Other Manufacturing Facilities must undergo an Audit against applicable requirements of the full **Performance Standard** to continue their ASI Certification (Principles 1-11 / PI-11). This three (3) year period must also include any time where the Certification is deemed as provisional. The intention is that following the next Standard Revision, all Facilities will be required to demonstrate Conformance to all applicable criteria. Example Audit Scopes for Material Conversion and Other Manufacturing Facilities are provided in Table 6.

The transition from Principle 4 (P4) only to PI-4, and from PI-4 to PI-11, is to be initiated as a Scope Change Audit and can also be combined into either a Surveillance or Re-Certification Audit. Once an Entity has increased its Certification Scope (i.e., from P4 to PI-4, then PI-4 to PI-11), it is unable to reduce the scope back to its earlier status. This transitional option is only available to Material Conversion and/or Other Manufacturing Facilities.

All Entities must be certified to the full Performance Standard (PI-11) without exception by 31 May 2027 (i.e., five (5) years after the launch of Performance Standard V3).

Table 6 – Transition options for Material Conversion and/or Other Manufacturing Facilities dependent on their initial date of Certification

Certification Date	Transition Options under Performance Standard V3
<p>Certification achieved prior to 1 June 2022</p>	<ul style="list-style-type: none"> • If the current Certification is to P4 only under Performance Standard V2 and transitioning to V3: <ul style="list-style-type: none"> ○ Next Surveillance/Scope Change Audit in current Certification Period can be for P4, PI-4 or PI-11. ○ Re-Certification Audit can be for either PI-4 or PI-11 (but must remain PI-11 if transition occurred during prior Surveillance/Scope Audit). ○ Transition to PI-11 must be no later than three (3) years from the Audit (i.e., Surveillance/Scope Change Audit date) where transition to PI-4 commenced. <p>OR</p>

	<ul style="list-style-type: none"> If current certification under Performance Standard V2 is to P1-11 – continue this into V3.
Facilities first Certified between 1 June 2022 and 31 May 2023	<ul style="list-style-type: none"> Initial certification to P4 only under Performance Standard V2: <ul style="list-style-type: none"> Next Surveillance/Scope Change Audit can be for either P1-4 or P1-11. Re-Certification Audit must be to P1-4 as a minimum or to P1-11. Transition to P1-11 must be no later than three (3) years from the Audit (i.e., Surveillance/Scope Change Audit date) where transition to P1-4 commenced. <p>OR</p> <ul style="list-style-type: none"> If current certification under Performance Standard V2 is to P1-11 – continue this into V3.
Facilities first Certified between 1 June 2023 and 31 May 2024	<ul style="list-style-type: none"> Initial ‘transitional’ certification to P1-4 under Performance Standard V3: <ul style="list-style-type: none"> Next Surveillance/Scope Change Audit can be for either P1-4 or P1-11 (P1-11 recommended). Re-Certification Audit must be to P1-11. <p>OR</p> <ul style="list-style-type: none"> ‘Full’ certification to P1-11 (no transition required).
Facilities first Certified from 1 June 2024	<ul style="list-style-type: none"> Initial ‘transitional’ certification to P1-4: <ul style="list-style-type: none"> A Surveillance and/or Scope Change Audit must be scheduled prior to May 2027 (i.e., during the Certification Period) and must be to P1-11. <p>OR</p> <ul style="list-style-type: none"> ‘Full’ Certification to P1-11 (no transition required).

ASI Members select the relevant membership class in their application to join ASI, and may change their membership class, where eligible for another class, at any time during their membership.

ASI Standards set out the applicability of their criteria according to defined supply chain activities. Selective applicability is indicated where a criterion either:

- Does apply to a specific sector (for example, criterion 5.2(a) and (b) in the ASI Performance Standard is applicable to Entities engaged in Aluminium Smelting); or
- Does not apply to a specific sector (for example, criterion 4.3 in the ASI Performance Standard on Aluminium Process Scrap does not apply to Bauxite Mining and Alumina Refining).



Note that in the **Chain of Custody Standard**, Semi-Fabrication, Material Conversion and Other manufacturing or sale of products containing Aluminium are collectively referred to as Post-Casthouse.

Where an identified supply chain activity is included in an Entity’s Certification Scope, then the relevant criteria are applicable as set out in the respective Standard. If a Member chooses to certify an Associated Facility (i.e., a port or hydro dam associated with a Smelter) the relevant criteria are selected by the Auditor).

4.4. ‘Control’ by an ASI Member and Joint Venture Arrangements

For a Business, Facility or Product/Program to be included within a Member’s Certification Scope, it must be within the Control of that Member. ‘Control’ means direct or indirect ownership, direct or indirect power to remove, nominate or appoint at least 50% of the members of the Board or management, day-to-day executive management, or any legally recognised concept analogous to these.

It is the responsibility of the Member to demonstrate ‘Control’ of Entities and/or Facilities nominated to be part of their Certification Scope to the satisfaction of the Auditor. This should be done as part of the Self Assessment process when the Certification Scope is defined, and before the Audit planning stage.

An Entity seeking Certification that is structured as a Joint Venture could have equity vested in more than one ASI Member and/or organisations that are not Members of ASI. The controlling operator of the Entity (one of the Joint Venture partners) must be an ASI Member, or the Joint Venture Entity itself could be an ASI Member, to seek ASI Certification.

An ASI Member that has equity in a Joint Venture Entity, but does not have Control, cannot include that Entity in their own Certification Scope. However, where **Performance Standard** Certification is achieved by a Joint Venture Entity in which an ASI Member has equity, it can count towards that Member’s commitment to achieving Certification for at least part of their Business, even if that Member is not the controlling operator. It can also be linked to the Member’s page on the [ASI website](#).

ASI recognises that there are many types of Businesses in the Aluminium value chain and aims to be inclusive in its membership structure and Certification program. How Joint Ventures can participate in ASI is outlined in the [Joint Ventures Policy](#) available on the [ASI website](#).

4.5. Area of Influence and Associated Facilities

An Entity’s ‘Area of Influence’ may extend beyond its sites and operating Facilities. The Glossary definition of the Area of Influence for the ASI Performance Standard is adopted from the International Finance Corporation (IFC) Performance Standards and may include Associated Facilities.



Associated Facilities are structures that may or may not be funded as part of the project (funding may be provided separately by a client or a Third Party including the government), and whose viability and existence depend on the project and whose goods or services in turn are essential for the successful operation of the project. Examples of Associated Facilities include purpose-built access roads, dams, ports and power generation. Associated Facilities not controlled by the Entity may be subject to review by an Auditor under specified Performance Standard criteria.

Factors to be taken into account in determining Conformance levels would include the Entity's ability to influence the environmental and social performance and impacts of these Facilities, and any commercial and/or contractual limitations. The Area of Influence assessed in an Audit must be disclosed in the public Audit Report.

What do we mean by Area of Influence?

The term has been adapted from [International Finance Corporation \(IFC\) Performance Standard 1 – Guidance Notes](#) and encompasses, as appropriate, areas likely to be affected by:

(a) an Entity's activities and Facilities, and/or impacts from unplanned but predictable developments that may occur later or at a different location, and/or indirect project impacts on Biodiversity or on Ecosystem Services upon which affected Communities' livelihoods are dependent

(b) Associated Facilities, which are facilities not Controlled by the Entity but that would not have otherwise been constructed or expanded and without which the Entity's activities would not be viable

(c) cumulative impacts that result from the incremental impact, on areas or resources used or directly impacted by the Entity's activities, from other existing, planned or reasonably defined developments at the time the risks and impacts identification process is conducted.

Examples for (a) include the project's sites, the airshed and Watershed, or transport corridors, and indirect impacts include power transmission corridors, pipelines, canals, tunnels, relocation and access roads, borrow and disposal areas, construction camps and contaminated land (e.g., soil, groundwater, surface water and sediments).

For (b), examples of Associated Facilities may include ports, dams, railways, roads, captive power plants or transmission lines, pipelines, utilities, warehouses and logistics terminals.

For (c), cumulative impacts are typically those impacts which in isolation may be considered small and/or incremental, however over time are recognised as important based on scientific concerns and/or concerns from Affected Populations and Organisations, as the accrual of these small/incremental impacts leads to a significant impacts over time.

Examples of cumulative impacts include incremental contribution of gaseous emissions to an airshed; reduction of water flows in a Watershed due to multiple withdrawals; increases in sediment loads to a Watershed; interference with migratory routes or wildlife movement; or more traffic congestion and accidents due to increases in vehicular traffic on community roadways.

Notes:

- Some activities and related impacts/risks in an Area of Influence may not be under the Control of the Entity. However, where required by these criteria, these impacts and risks shall still be assessed by the Entity and, wherever practical, mitigation measures and/or controls should be put in place.
- Associated Facilities that are part of an Entity's Area of Influence but not under the Entity's Control are not part of the Certification Scope. In other words, the *activities and related impacts/risks* of any Associated Facilities not under the Entity's Control are not factored into determining the Entity's Conformance.

4.6. Documenting the ASI Certification Scope

Each Certification Scope will be different, reflecting Member’s different sizes and activities and the applicable ASI Standard. The Certification Scope will be defined during the Self Assessment process in *elementAL*, the first step of the Certification process, and will require Members to document the following information about their chosen Certification Scope, which will be provided to Auditors:

- Legal name of the ASI Member
- Jurisdiction of incorporation
- ASI membership class
- Contact details for the contact person for the Self Assessment being defined. This person can be different from the one corresponding with ASI on other general matters
- Name and Head Office details of the Entity (or Entities) seeking Certification (which may be the whole of a Member, or a subsidiary or Business unit) and for Joint Venture or similar situations, documented evidence that the Member has Control of these
- Designated approach to ASI Certification Scope (Business, Facility or Product/Program level):
 - *If Business Level:*
 - General description of the supply chain activities of the Business that make up the defined Certification Scope
 - Identification of all Facilities that fall within the Certification Scope – name of the Facility, location (address, city/town, and country) and supply chain activity (e.g., Bauxite Mine, Aluminium Smelter etc.)
 - Number of Workers at each Facility and in total
 - Number of women Workers at each Facility and in total.
 - *If Facility Level:*
 - General description of the supply chain activities at the Facility or group of Facilities
 - Identification of all Facilities that fall within the defined Scope – the name of the Facility, location (address, city/town, and country) and supply chain activity (e.g., Bauxite Mine, Aluminium Smelter etc.)
 - Number of Workers at each Facility
 - Number of women Workers at each Facility.
 - *If Product/Program Level:*
 - General description of the Product/Program or group of Products/Programs, including the Scope of all projects or major expansions and relevant supply chain activities
 - Identification of all relevant work groups and/or Facilities that relate to applicable criteria in the ASI Standard for the Product/Program or group of Products/Programs – the name of the Facility/work group, location (address, city/town, and country) and supply chain activity (e.g., Head Office: design department, factory: sustainability group, regional office: government relations).
 - Number of Workers at each Facility
 - Number of women Workers at each Facility.
- Comprehensive and externally understandable description of the Certification Scope
- Recognised Standards or Schemes where Certification is already achieved for the ASI Certification Scope

- Information on any anticipated changes to the Certification Scope within the next three (3) years. Changes may include anticipated and/or publicly known acquisitions or divestments, subject to commercial sensitivities. Other examples include (but not limited to) Major Changes planned to the operation, planned Scope expansions, and expected changes that may affect Workers (e.g. union starting or ending, shift to a contract workforce). Implications of unanticipated changes to the Certification Scope are described in section 11.2.

4.7. Certification Scope Examples for the ASI Performance Standard

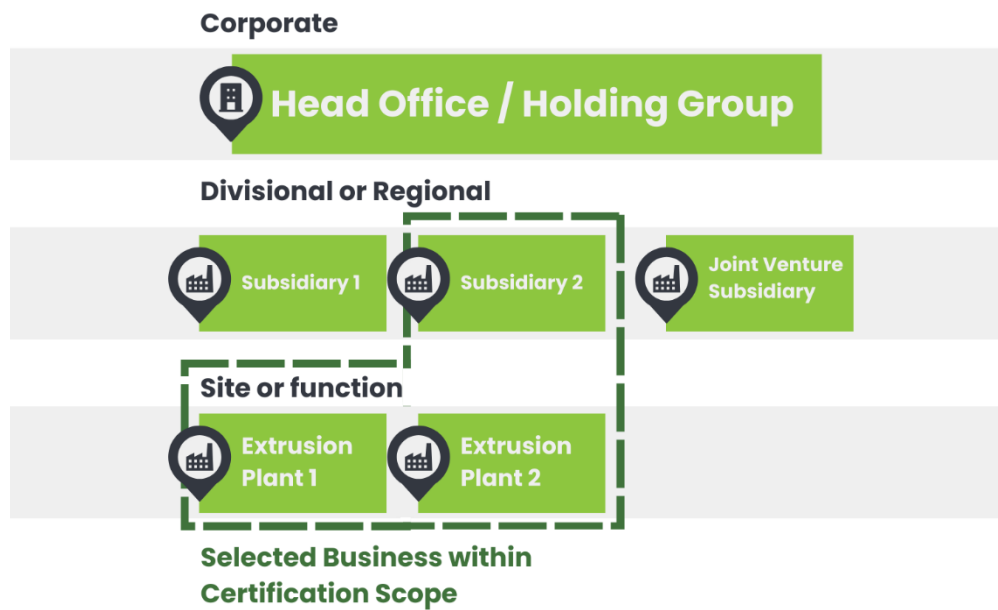
The following diagrams illustrate examples of different approaches to the Certification Scope. The choice of Certification Scope is made by each Member, as best suits their Business and must include at least one production Facility or Product/Program (i.e., the Certification Scope cannot be headquarters only).

Figure 4 – Business Level Certification Scope – all of the Member’s activities



Above illustrates a Business Level Certification Scope that encompasses all Entities and/or Facilities and Products/Programs that are under the Member’s Control. It is the most comprehensive type of ASI Certification.

Figure 5 – Business Level Certification Scope – a subsidiary of Member



The above illustrates another kind of Business level Certification Scope that focuses on a subsidiary or Business unit that is under the Member’s Control. The subsidiary may in turn own or Control one or more Entities and/or Facilities.

Figure 6 – Facility Level Certification Scope

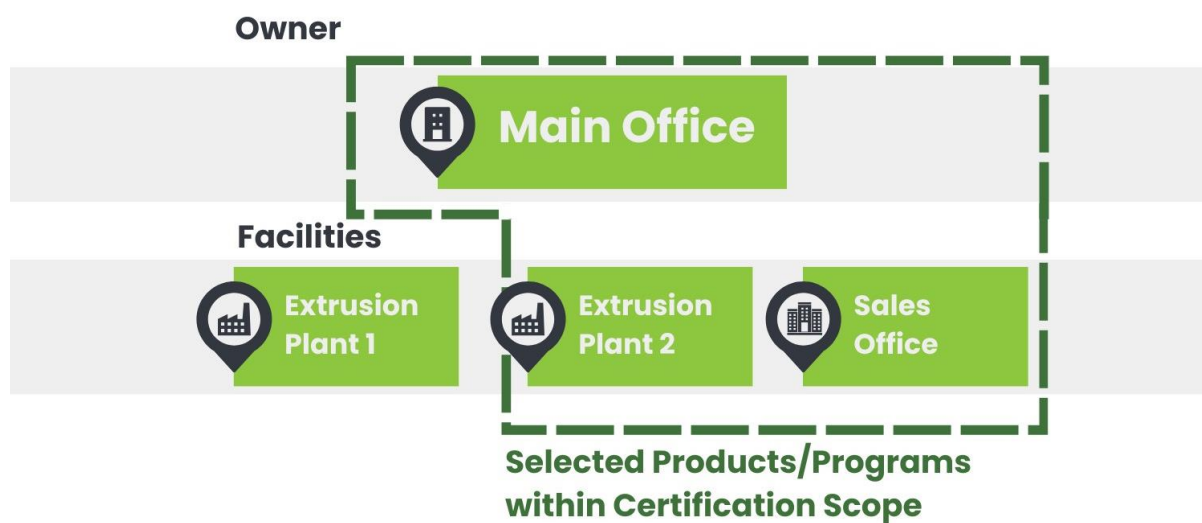


The above illustrates a Facility Level Certification Scope.



While the main office or corporate headquarters may not fall within this example Certification Scope, it may be contacted or visited during the Audit to provide Objective Evidence for Conformance at the Facility level, for example company-wide Policies or Management Systems, or interviews with senior management with overarching responsibility for relevant areas of the ASI Standard(s).

Figure 7 – Product/Program Level Certification Scope



The above illustrates a Product/Program level Certification Scope. For example, the selected Products/Programs could be a particular line of window or door extrusions where architectural specifications may have designated a preference for ASI Certification. While a number of Facilities are involved in these Products/Programs, the Certification Audit and resulting ASI Certification will be focused on the activities, systems and personnel that support those specified Products/Programs.

The Member’s Certification Scope will also determine what parts of the ASI Performance Standard apply based on the Member’s membership class and the supply chain activities included in the Certification Scope.

4.8. Examples of Certification Scope for the ASI Chain of Custody Standard

The Chain of Custody (CoC) Certification Scope is defined by the Member/Entity seeking CoC Certification. It may be defined at a Business, Facility or Product/Program Level, but must identify:

- All Facilities under the Control of the Member that the Member/Entity intends to use for the extraction, processing, manufacturing, storage, handling, shipping and receiving and marketing of ASI CoC Aluminium
- All Outsourcing Contractors used by the Member to outsource processing, treatment or manufacturing of CoC Material that they own or Control to Entities that themselves are not CoC Certified.

An ASI Member seeking CoC Certification must also be Certified against the applicable criteria of the ASI Performance Standard (see section 3.1).



Alignment and Distinction of Certification Scopes between the Performance and Chain of Custody Standards

The Member’s Certification Scope for the ASI Performance Standard and the Certification Scope for the ASI Chain of Custody Standard may be identical. Alternatively, the Certification Scopes for the Performance Standard and Chain of Custody Standard may be different. However, the Certification Scope for the ASI Performance Standard must fully cover or include the Certification Scope for the ASI Chain of Custody Standard.

Figure 8 – Example of how the Certification Scope for the ASI Performance Standard can Differ from the Certification Scope for the ASI Chain of Custody Standard



An example of Certification Scopes differing for the **ASI Performance Standard** and the **ASI Chain of Custody Standard**. The Certification Scope for the **ASI Performance Standard** covers the Business level of a subsidiary of the Member. The Certification Scope for the **ASI Chain of Custody Standard** is shown at the Facility level, which in this example may be because the Member's focus for CoC is initially on a subset of its operations.

5. Risk, Audit types and Objective Evidence

5.1. ASI's Risk-based Assurance Approach

The ASI assurance system is based on a comprehensive risk management approach, with the following key objectives:

- Identifying and addressing the risks to Members, Auditors and ASI, that are Material to the overall credibility and integrity of ASI Certification
- Focusing on high-risk areas of implementation of the ASI Standards to enhance efficiency and consistency by aligning Audit intensity and frequency with the Member's Overall Maturity Rating.
- Ensure appropriate Audit time and effort are spent on those issues Material to both the Certified Entity and Affected Populations and Organisations including Stakeholders within the Entity's Area of Influence.

There are several risks that are Material to the overall credibility and integrity of ASI Certification. These include, but are not limited to:

- Non-Conformances with ASI Standards and Procedures
- Risks for people and environments that might be negatively affected by Members' operations
- Risks to the business integrity, governance and reputation of Members and Auditors
- Risks to ASI's reputation due to inappropriate use of ASI Standards, ASI Certification and/or its intellectual property.

ASI's risk-based assurance system aims to:

- Increase awareness of these types of risks and minimising them through improved Management Systems
- Reduce the likelihood of Non-Conformances with ASI Standards, which could lead to the inability to gain or retain ASI Certification
- Assist Auditors to optimise Audit processes and costs through a better understanding of the nature and context of Member's operations
- Create a framework that encourages Members to establish mature and effective systems and processes.

Auditors are expected to understand the specificities and Materiality of risks related to the criterion being assessed at the Entity level, and based on this assessment, in conjunction with a review of available and relevant Objective Evidence, then determine a level of Conformance. The Standard Guidance documents are available to support this pragmatic approach to Auditing, by providing examples and scenarios of how an Entity can conform to a given criterion.

There are several ways in which an Entity may meet the requirements of a specific criterion and therefore the Guidance documents are not intended to act as a "Conformance checklist". ASI

expects all ASI Auditors to acknowledge and be receptive to creative, alternative and practical ways of implementing the criteria. This is particularly the case for Small and Medium-sized Enterprises (SMEs), where processes may be less formalised than in larger organisations.

Not all examples and scenarios included in the Guidance documents are applicable to all Entity types and activities. The Guidance should be considered as a tool to support the implementation and the evaluation of criteria, and not as normative or mandatory requirements.

5.2. Risk Factors

An individual Member or Entity's exposure to risks will be based on a number of factors, which include:

- Type of sector or Business in the Aluminium supply chain
- Global, regional and/or local context of operations
- Type, range and complexity of operations and activities
- Type, range and complexity of products
- Outcomes of previous ASI Audits (or other Recognised Standard or Scheme recognised by ASI)
- Demonstrated management controls, for example through other Audit programs
- Known risks or issues in the public domain.

Information on these factors will be collected as part of the Self Assessment process and will inform the Auditor's Audit planning and Audit Scope.

5.2.1. Pre-Audit Risk Assessment conducted by ASI Secretariat

Auditors must evaluate risks separately from what Members have identified and identify them as risks. The ASI Secretariat has developed a pre-audit risk assessment for review by the Audit Team in order to plan and schedule all upcoming Initial Certification Audits for those Entities involved in Bauxite Mining and/or Alumina Refining and/or Aluminium Smelting supply chain activities. This independent review will ensure that the ASI Accredited Auditor and the Audit Team have the necessary Audit experience and expertise applicable to the Entity's risk profile and that an appropriate level of effort and engagement is undertaken during the Audit. The pre-Audit Risk Assessment should be used as a tool as part of the Audit planning.

5.3. Establishing Maturity Ratings

ASI's risk-based assurance system manages risk by using Maturity Ratings for the Entity's three Maturity Categories. The ratings are determined as either low, medium or high and may change over time, ideally following a continual improvement model.

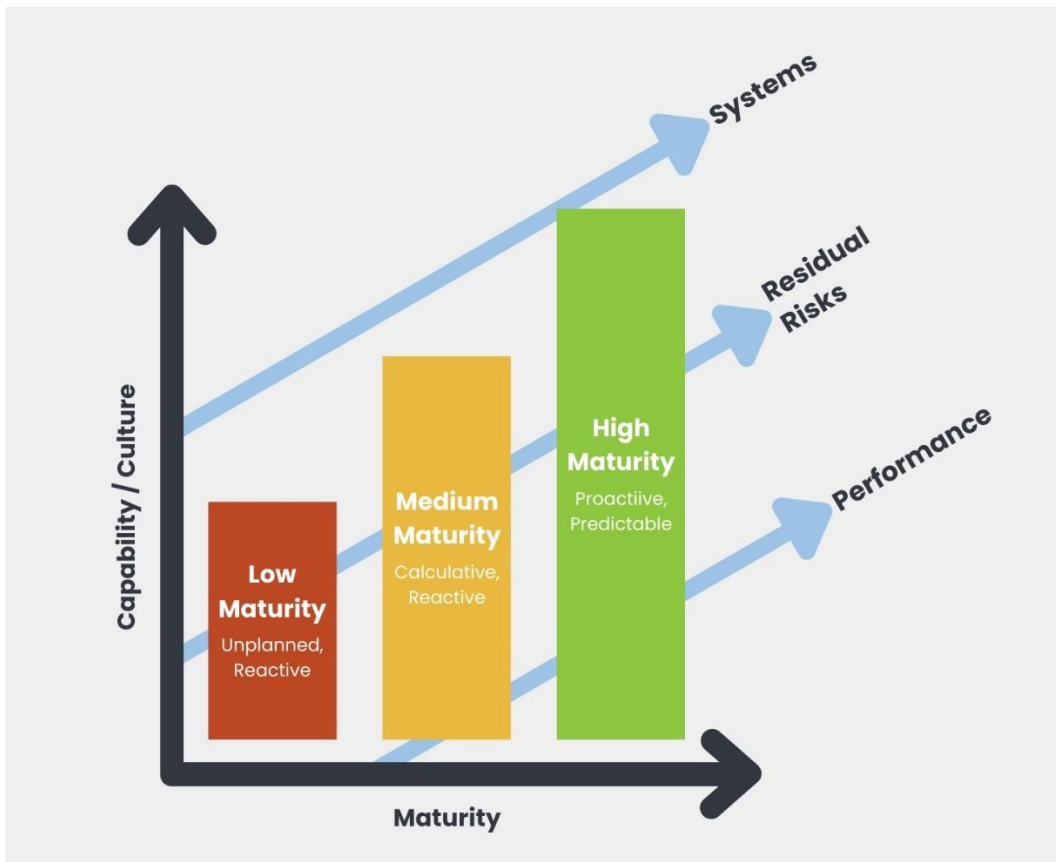
1.	Systems	Repeatable and organised processes, which should be <i>implemented, understood</i> and <i>effective</i> at managing and controlling the key aspects of the Entity's Business Activities, Products and services
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2.	Risk	An indication of the potential impacts on the environment, Affected Populations and Organisations (internal and external) and the value chain based on the scale, nature and scope of the Entity's Business Activities, Products and services and the effectiveness of the Entity's risk identification and mitigation processes
3.	Performance	Measurable governance, environmental and social outcomes (for the ASI Performance Standard) and/or implementing of Chain of Custody controls (for the ASI Chain of Custody Standard) based on the scale, nature and scope of the Entity's Business Activities, Products and services.

A progression towards a state of higher maturity means:

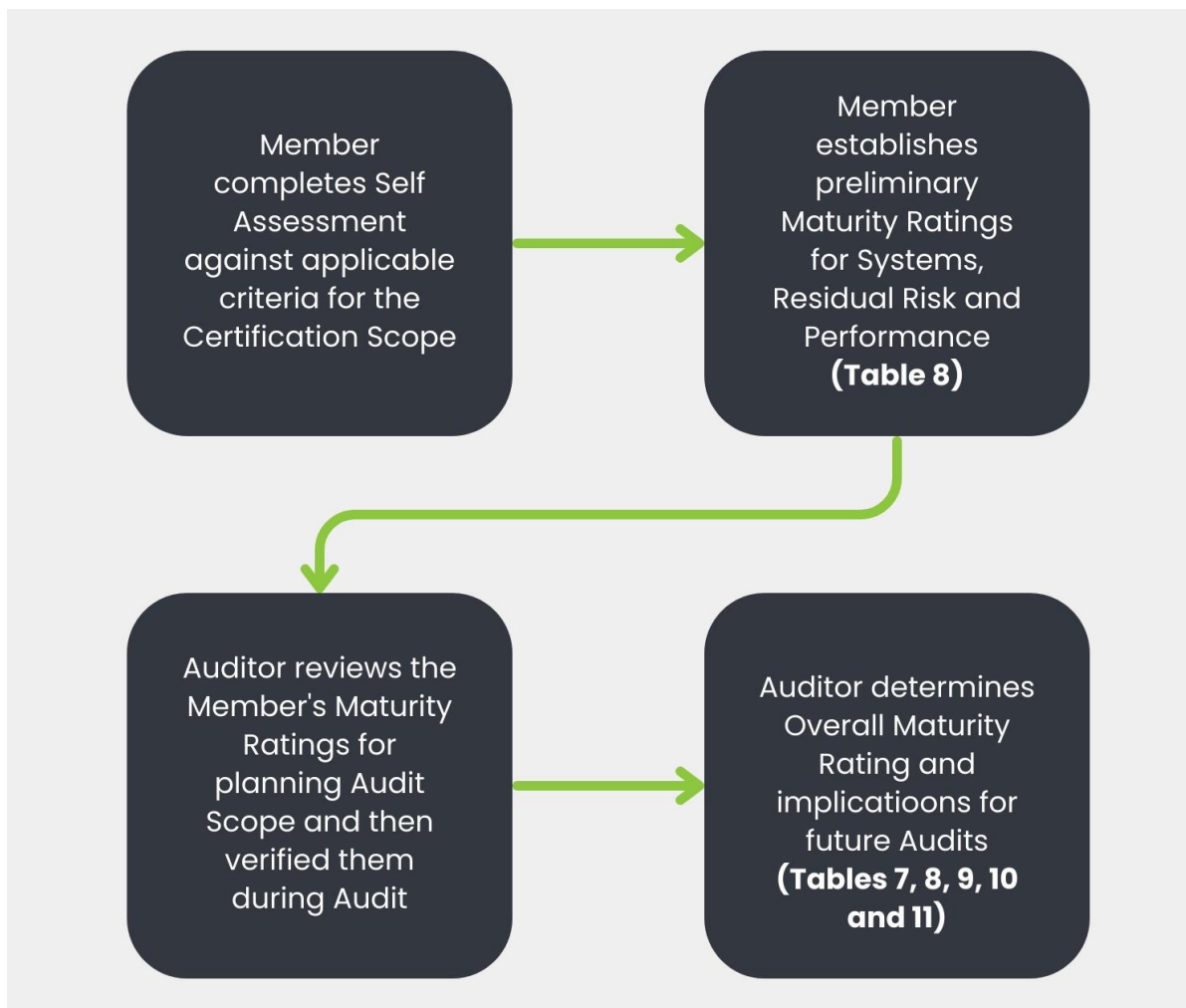
- Greater effectiveness of Management Systems
- Enhanced understanding and the control of risks
- Continual improvement culture with proven performance
- Targeted, effective and less burdensome Audits.

Figure 9 – Progression with the ASI Maturity Model



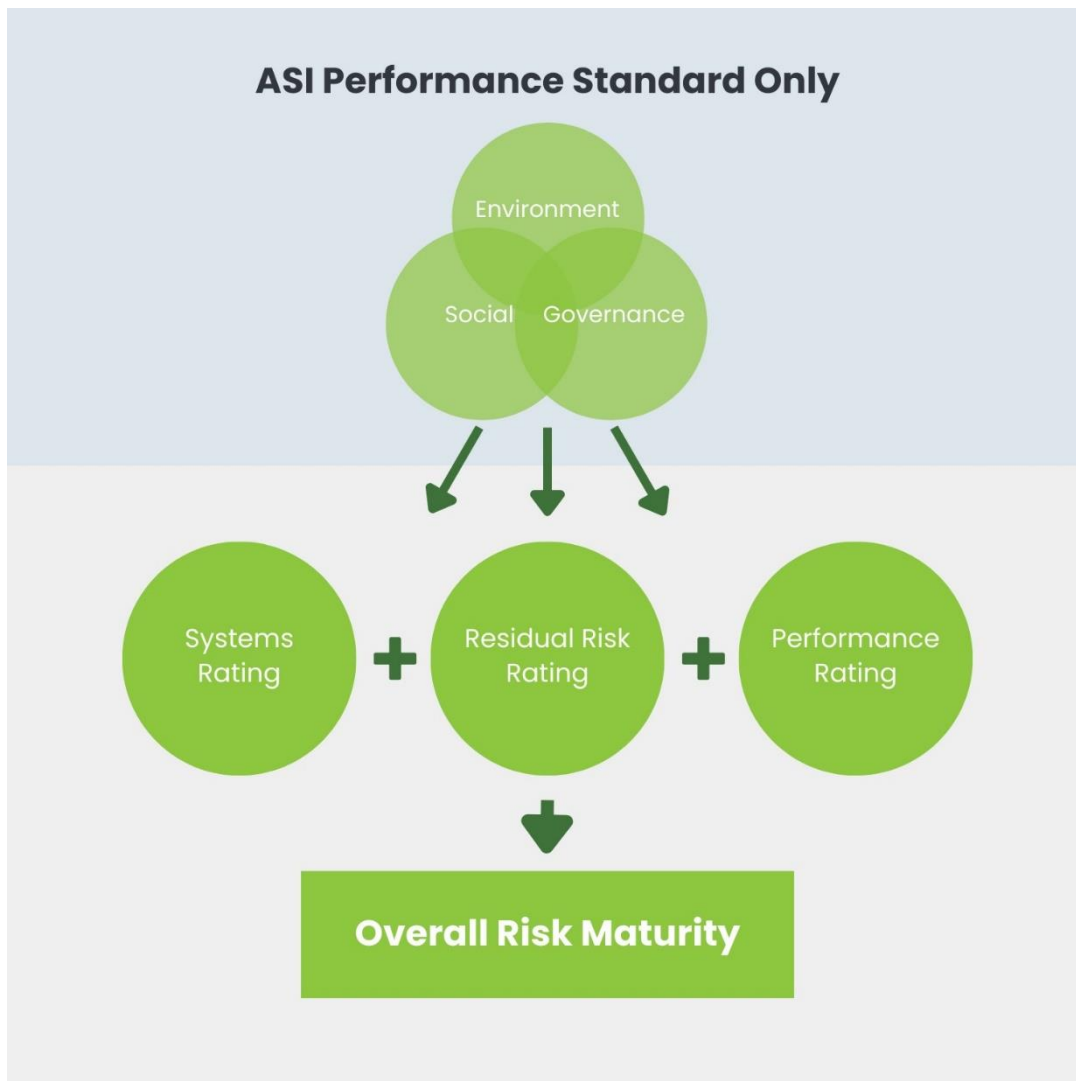
The Self Assessment and the Audit provide a process to establish, review and verify Maturity Ratings for Systems, Risk and Performance. At the conclusion of the Certification and Re-Certification Audits, the Auditor will determine the Overall Maturity Rating.

Figure 10 – The process for establishing, reviewing and verifying Maturity Ratings



Maturity Ratings will be entered into *elementAL*, based on the ASI Standard that is being assessed as illustrated in Figure 11 and described below:

Figure 11– Determination of ASI's Overall Risk Maturity



5.3.1. Member – Assigning Maturity Ratings

Maturity Ratings for the ASI Performance Standard

When completing a Self Assessment or an Audit of the **ASI Performance Standard**, the Member will be asked to assign the Maturity Rating (low, medium or high) for each of the Maturity Categories (Systems, Risks and Performance) for the three Sustainability Components built into the ASI Performance Standard:

- Governance
- Environment
- Social

Principles 1-4: For a Material Conversion Facility that is being initially audited against Principles 1-4 of the ASI Performance Standard (before transitioning to full Performance Standard (P1-11) to continue

their ASI Certification, the Member will be asked to assign the Maturity Rating (low, medium or high) for each of the Maturity Categories (System, Risk and Performance).

Maturity Ratings for the ASI Chain of Custody Standard

When completing a Self Assessment or an Audit of the **ASI Chain of Custody Standard**, the Member will be asked to select the Maturity Rating (low, medium or high) for each of the Maturity Categories (Systems, Risks and Performance).

5.4. Description of Maturity Ratings

Members will self-assess, and Auditors will determine the Maturity Ratings for each of the three Maturity Categories. The tables below include guidance with examples indicating how Maturity Ratings apply to the ASI Performance and the ASI Chain of Custody Standards. These examples also explain how to differentiate between the Sustainability Components in the ASI Performance Standard (governance, environment and social), and their application with respect to the scale, nature and scope of the Entity's Business (i.e., large global operations versus smaller Businesses).

Table 7 – Systems Guidance

SYSTEMS			
Systems are repeatable and organised processes, which should be implemented, understood and effective at managing and controlling the key aspects of the Entity's Business Activities, Products and services:			
For the ASI Performance Standard , Management Systems relate to the environmental, social and governance Principles and criteria, with the aim to address sustainability issues in the Aluminium value chain.			
For the ASI Chain of Custody Standard , Management Systems relate to the systems and processes that enable the Entity to Control and account for the movement of CoC Material.			
The nature and complexity of Management Systems may vary based on the size, scope and nature of the Entity's Business operations. Examples that can be used to determine the systems Maturity Rating are included below.			
Maturity Ratings	Low	Medium	High
	Relative to the size and scope of the operation, ill-defined, limited or no systems, processes, plans and Procedures	Systems, processes, plans and Procedures driven by Compliance with local laws Improvement systems developed but not fully or	Mature systems developed, implemented and effective to drive

	Little or no management oversight.	effectively implemented or reviewed New systems for critical controls or performance requirements.	continual improvement Roles and responsibilities understood Independent parallel audit program (internal or external) Strong management control and oversight.
Examples	<p>Working in locations known for corrupt regulatory and/or government practices without effective controls</p> <p>Conducting untested or highly speculative activities</p> <p>Operating in locations with no history of the Entity's general scope of activities</p> <p>Has no independent certification of any Management System component.</p>	<p>Working in locations known for corrupt practices but able to demonstrate effective internal systems to avoid complicit involvement in the local Corruption</p> <p>Has recently been subject to an acquisition, merger or takeover</p> <p>Operating in locations with a limited history of the Entity's general scope of activities</p> <p>Has a history of occasional legal non-Compliances and receipt of fines of prosecutions</p>	<p>Has not been recently subject to an acquisition, merger or takeover</p> <p>Has one or more independent certification(s) of the Entity's Management System</p> <p>Has a history of consistent legal Compliance</p> <p>Systems have a demonstrated track record of achieving desired outcomes.</p>
Further considerations	<p>In larger and more complex organisations, Management Systems are usually formally documented, such as in plans, Procedures, and work instructions. These systems may be tailored and developed to reflect the diverse and complex nature of Business Activities, often covering different jurisdictions. However, merely having comprehensively documented or complex systems does not always result in effective and repeatable processes. For example, if the processes described in the documented plans and Procedures are either not followed or differ from how activities are conducted in practice, an Entity should be rated as having low or medium Maturity in terms of its systems, depending</p>		

	<p>on factors such as the nature, extent, and consequence of departure from these documented plans and Procedures.</p> <p>In smaller businesses, it is still possible to have mature systems with less formal or documented Procedures. Systems for smaller organisations may be paper based rather than electronic, rely on relationships and understanding of respective roles and responsibilities, and/or have personnel that are multi-skilled across different parts of the Business to accommodate the limited availability of resources (people, financial, technological, etc.). Smaller businesses may rely on tools and processes made available by local governments or even industry associations rather than developing their own. However, the lack of complexity or sophistication does not mean that a small business has low rated systems. If the small business can demonstrate that it has well-practised processes that are understood and followed by all affected personnel, the Entity may have a medium or high maturity rating in terms of its systems.</p>
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Table 8 – Risk Guidance

RISK			
<p>Risk is an indication of the potential impacts on the environment, affected Stakeholders (internal and external) and the value chain based on the scale, nature and scope of the Entity's Activities, Products and services. This extends to how well these potential impacts are known, understood and mitigated by the Entity. The nature and significance of Risks may vary based on the size, scope and nature of the Entity's Business operations.</p> <p>Examples that can be used to determine the Risk Maturity Rating are included below.</p>			
Maturity Ratings	Low	Medium	High
	<p>Limited risk identification and assessment process</p> <p>Ineffective control of risks</p> <p>Limited checks or maintenance of control effectiveness.</p>	<p>Risk assessment not integrated or applied equally throughout the organisation</p> <p>Risk controls implemented but not systematically checked</p> <p>Some awareness of risk</p>	<p>Integrated risk management (part of planning & decision making)</p> <p>Material risks are not tolerated unless accepted at the Board level</p> <p>Strong risk drive to risk profile reduction</p>

		Focus on risk monitoring rather than risk reduction Material risks accepted to maintain operation.	Industry best practice controls Risk after risk mitigation effort is low.
Examples	<p>Working in locations known for corrupt regulatory and/or government practices without effective controls</p> <p>Conducting untested or highly speculative activities</p> <p>Operating in locations with no history of the Entity's general scope of activities</p> <p>Having no or insufficient risk mitigation measures in place</p>	<p>Working in locations known for corrupt practices but able to demonstrate effective internal controls to avoid complicit involvement in the local Corruption</p> <p>Using proven practices that meet local and basic international environmental and social Standards</p> <p>Has recently been subject to an acquisition, merger or takeover</p> <p>Implementing basic measures to mitigate risks that may be present.</p>	<p>Working in stable regimes that have strong international protocols relating to environmental, social and corporate governance in the regulatory framework</p> <p>Using proven, advanced or innovative technology and processes to mitigate any risks that are present</p> <p>Does not typically receive fines or prosecutions resulting from a legal non-Compliance.</p>
Further considerations	<p>An Entity with mining activities that have identified, assessed and implemented controls that are actively monitored to prevent and mitigate detrimental impacts to the environment, may be assigned a high Maturity Rating in terms of the Risk category.</p> <p>A small Business may not be aware of its regulatory obligation regarding governance or safety requirements, and whilst it has had no incidents, may be at risk of regulatory breaches or involvement in corrupt practices, even unwittingly. This is often due to the limited availability of resources. In this case, the small Business may be assigned a low Maturity Rating. The ASI Performance Standard Guidance and the ASI Chain of Custody Standard Guidance provide additional guidance on how small Businesses can mitigate these risks. For example, a small Business may be part of an industry association that offers its members legal assistance in the jurisdictions where it operates. Alternatively, small Businesses may access information directly from government bodies which often provide tools specifically designed to help small Businesses understand and comply with</p>		

	<p>relevant obligations. If a small Business adopts these measures, it may be able to establish its Risk Maturity Rating as medium or high. A Risk Maturity Rating for an Entity implementing the ASI Chain of Custody Standard may be influenced by the level of Due Diligence it undertakes in regard to its suppliers. For example, an Entity's Risk Maturity Rating may depend on how well it knows its suppliers either directly or via reputation (especially for small Businesses) or via detailed vetting and pre-qualification Procedures often used by procurement departments in larger organisations.</p>
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Table 9 – Performance Guidance

PERFORMANCE			
<p>Performance can be taken as measurable outcomes that reflect the intended impacts and results of ASI's Standards.</p> <p>For the ASI Performance Standard, performance can be measured in terms of governance, environmental and social indicators such as:</p> <ul style="list-style-type: none"> • Governance – number of internal and external assurance assessments, transparent and visible reporting of an Entity's results (production, financial, sustainability), Compliance breaches, etc. • Environment – the volume of Waste generated and percent reduction over time, energy efficiency and Greenhouse Gas Emissions, implemented net positive Biodiversity offsets, etc. • Social – Occupational Health and Safety (OH&S) incidents, well-being initiatives, contribution to Local Community (e.g., employment, training, donations), etc. <p>For the ASI Chain of Custody Standard, can be measured in terms of the effectiveness of the controls that enable the Entity to account for the movement of CoC Material.</p> <p>Examples that can be used to determine the Risk Maturity Rating are included below.</p>			
Maturity Ratings	Low	Medium	High
	<p>No predictable results</p> <p>Gaps in awareness of Applicable Law</p> <p>Evidence of regulatory compliance breaches</p> <p>History of Audit Non-Conformances under</p>	<p>Predictable performance meeting basic industry standards</p> <p>Has regulatory licence to operate</p>	<p>Advanced performance</p> <p>Maintains 'social licence to operate'</p> <p>External benchmarking of performance</p> <p>Assisting with external Policy setting</p>

	<p>ASI or Equivalent Schemes</p> <p>Non-Conformances and/or non-compliances have the potential to significantly impact personnel, environment and/or Community.</p>	<p>Minor regulatory breaches</p> <p>Internal Audit programs only</p> <p>Evidence of recurring Non-Conformances</p> <p>Some Non-Conformance and/or non-Compliances but unlikely to significantly impact personnel, environment and Community.</p>	<p>Early problem (non-Compliance, Non-Conformance, etc.) detection and correction</p> <p>Technical non-Compliances (i.e., administrative issues, or late payment of fees).</p> <p>ASI Performance Standard – How well or poorly an Entity can demonstrate that it not only measures and reports its safety performance, but that over time is reducing the number of and severity of the safety incidents</p> <p>ASI Chain of Custody Standard – Tracking and reporting metrics from the Entity’s mass balance accounting system indicating the quantities of ASI Material produced and sold.</p>
Examples	<p>Low levels of transparency and disclosure</p> <p>Has a history of regular legal non-Compliances and receipt of fines for prosecutions</p> <p>There is no monitoring or monitoring demonstrated erratic, inconsistent or highly unexpected results</p>	<p>There is some transparency and disclosure</p> <p>Has a history of occasional legal non-Compliances and receipt of fines of prosecutions</p> <p>Monitoring programs demonstrate that some outcomes are achieved while others are not</p>	<p>High levels of transparency and disclosure</p> <p>Has a history of consistent legal Compliance</p> <p>Monitoring programs demonstrate consistently high performance</p> <p>Using proven, advanced or innovative technology and processes</p> <p>Strong relationships with most Affected Populations and Organisations.</p>

	<p>Poor or non-existent relationship with Affected Populations and Organisations.</p>	<p>Using proven practices that meet local and basic international environmental and social standards</p> <p>Relationships with some Affected Populations and Organisations and/or relationships are weak.</p>	
<p>Further considerations</p>	<p>An Entity with mining activities that have identified, assessed and implemented controls that are actively monitored to prevent and mitigate detrimental impacts to the environment, may be assigned a high Maturity Rating in terms of the Risk category.</p> <p>A small Business may not be aware of its regulatory obligation regarding governance or safety requirements, and whilst it has had no incidents, may be at risk of regulatory breaches or involvement in corrupt practices, even unwittingly. This is often due to the limited availability of resources. In this case, the small Business may be assigned a low Maturity Rating. The ASI Performance Standard Guidance and the ASI Chain of Custody Standard Guidance provide additional guidance on how small Businesses can mitigate these risks. For example, a small Business may be part of an industry association that offers its members legal assistance in the jurisdictions where it operates. Alternatively, small Businesses may access information directly from government bodies which often provide tools specifically designed to help small Businesses understand and comply with relevant obligations. If a small Business adopts these measures, it may be able to establish its Risk Maturity Rating as medium or high. A Risk Maturity Rating for an Entity implementing the ASI Chain of Custody Standard may be influenced by the level of Due Diligence it undertakes in regard to its suppliers. For example, an Entity’s Risk Maturity Rating may depend on how well it knows its suppliers either directly or via reputation (especially for small Businesses) or via detailed vetting and pre-qualification Procedures often used by procurement departments in larger organisations.</p>		

As Maturity Ratings provide a general overview of the Systems, Risk and Performance of the Entity within their Certification Scope, the determination of Maturity Ratings is best done after the completion of the Self Assessment. This is the reason that Maturity Ratings are presented in Public Reports. In this way, it can function as a summary reflection of the individual Conformance Ratings against applicable criteria. For example, if an Entity has several Non-Conformances in the

Environment section of the Standard, then the Maturity Rating for Environment is either low or medium.



How do I determine the Maturity Ratings if I have different Systems, Risks and Performance regarding the Governance, Environment and Social aspects of the ASI Performance Standard?

The ASI Assurance Platform *elementAL* will prompt Members conducting a Self Assessment and Auditors conducting an ASI Audit for the ASI Performance Standard to assign Maturity Ratings for Systems, Risks and Performance in terms of the three Sustainability Components:

- Governance
- Environment
- Social

The Maturity Rating for the Maturity Category is set based on the combination of scores for the Sustainability Components described in Tables 7, 8, and 9. For example, if an Entity is found to have a Maturity Rating of high for governance and environment but low for social in terms of the Systems Category, then as per the conditions in Table 9, two highs and one low result in a *Medium* combined score for Systems.

5.5. Overall Maturity Ratings

The Auditor will determine the Overall Maturity Rating based on the combination of the individual Maturity Rating for each of the Maturity Categories (Systems, Risk and Performance).

For Audits involving the ASI Performance Standard, a precursor step is required to combine the separate scores assigned to the Sustainability Components (Governance, Environment and Social).

Table 10 – Combined Rating for the ASI Performance Standard Sustainability Components

To calculate the combined score, the conditions listed below are taken into account:

Combined Sustainability Component Ratings	Conditions	Example of Collective Rating for Sustainability Components (<i>Performance Standard Only</i>)
High	Three high ratings OR Two high ratings and one medium	High for Governance and Social and medium for Environment
Medium	Two or more medium ratings OR Two high ratings and one low rating OR One high, one medium and one low rating	High for Governance and Social but low for Environment OR High for Governance, medium for Environment and low for Social
Low	Three low ratings OR Two low ratings and one medium rating	Low for Governance and Social but medium for Environment

Table 11 – Overall Maturity Rating Description

Determination of Overall Maturity Rating is based on each of the Maturity Categories

Overall Maturity Rating	Variables in Overall Maturity Rating	Condition	Examples of Overall Maturity Ratings
High	The Member has mature Management Systems, effective control of risks or leading performance for the defined Certification Scope, and is expected to have low-risk of Non-Conformance, and/or minimal potential for detrimental impacts on people and/or the environment, and/or effective controls are in place to control risks. No, or very low-risk/impacts were identified, and no Non-Conformances were issued in the Audit.	Three high ratings OR Two high ratings and one medium	2 highs + 1 medium = high Overall Maturity Ratings
Medium	The Member has some Management Systems, risk controls and/or average performance for the defined Certification Scope, and is expected to have a moderate risk of Non-Conformance, and/or moderate potential for detrimental impacts on people and/or the environment, and/or unreliable controls are in place to control risks.	Two or more medium ratings OR Two high ratings and one low rating OR One high, one medium and one low rating	2 mediums + 1 high = medium Overall Maturity Ratings OR 1 low + 1 medium plus 1 high = medium Overall Maturity Ratings
Low	The Member has immature or limited Management Systems, ineffective risk controls or below average performance for the defined Certification Scope, and is expected to have a high-risk of Non-Conformance, and/or potential for significant detrimental impacts on	Three low ratings OR Two low ratings and one medium rating	2 lows + 1 high = low Overall Maturity Ratings

	people and/or the environment, and/or there are insufficient controls in place to control to risks.		
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5.6. Types of Objective Evidence

Objective Evidence is verifiable information that includes records, observations and/or statements of fact obtained during a Self Assessment and/or an Audit. Objective Evidence can be qualitative or quantitative and may be in the form of one or more of the following:

- Documentation** Documentation may include Policies and Procedures necessary to implement the ASI Standard or records generated from the implementation of processes and Procedures. Note that in small Businesses, systems may not have to be documented to be effective.
- Observations** Information gathered through observations of activities and practices can also be used as Objective Evidence. However, it is important to verify understanding of what has been observed.
- Interviews** Interviews or testimonials gathered from conversations with Workers, personnel and Affected Populations and Organisations are also an important source of Objective Evidence. Information obtained through interviews or testimonials can be verified by reviewing records, through on-site observations or by interviewing other personnel to triangulate information.

It is expected that all Audit findings are supported by documented, observations and interviews. As Objective Evidence is used to support ratings of Conformance, it must be clearly and unambiguously recorded during Self Assessments and Audits. Suggested sampling techniques are listed in [Appendix 2](#).



Small Businesses and Objective Evidence

ASI Certification aims to be accessible for Businesses of every size, large or small. While achieving ASI Certification would mean the same level of commitment to conformance for any size of Business, the types of relevant Objective Evidence may differ at smaller facilities and Businesses. Auditors should look for adequate proof of conformance commensurate to the size of the organisation. As with all assessments, Auditors should seek and review evidence of both management systems and level of performance. When auditing small Businesses, Auditors may rely more on interviews since they could realistically sample a much larger proportion of the workforce than as with a larger Business.

5.7. Period of Records and Documentary Evidence

The following table provides an overview of the period of records and documentary evidence that should be reviewed as Objective Evidence. In some cases, earlier records may also be relevant.

Table 12 – Period of records and documentary evidence by Audit type

Audit Type	Period of Records
Self Assessment / Initial Certification Audit	At least the previous twelve (12) months
Surveillance Audit	At least the period since previous Certification / Re-Certification Audit depending on the timing of Surveillance Audit
Re-Certification Audit	At least the previous 36 months for a three (3) year Certification Period. Previous twelve (12) months for a one-year Provisional Certification Period.



Records and Documentary Evidence Potential Critical Breach situations

In some circumstances, historical records that go back further than the suggested periods for potential **Critical Breach** situations (Table 14) may be required. This includes the following situations:

- To verify Conformance with specific criteria in the ASI Standards or to verify the effectiveness of Corrective Actions that require longer than the recommended completion time frame (see section 9.6, Table 18).
- To conform with the ASI Chain of Custody Standard criterion 1.6 (Records Management) which requires the Entity to maintain up to date records covering all applicable requirements of the CoC Standard and retain records for a minimum of five (5) years.

5.8. Lack of Objective Evidence

A lack of Objective Evidence in the form of documentation does not necessarily mean a Non-Conformance. When documentary Objective Evidence is lacking or insufficient, Auditors can consider other forms of Objective Evidence such as interviews or testimonies. This type of evidence can be in the form of observations, interviews, testimonies and other relevant information.

For example, a Member may have developed a Procedure but the need to use it has not yet arisen. Therefore, records or other evidence that would be generated by that Procedure do not yet exist. This is not automatically a Non-Conformance; however, the Member should clearly outline their rationale for why records or evidence do not yet exist. An Auditor can also establish whether the Procedure as written meets the requirements of a criterion. However, if the Auditor is unable to determine its implementation effectiveness, then typically an Auditor will note this kind of situation in the Audit Report without necessarily raising a Non-Conformance and identifying the Procedure for review during a future Audit.

However, where Objective Evidence is known to exist, or should exist, but cannot be located because of poor record keeping practices or other management problems, then a Non-Conformance can be raised.

6. Rating Conformance and Developing Corrective Actions

6.1. Conformance Ratings

Rating Conformance with ASI Standards are a central part of the Certification process. Self Assessments and Audits must use the Conformance Ratings defined below.



Applicable Law and the ASI Standards

Where a conflict arises between Applicable Law and the requirements of the ASI Standards, the Entity should comply with the stricter and more far-reaching standard or law except where this would result in a violation of Applicable Law.

Table 13 – Conformance Ratings

Conformance Rating	Findings
Conformance	The Entity’s Policies, systems, Procedures and processes, within the defined Certification Scope, perform in a manner that is Conformant with the criterion.
Minor Non-Conformance	The Entity’s Policies, systems, Procedures and processes, within the defined Certification Scope, perform in a manner that is not wholly Conformant with the criterion, due to an isolated lapse of either performance, discipline or control, which does not lead to a Major Non-Conformance.
Major Non-Conformance	<p>The Entity’s Policies, systems, Procedures and processes, within the defined Certification Scope, perform in a manner that is not Conformant with the criterion due to:</p> <ul style="list-style-type: none"> • The total absence of implementation of the criterion • A systemic failure or total lack of required controls • Gross error and/or complete absence of understanding of the criterion; or • A group of related, repetitive or persistent Minor Non-Conformances indicating inadequate implementation. <p>It may also be a situation where the Entity is in Non-Conformance with the criterion and the situation presents a Significant Risk to Workers, the environment or the Community.</p>

Not Applicable	The criterion cannot be implemented by an Entity due to the nature of its Business within the defined Certification Scope. (see section 6.2).
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For a **Multi-Site Audit**, a Non-Conformance identified at one Facility is raised for the Certificate. For instance, if a Major Non-Conformance is found for criterion 7.1, a Major Non-Conformance at one Facility is raised in the Audit Report, even if the other Facilities are in Conformance. The extent of the Non-Conformance should be explained in the Audit Report.

A group of related Minor Non-Conformances

A group of related Minor Non-Conformances may justify elevation to a Major Non-Conformance Rating if there is evidence that the Minor Non-Conformances are:

- **Related** – in terms of the criterion, activity being controlled or nature of the Non-Conformance across multiple Facilities, or
- **Repetitive** – with the same issue evident throughout the Business, symptomatic of a systemic failure or absence of controls, or
- **Persistent** – due to ineffective Corrective Action to address the root cause.

For example, multiple instances of missing required records, such as employee time sheets, across multiple Facilities, indicate a related and repetitive issue. The key to differentiating between a Minor and Major Non-Conformance Rating is how isolated the instances are, and/or whether they are related in such a manner that indicates common root causes through a deficiency in the Entity's Management Systems.

During the Provisional Certification Period, a Major Non-Conformance can be closed and reissued as a Minor Non-Conformance if the Non-Conformance no longer meets the definition of a Major Non-Conformance

6.2. Not Applicable Ratings

Some criteria in either ASI Standard may be rated as Not Applicable to a particular Entity. Credible and verifiable reasons must be provided for all criteria rated as Not Applicable by Entities and then validated by Auditors.

The two main reasons for the non-applicability of criteria are:

- Where it would be illogical or impossible to apply a criterion: for example, criterion 9.9 on security practice in the ASI Performance Standard, where security providers are not used by the Entity.
- Where it is explicitly defined as Not Applicable: for example, criterion 4.3 on Aluminium Process Scrap in the ASI Performance Standard is defined to not apply to Mining and Alumina Refining.

Where the criterion text states ‘where possible’, and where the Entity has assessed that such action is not possible, the Entity should provide the Auditor with adequate reasoning for its assessment.



When Indigenous Peoples and Local Communities are not present, the Member should demonstrate why these communities are not present within their Area of Influence using recognised tools and resources, rather than simply stating the relevant criterion (i.e. 9.3 and 9.4) is not ‘Not Applicable.’

6.3. Critical Breaches

A potential Critical Breach by an ASI Entity may be noted from a situation identified by the Auditor during or after an Audit, by a Third Party through the ASI Complaints Mechanism, or by the ASI Secretariat based on information made available in the public domain. Examples of Critical Breaches are presented in Table 14 below.

Identification of a potential Critical Breach during an Audit process requires Auditors to immediately notify both the Member and ASI Secretariat through the most efficient and immediate means available to all concerned parties. This could be via telephone, text message, email, WhatsApp or through elementAL. When alerting ASI, the Auditor should include the following information:

- Name of the Member
- Facility, if applicable, including address
- Conditions that point to a potential Critical Breach
- Objective Evidence supporting the existence of a potential Critical Breach
- Appropriate contact person at the organisation
- Potential and/or suggested immediate course of action

The Audit process should be suspended immediately, pending an investigation process initiated in accordance with the Procedures set out in the **ASI Complaints Mechanism**. If the Member and Auditor agree to continue with the Audit, despite the pending investigation of the potential Critical Breach, the Audit findings will not be finalised until the ASI investigation is complete.

In instances where an Auditor identifies a potentially illegal activity, the Policies of the ASI Accredited Auditing Firm and the contractual agreement between the Entity and the ASI Accredited Auditing Firm may apply for further action beyond reporting to ASI.

When potential Critical Breaches are alerted, ASI will determine the process and consequence, including whether any existing certifications should be suspended or revoked during the investigation. The **ASI Complaints Mechanism** will be followed, and the constructive participation of all relevant parties is expected.

Table 14 – Examples of potential Critical Breaches


<p>Performance Standard</p>	<p>Action or inaction that resulted in:</p> <ul style="list-style-type: none"> • Judgments by a court of law, or other legal or administrative regulatory body, determining wilful and deliberate harm on issues relating to the ASI Performance Standard. • Knowingly providing false, incomplete or misleading information or claims to the ASI Secretariat, the Auditor or an Affected Population or Organisation. • Repeated Major Non-Conformances not satisfactorily addressed by the Entity. • Serious Human Rights abuses, including of Workers, and/or Affected Populations and Organisations • Serious environmental, social or cultural impacts caused by negligence or total lack of control to prevent or mitigate the severity of the impacts. • Fraudulent representation of Free, Prior and Informed Consent. • Evidence of serious fraud, Bribery or Corruption, including links to criminal activity. • Non-conformance with performance thresholds related to GHG Emissions and World Heritage Properties “No Go”.
<p>Chain of Custody Standard</p>	<p>Action or inaction that resulted in:</p> <ul style="list-style-type: none"> • Judgments by a court of law, or other legal or administrative regulatory body, determining wilful and deliberate harm on issues relating to the ASI Chain of Custody Standard. • Knowingly providing false, incomplete or misleading information, data or claims to the ASI Secretariat, the Auditor or an external stakeholder. • Repeated Major Non-Conformances not satisfactorily addressed by the Entity. • Deliberate and fraudulent accounting of non-ASI Inputs as CoC Material/ASI Aluminium under the Mass Balance System.

6.4. Determining Overall Conformance and Obligations Resulting from Non-Conformances

The following table explains how to determine overall Conformance and the obligations for any follow-up action(s) when Non-Conformances are identified during an Audit.

Table 15 – Overall Conformance and Obligations resulting from Non-Conformances

Conformance Rating	Certification Outcomes and Member Obligations	Follow-up Action for Auditors
Conformance	Entities with zero (0) Non-Conformances are granted a three (3) year Certification Period.	-
Minor Non-Conformance	<p>Entities with only Minor Non-Conformances are granted a three (3) year Certification Period, provided they prepare adequate Corrective Action Plans. It is expected that any Corrective Actions for Minor Non-Conformances identified during the Certification Audit should have commenced or implemented as a minimum before the Surveillance Audit.</p> <p>Progress against these plans will be subject to verification by the Auditor at the time of the next scheduled Audit (i.e., Surveillance or Re-Certification Audit).</p> <p>Entity with a high Maturity Rating If the Entity has a high Maturity Rating and no Surveillance Audit scheduled, the Auditor may review open Minor Non-Conformances at the next Re-Certification Audit.</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>i It's unlikely that Minor Non-Conformances won't be closed before the Re-Certification Audit due to the Entity's high Maturity Rating. However, there is a risk of a repeated Minor</p> </div>	Auditors must verify the timely implementation, closure and effectiveness of Corrective Actions at subsequent Audits. Outcomes must be reported in the Audit Report.

	<p>Non-Conformance within the three (3) year Certification Period, which could become a Major Non-Conformance. The decision to conduct a Surveillance Audit is up to the Auditor and the Member.</p> <p>Extension to close Minor Non-Conformance(s) If the Entity cannot achieve the 18–24 month timeline for closing a minor Non-Conformance due to factors outside of the Control (such as a legislative requirement, action or inaction of an external stakeholder, etc.) and there is no Significant Risk, the timeline for closure of the Minor Non-Conformance may be extended. However, the rationale for the extension must be provided in the Audit Report</p>	
<p>Major Non-Conformance</p>	<p>Provisional Certification If up to, or including three Major Non-Conformances are identified during an Audit, the Entity will be granted Provisional Certification which is valid for one (1) year. However, this is only possible if all Major Non-Conformances have been adequately addressed in a Corrective Action Plan approved by the Lead Auditor.</p> <p> If more than three Major Non-Conformances are found during any Audit, Certification will not be issued (Certification and/or Re-Certification Audits) or will be revoked (Surveillance Audits).</p>	<p>In addition to follow-up actions for Minor Non-Conformances, the Lead Auditor must approve the Corrective Action Plan and record the approval in the ASI Audit Report.</p>

	<p>Corrective Actions for Major Non-Conformances Deadline</p> <p>Corrective Actions for Major Non-Conformances should aim to be completed within six (6) to twelve (12) months from the Audit date. The Corrective Action Plan must be submitted to the Lead Auditor for approval within one (1) month of the on-site portion of the Audit. The Audit Report cannot be submitted for Oversight until the Corrective Action Plan is approved.</p> <p>If Major Non-Conformances are found during a Surveillance Audit, the Entity's Certification will be reduced to a one (1) year Provisional Certification</p> <p>Provisional Certification transitioning to full Certification</p> <p>All Provisional Certifications are expected to transition to a full Certification as soon as practicable (for the remaining duration of the original three (3) year period) with only two consecutive Provisional Certification Periods permitted. If Major Non-Conformances are found in the third consecutive Audit (excluding Surveillance Audits), then Certification will be suspended until the Entity can address the Non-Conformances through Corrective Actions.</p> <p>For example, if a Major Non-Conformance in year one results in a one (1) year Certification Period. In year two a Major Non-Conformance will result in the last permitted 'consecutive' one (1) year Certification Period. If a Major Non-Conformance is identified in</p>	
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	year three, ASI Certification will then be suspended.	
Critical Breach	Critical Breach situations will be reviewed and/or investigated following the ASI Complaints Mechanism Procedure and disciplinary proceedings for the ASI Member may commence.	Auditors shall immediately notify the ASI Secretariat of any Critical Breach situations.

6.5. Documenting Non-Conformances

When documenting Non-Conformance findings in ASI Audit Reports, it is important to provide clear and concise details about the non-conforming practice. Non-Conformance information that is ambiguous, unclear or poorly worded will not be accepted.

To ensure that Non-Conformances are documented accurately, the following information must be included in the Audit Reports:

- A reference to the criterion and Standard being audited
- A clear and accurate description of the nature of the Non-Conformance, including the underlying cause of the non-conforming practice
- A brief description of the relevant and verified Objective Evidence for the Non-Conformance Rating.

To support the Entity to prevent the problem from reoccurring, Non-Conformance findings should identify the likely underlying cause of the deficiency. Deficiencies may have multiple causes, such as:

- Missed or unknown legal or other requirements
- Non-Compliance with Applicable Laws
- Departure from the Procedure or defined process
- Incomplete or missing documentation
- Ineffective implementation of a control, process or Procedure
- Ineffective risk identification and risk assessment
- Inadequate training
- Incorrectly specified equipment and/or operational controls
- Ineffective organisational structure
- Lack of resources, time or capacity
- Other or unknown causes (to be noted).



Issuing more than one Non-Conformance for the same criterion

One or more Non-Conformances may be issued for the same criterion to facilitate different aspects of the finding including different causes, and different ratings. For example, there may be multiple sources of Objective Evidence to suggest that the Entity's

system to identify and comply with Applicable Law is ineffective. Evidence may vary from a minor technical mishap such as failing to issue a report on time to more serious breaches that lead to or have the potential to cause significant harm to people and/or the environment. In this scenario, two Non-Conformances may be raised with the late reporting issue rated as a Minor Non-Conformance, but the serious breach rated as a Major Non-Conformance.

Another example may relate to a criterion that requires the development and implementation of a documented process. A Minor Non-Conformance may be issued if the documentation, whilst largely complete has some minor gaps. Whereas a Major Non-Conformance may be issued if the Procedure has not been communicated and properly implemented throughout the Entity's Business, particularly if the process has been developed to control a high-risk activity.

Multiple Non-Conformances for each criterion can be entered in the ASI Assurance Platform, *elementAL*.

6.6. Corrective Action Plans

All Non-Conformances, whether Major or Minor, require the Entity to prepare and implement appropriate Corrective Action Plans. This may include both Corrective and preventive Actions:

- Corrective: an action implemented to
 - *remediate* or *make good* the effects or harm resulting from the Non-Conformance or incident
 - *eliminate* the cause of a Non-Conformance or an incident, to prevent a recurrence.
- Preventive: an action implemented to *prevent* the occurrence of a Non-Conformance or an incident.

Appropriately qualified and/or experienced personnel should be involved in the development of Corrective Action Plans, appropriate to the nature and severity of the Non-Conformance. At this stage, external assistance can also be sought to address the underlying causes and identify solutions.



Timeframes for Corrective Actions

Corrective Actions for non-conformances should be completed within a specified timeframe:

- Minor Non-Conformances should be addressed within 18-24 months
- Major Non-Conformances should be addressed within 6-12 months.



Auditors cannot assist in the development of an Entity's Corrective Action Plans to address Non-Conformances against an ASI Standard, and later Audit them, as this would be a conflict of interest.



Effective Corrective Action Plans

Once the actions are implemented, Entities must verify the effectiveness of the action to ensure that they have:

- Not introduced new actual and/or potential risks
- Addressed the root cause to avoid the recurrence of a Non-Conformance.

Consultation on Corrective Action Plans for Non-Conformance

When there is a Non-Conformance relating to a criterion that is applicable to Affected Populations and Organisations it is expected that the Member consults Affected Populations and Organisations to develop an appropriate Corrective Action Plan.

Corrective Actions should be specific, measurable, achievable, realistic, timely, effective and re-adjustable. Plans should demonstrate the means, resources and timeframe for the implementation of each action.

- i. **Specific:** Is the Corrective Action clear or unambiguous? Does it address the underlying cause of the Non-Conformance?
- ii. **Measurable:** Can the implementation of the action be monitored and measured?
- iii. **Achievable:** Does the action have assigned responsibilities and the means for implementing the action?
- iv. **Realistic:** Is the Corrective Action realistic and fit for purpose, given the nature of the Non-Conformance? Have the means and resources been assigned to implement the Corrective Action?
- v. **Timely:** Is the time frame for completing the Corrective Action within the Certification Period? Preference should be given to completion of all Corrective Actions within the Certification Period. However, in some cases, actions involving capital works or approvals may require more time. In these cases, progress milestones during the Certification Period should be set and interim short-term corrective measures established to mitigate the effects of the Non-Conformance. As a guide, the timeline for the completion of Corrective Actions relating to:
 - o Minor Non-Conformances should target completion within 18 months – two (2) years
 - o Major Non-Conformances should target completion within six (6) months – one (1) year
- vi. **Effective:** Will the action be effective in addressing the Non-Conformance and preventing its recurrence?
- vii. **Results-oriented:** Will the action lead to Conformance in the next Audit, demonstrating continuous improvement?

ASI Auditors will evaluate the Entity's Corrective Actions established to address identified Non-Conformances along these six categories.

For all Major Non-Conformances, ASI Auditors are required to approve the related Corrective Action Plans (as described in section 9.16) before the submission of the Audit Report to ASI and later verify the closure of these actions (see section 9.21).

The Corrective Action Plan (or a summary) should be incorporated (as an attachment) in the Audit Report. The Lead Auditor should not incorporate details of the Corrective Action Plans in the relevant Public Headline Statement(s) in the Audit Report.

6.7. Monitoring and Evaluation Data

ASI uses various data points, including the number and reasons for Non-Conformances according to each Standard, Principle, criterion and Rating, as well as additional data such as the number of employees, whether Members leverage any Recognised Standards or Schemes etc for Monitoring and Evaluation. This data is used to further improve training materials and guidance documents, the development of ASI Standards and improve the assurance framework.

7. Member – Self Assessments

7.1. Purpose of the Self Assessment

Members are required to conduct a Self Assessment against the applicable ASI Standard for the relevant Certification Scope, before the Audit.

The Self Assessment is an evaluation review undertaken by Members for their defined Certification Scope, to better understand their current level of Conformance against the requirements of an ASI Standard. A Self Assessment is conducted for the **ASI Performance Standard** and the **ASI Chain of Custody Standard**, as part of the Certification process. The information included in the Self Assessment that affects a Member's Certification Status will be verified by the Auditor.

During the Self Assessment, Members should:

- Document their defined Certification Scope
- Submit information on any:
 - Recognised Standards or Schemes
 - Anticipated changes to the Certification Scope such as expansions, acquisitions, divestments, etc.
- Evaluate preparedness for an Audit, and improve practices in advance where required
- Identify documentation, key individuals and their contact information, including those outside the organisation that may be required for engagement by an Auditor during an Audit
- Obtain consent to share their contact information with Auditors from all individuals that may be required for an interview during the Audit
- For Surveillance Audits where there are open Non-Conformances, verify that Non-Conformances are being effectively addressed
- For Certification and Re-Certification Audits, establish preliminary Maturity Ratings (see section 5 on risk).



Self Assessments through *elementAL*

The ASI Assurance platform, is facilitated through *elementAL*, (see section 0), which guides Members and Auditors through the process, using prompts and questions to establish and document Conformance Ratings and related Objective Evidence. *elementAL* can also be used as a tool for planning to plan for Audits.

7.2. ASI Co-ordinator

It is recommended that Members designate an internal ASI Co-ordinator to complete the Self Assessment and act as an Audit representative. The Co-ordinator’s roles could include the following:

- Complete and/or delegate and co-ordinate the Self Assessment
- Be the central point of contact and support for corporate documentation and any internal initiatives or Corrective Actions undertaken in advance of the Audits
- Co-ordinate the engagement of the Auditor, once the Self Assessment is complete
- Assist the Auditor with additional information, relevant Facility contacts, scheduling and logistics, as required
- Liaise with the ASI Secretariat on the progress of the Audit and Oversight Assessment, as required.

7.3. Correcting Non-Conformances

The Self Assessment process should be used by Members to examine and review their current level of Conformance against each applicable criterion in the ASI Standard being assessed. By doing this, any Non-Conformances can be identified in advance of the Audit.

Members should use the time available during the Self Assessment stage to address these Non-Conformances, or make them the focus of an internal Corrective Action Plan, before finalising their Self Assessment and then commissioning the independent Audit.

For more information about Corrective Action Plans, see section 6.6.

7.4. Seeking External Assistance and ASI Registered Specialists

Members who lack the capacity, resources or confidence to complete their Self Assessment, or to develop systems and processes required by an ASI Standard, can consider seeking the assistance of a competent consultant, advisor, or an [ASI Registered Specialist](#).

An ASI Registered Specialist as defined in the [ASI Registered Specialist Procedure](#), is a person registered by ASI as a technical expert who can support the:

- Member (or an Entity) to support the development and/or implementation of the Entity’s systems and processes required by the ASI Standards
- Audit Team to advise the Lead Auditor and Individual Auditors regarding the planning, execution and/or follow-up activities for an ASI Certification Audit.



The Use of Registered Specialists is Optional

The use of a Registered Specialist is not an ASI requirement. A Registered Specialist that has offered consultancy to a Member as it relates to ASI cannot be part of that Member’s

Audit Team for at least two (2) years since the date of the last consultancy as this represents a conflict of interest.

8. Member – Preparing for an ASI Audit

8.1. Records and Documentary Evidence

Historical records and documentary evidence, where they exist, must be maintained and made available by Members for review as requested by an Auditor. Retention of records must be in accordance with Applicable Law. See the relevant period of records set out in section 5.7.



No original versions of documents or records can be retained by the Auditor, however, retention of copies is permitted subject to confidentiality agreements between the ASI Accredited Auditing Firm and the Member.

8.2. Informing and Training Personnel and Stakeholders

Not all Members and their personnel will be familiar with the process for an independent Audit. The following information is provided to assist Members, and their Workers, to prepare for an Audit. It can be used as part of an internal briefing or training session.

Auditor's Objective

- An Auditor's objective is to review the Member's systems and performance to establish whether they conform to an ASI Standard
- Auditors will gather Objective Evidence by reviewing records, observing activities and practices and asking questions of and conversing with personnel and external Affected Populations and Organisations
- Findings based on Objective Evidence gathered during interviews will ensure the interviewee's identity remains anonymous unless permission has been given by the interviewee.

Audit Conduct

- Members should also ensure that Workers are familiar with the documentation and records likely to be used during the Audit process. Documents may include Policies, Procedures, registers, plans, worksheets and the records generated from the implementation of these Procedures.
- Personnel involved in the Audit should be reassured prior to, and during the Audit that Auditors are not auditing an individual's behaviour or performance.
- Translators and support personnel may be present during the interviews. Where possible, translators should be independent of the Entity, and ideally approved for use by the independent Lead Auditor but this may not always be possible or appropriate.

- Quiet and private meeting rooms should be made available for interviews, however, where appropriate, the Auditor may choose to conduct some interviews in an open place.
- Interviews shall be conducted in a confidential manner without the presence of management unless deemed acceptable by the Auditor.
- Interviewees need to be aware that Auditors will record notes from the discussion. If the interview is to be recorded in an audio or video format, the interviewee must be informed and agree
- No interviewee is to be reprimanded for their responses to any line of questioning from the Auditor. If a response is factually incorrect, management shall communicate to all concerned (Workers and Auditor) about the mistake, state the correct answer and provide evidence to verify the correct information.

Interview Conduct

- During the Audit individual and group interviews may be conducted. Interviews should be conducted with Workers (both employees and Contractors) and external Affected Populations and Organisations
- Interviewees will be selected by the Auditor based on who is best suited to answer questions on the criterion being audited. Most interviewees should be identified before the Audit commences as part of the Audit Plan, however, others may be identified informally during the Auditor's site visit.
- Interviewees may be asked to describe and/or demonstrate how they undertake their day-to-day duties to enable the Auditor to observe practices. This is considered a typical method used by Auditors to verify information obtained from interviews or documented statements.
- Workers (both employees and Contractors) are to answer truthfully and accurately, including in situations where the interviewee may be unsure of the response.
- Auditors can only request an individual to participate in an interview. The individual may not wish to participate and in all cases, the individual's wishes shall be respected. A manager or supervisor cannot prevent a willing interviewee from participating in the Audit.
- Where Affected Populations and Organisations may be contacted for an individual or group interview, Members should provide advance notice of the approximate timing and information as to the purpose and scope of the ASI Audit. Where Affected Populations and Organisations are unavailable in the on-site Audit period, Auditors may still wish to contact them separately at a later time, for example by phone.



Informing Employees about Scheduled Audits

In some locations, it may be a legal requirement to inform employees in advance about scheduled Audits. Even where it is not a legal requirement, it is recommended to inform employees about the Audit and the possibility of being interviewed.

8.3. Requesting an Audit and Selecting an ASI Accredited Auditing Firm

When the Member considers itself ready for the Audit, and within the applicable deadline, an ASI Accredited Auditing Firm should be appointed. A list of Accredited Auditing Firms is maintained on the [ASI website](#) and is also accessible in *elementAL*.

Members are encouraged to contact several Accredited Auditing Firms (where possible) to familiarise themselves with the availability and commercial terms of each Firm. Members may wish to consider asking Accredited Auditing Firms and/or Auditors to enter into confidentiality agreements, to protect confidential or commercially sensitive information they may have access to during their remote 'desktop' and on-site Audits. Such agreements must still ensure that Auditors can share relevant information with the ASI Secretariat and ASI Witness Assessors in their Audit Reports and during Oversight. Once an agreement has been developed, the Member should grant the ASI Accredited Auditing Firm access to a Member's Self Assessment via *elementAL*. If the Audit is either a Surveillance or Re-Certification Audit, then the information provided to the Auditor must note any changes made to the Certification Scope since the last Audit.



Conducting ASI Audits concurrently across both ASI Standards and Recognised Standards or Schemes

Where both Standards are to be audited at the Member's operations in a similar timeframe, the Member may wish to organise ASI Audits to occur concurrently, as this may reduce duplication and Audit-related costs. In these situations, Auditors would generate separate reports that meet the requirements for each Standard. When auditing concurrently, the ASI Audit component must still meet the Guidance for on-site time for conducting Audits detailed in section 9.6.

Members can also consider scheduling ASI Audits alongside Audits for Recognised Standards and Schemes (see section 3.7) while ensuring that ASI's Audit objectives are still met.

Timelines for Finalising Audit Teams

A sufficient amount of time should be allocated between the initial contact made between the Member and the preferred Accredited Auditing Firm for an ASI Audit and when the Audit takes place. ASI Audits should not be initiated within a few weeks, especially where the Audit may require the Accreditation of additional Auditors. Additionally, an adequate lead time must also be provided to allow for a review of the Audit Team and Audit Plan by the ASI Secretariat, where required (see section 9.9).



Auditor Application Processing Times

An initial Auditor application is typically processed within 21 days of receipt, but this process may be longer if the ASI Secretariat requires further clarification or information from the Accredited Auditing Firm and/or the individual applicant. All individual Auditors

must also meet the mandatory training and assessment requirements, including a written exam. Successful completion typically takes several weeks. Failing the first attempt at the online assessment and/or written exam requires additional time for scheduling and review of subsequent attempts.

8.4. Pre-Audit – Engaging External Affected Populations and Organisations

Prior to an Audit, the Member must actively inform and engage with all Affected Populations and Organisations regarding a scheduled Audit. This principle should also be applied to any Associated Facilities within any of the Entity’s Area of Influence.

Members are expected to notify and engage with Affected Populations and Organisations according to the following expectations:

- **Timing:** Sufficient time must be allowed for contacting external Affected Populations and Organisations. Representatives must be given at least four (4) weeks’ notice before any interviews. This will ensure that they have adequate time to prepare.
- **Information:** Ensure transparent communication by providing clear information about the Audit Scope, process and timing of the Audit well in advance. Inform Affected Populations and Organisations about ASI, the ASI Standard(s) and the role of an ASI Audit. Inform them about the importance of their participation and how they can participate.
- **Non-Coaching and Authenticity:** It is crucial to avoid coaching or influencing in any way what Affected Populations and Organisations will say, or how they will behave or present themselves and their livelihoods during the Audit.
- **Language and channels:** Communication and exchanges must be made in languages or dialects understood by the Affected Populations and Organisations, and through channels familiar to the community. The use of visual communication can be informative for illiterate or semi-illiterate people.
- **Contact information:** Provide contact details or channels for enquiries or comments about the Audit process. This should include contact details for ASI, the lead auditor, or Indigenous Peoples Advisory Forum (IPAF) representatives.
- **Safeguards against retaliation:** Measures should be in place to protect individuals from retaliation as a result of their participation in the Audit (e.g. confidential reporting systems: establish anonymous channels for community members to report feedback, concerns, or retaliation without fear of being identified).
- **Involve IPAF Members:** Proactively inform IPAF members within the Audit scope about the scheduled Audit to broaden Stakeholder engagement. This strategy can help include a wider range of key Stakeholders for the Auditor to engage with. It can also reduce the risk that some of the community members who haven’t engaged with the Member in the past will be consulted.



Auditors must not solely rely on the information or list of Affected Populations and Organisations provided by the Member. They are expected to conduct their own research prior to planning the Audit.



Mandatory Engagement and Participation of Affected Populations and Organisations

ASI reserves the right to refuse acceptance of any Audit Reports for Oversight and approval for Certification, if any of the requirements relating to engaging Affected Populations and Organisations have not been met prior to the Audit. Engagement and participation of Affected Populations and Organisations are mandatory for ASI Performance Standards Audits.

Affected Populations and Organisations includes:

- Indigenous Peoples
- Local Communities
- Rightsholders
- Stakeholders

Identification of Indigenous Peoples and Local Communities for FPIC

Identification of Indigenous Peoples¹

Considering the diversity of Indigenous Peoples, an official definition of “Indigenous” has not been adopted by any UN-system body. Instead, the UN system has developed a modern understanding of this term based on the following:

- Self-identification as Indigenous Peoples at the individual level and accepted by the community as their member;
- Historical continuity with pre-colonial and/or pre-settler societies;
- Strong link to territories and surrounding natural resources;
- Distinct social, economic or political systems;
- Distinct language, culture and beliefs;
- From non-dominant groups of society;
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.

Identification of Local Communities²

A term generally applied to any people or communities located in an operation’s or

¹ Adapted from the UN Permanent Forum on Indigenous Issues

² Adapted from IFC Performance Standard 1 – Assessment and Management of Environmental and Social Risks and Impacts – Guidance Note

project's geographical proximity, particularly those subject to actual or potential direct project-related risks and/or adverse impacts on their physical environment, health or livelihoods. Additionally, it often refers to a group of people or families who live in a particular locality, sometimes share a common interest (water users associations, fishers, herders, grazers, and the like), often have common cultural and historical heritage and have different degrees of cohesiveness.



Navigating Overlapping Identities: Recognising Distinct Rights of Indigenous Peoples and Local Communities

It's important to acknowledge that Indigenous Peoples and Local Communities can overlap, but their rights can be distinct. For example, in the context of large-scale development projects such as mining, the Area of Influence can include indigenous lands, territories and resources where Indigenous Peoples and Local Communities are present. People can identify with both groups, but their identities, cultures, and relationships with the environment can differ. Local Communities may include Indigenous Peoples who have not identified themselves as Indigenous due to personal risk or lack of awareness of the concept. When applying the FPIC requirements of the ASI Performance Standards, it's important to understand the overlap between these two groups to ensure the implementation of FPIC processes in good faith.

During or after an Audit, the Auditor, a Third Party or the ASI Secretariat can identify fraudulent representation of Free Prior Informed Consent (FPIC) or any failure to implement it in good faith. These violations are considered as critical breaches (see section 6.3).

9. Independent Third Party Audits

For ASI Certification, independent Third Party Audits are conducted by ASI Accredited Auditing Firms. The purpose is to verify that a Member's Policies, systems, Procedures and processes conform to the requirements specified in the applicable ASI Standard. The process undertaken by Auditors is to collect Objective Evidence from a representative and risk-based selection of the Member's Certification Scope. An Audit and subsequent Audit Report are required to be completed and subject to Oversight before ASI Certification can be issued. Periodic Audits are also required to maintain Certification.

There are three main stages for the execution of an Audit:

- **Pre-Audit Planning**, which includes:
 1. [Initial communication with the Member](#)
 2. [Commercial arrangements and confidentiality](#)
 3. [Gathering and reviewing information](#)
 4. [Defining the Audit Scope](#)
 5. [Identifying the Audit Team](#)
 6. [Estimating Audit time requirements](#)
 7. [Conducting remote 'desktop' Audits](#)
 8. [Developing the Audit Plan](#)
 9. [Finalising details between the Auditor and the Member](#)
- **Audit Conduct**, which includes:
 10. [Mandatory Audit Plan Review by ASI Secretariat for Upstream Supply Chain Activities](#)
 11. [Opening meeting](#)
 12. [Obtaining Objective Evidence including on-site as required](#)
 13. [Evaluating the results](#)
 14. [Documenting Non-Conformances](#)
 15. [Making Suggested Business Improvements](#)
 16. [Determining the timing of follow-up Audits](#)
 17. [Closing or exit meeting](#)
- **Post-Audit Follow-up and Reporting**, which includes:
 18. [Audit Termination Due to Potential Reprisals](#)
 19. [Approving a Corrective Action Plan for Major Non-Conformances](#)
 20. [Reporting](#)
 21. [ASI Audit Report](#)
 22. [Public Audit Report](#)
 23. [Issuing ASI Certification and publishing on the ASI website.](#)

9.1. Initial Communication with the Member

Before an Audit takes place, a range of information must be discussed and confirmed with the Member. This includes (but not strictly limited to) the availability of documentation, pre-Audit visits (if possible and agreed upon) and the proposed timetable for the Audit. The formality of such communication depends on the nature and objectives of the Audit, local and cultural customs, and familiarity of the Auditor with the Member's Business.

Factors to consider in initial communications include:

- Agreement on Audit Scope and objectives
- Date and timing of the Audit
- Whether the Audit will be conducted on-site, remotely, or a combination of both
- Size and composition of the Audit Team, including the use of additional technical support personnel (such as ASI Registered Specialists and/or translators)
- Logistics involved, including any safety concerns or provisions
- Availability of the Member's key personnel
- Access to, and engagement with external Stakeholders and where relevant representatives of any Affected Populations or Organisations
- Access to documentation and records
- Value of a pre-Audit visit, if relevant and feasible

Members and their Auditors must ensure all effort is applied to resolve any concerns or factors noted above as early as possible, that may affect the ability to meet the Audit Scope and objectives. Where a resolution cannot be reached, the ASI Secretariat may be contacted for assistance. The occurrence and outcomes of such situations must also be documented in the Audit Report (see section 9.21).

9.2. Commercial Arrangements and Confidentiality

As an Audit is a commercial arrangement between a Member and/or its Entity(ies) and an ASI Accredited Auditing Firm. Appropriate time should be allowed to agree on and finalise the service agreement.

Auditors may have access to confidential or commercially sensitive information during their remote 'desktop; and on-site Audits. Therefore, confidentiality (or Non-Disclosure) agreements are common practice for Third Party verification and auditing activities. It is at the Member's discretion whether to require that their chosen Auditing Firm and Audit personnel enter into a confidentiality agreement to prevent the potential disclosure of sensitive information to Third Parties. Where applicable, consideration should be given for arrangements to include Outsourcing Contractors in the Member's Certification Scope under the **Chain of Custody Standard**. It is important to note that ASI's reporting requirements, including Oversight, must still be met.

9.3. Gather and Review Information

Auditors should aim to gain as much advanced understanding of a Member’s Business as possible during the Audit planning process. Relevant documentation to obtain and review includes:

- The completed Member Self Assessment
- Pre-Audit Risk Assessment conducted by ASI Secretariat (for initial Audits for Entities involved in Bauxite Mining and/or Alumina Refining and/or Aluminium Smelting)
- Organisational charts outlining structure, responsibilities and authorities
- Stakeholder lists, including:
 - Name
 - Contact information (address, email, phone)
 - Relationship with Member
- Description of the products and processes, including:
 - Infrastructure, Facilities and equipment
 - Work hours and shifts
 - Reports of previous Audits
 - Understanding of Applicable Law
- Relevant documentation, such as Policies, Procedures, specifications etc.
- The Entity’s public Sustainability Report and Annual Report (or equivalent), where available
- Internet searches to enhance understanding of the organisation based on information in the public domain (such as news articles, press releases and industry/trade association information).
- For a CoC Audit, whether CoC Material is being input/out from the Facility (note: that a CoC Audit focusing on the systems may be completed before CoC Material is received by the Facility)
- For planning an Audit in a Force Majeure context see the **ASI Force Majeure Policy** (Appendix 1) and contact the ASI Secretariat through the *elementAL* helpdesk.

Pre-Audit Visit

Members may request and benefit from a pre-Audit visit. The purpose of such a visit is to obtain sufficient information on the Business, including its size, complexity, processes, workforce and geographic context. This can assist in the effective planning of the Audit itself. However, a pre-Audit visit is not mandatory and should only take place if agreed by the Member or Entity, and is seen by both parties as adding value.



It is also important that during the pre-Audit visit, Auditors do not provide advice or guidance on how an Entity can meet the requirements of the Standards as this would be considered a conflict of interest when the Auditors come back to Audit.

9.4. Define the Audit Scope

9.4.1. Audit Scope Factors for Consideration

The Audit Scope defines the extent and boundaries of the Audit and is defined by the Auditors in consultation with the Entity seeking Certification. For Initial Certification Audits, it is important to consider the following factors:

- The Self Assessment and Member's Maturity Ratings for the defined Certification Scope (note that the Member's Maturity Ratings are considered as preliminary or 'indicative' during the Initial Certification Audit)
- Pre-Audit Risk Assessment conducted by ASI Secretariat (where relevant)
- The ASI Standard(s) and applicable criteria
- Other available information including public reports, legislative frameworks (including any relevant permits and licences), results of previous Audits and assessments, and any relevant non-ASI Certifications
- The Audit Scope and outcomes of previous ASI Audits
- Status of Corrective Actions to address previous Non-Conformances (where relevant)
- Recognised external Standards and Schemes noted in the Member's Self Assessment for verification during the Certification Audit (see section 3.7)
- Associated Facilities and the Entity's Area of Influence
- Presence of Indigenous Peoples, take account of their expectations for the Audit process
- Recommended time limits (see section 5.3), or as otherwise negotiated with the Member
- Necessary Objective Evidence obtained to evaluate Conformance with the relevant ASI Standard
- Documented in an Audit Plan detailing which criteria are to be assessed at which Facilities.

For Bauxite Mines, Alumina Refineries and Aluminium Smelters, due to their activities' inherent risk profiles, nature and scope of activities undertaken and the potential for significant external Affected Populations and Organisations concerns and interactions, ALL Bauxite Mines, Alumina Refineries and Aluminium Smelters should be included in the Audit Scope for Initial Certification Audits for the Performance Standard.

Excluded Criterion

For Certification Audits of both the Performance Standard and Chain of Custody Standard, only those criteria identified as Not Applicable to the Entity's supply chain activities are excluded from the Certification Scope. All other criteria MUST initially be included in the Audit Scope and assessed during the Audit as to whether or not they have been deemed by the Member and/or Auditor as Not Applicable.

In case the Audit Team determines that specific criteria are Not Applicable, this must be identified along with a short justification, which will be provided in both the 'Observations and Findings' and 'Public Headline Statement' sections of the Audit Report.

For Surveillance and Scope Change Audits, additional criteria further to those already excluded based on the Entity's supply chain activities can be specifically excluded by the Auditor.

Figure 12 – Factors to Consider when Defining the Audit Scope



Different Audit Scope for Audit Types

The Audit Scope may be different for each type of Audit – Certification Audits, Surveillance Audits and Re-Certification Audits. As illustrated, when defining the Audit Scope for subsequent assessments, Auditors should consider:

- Rating and type of any Non-Conformances in the previous Audit
- Overall Maturity Rating determined in the previous Audit
- Specific areas or processes of higher risk
- Facilities and Criteria that may have had less attention in the previous Audit
- Corrective Action Plans for previous Non-Conformances (if any)
- Changes to the Member's Certification Scope
- Any complaints raised
- Changes to the Member's Business, including organisational structure and resources.

Over time, the Audit Scope should address and focus on those parts of the Entity's Certification Scope where Maturity Ratings for each Maturity Category (Systems, Risk and Performance) and where

relevant, the Sustainability Components (Governance, Environment and Social for the **ASI Performance Standard** only), may contribute negatively to the Overall Maturity Ratings.

Verification of Recognised Standards and Schemes for the Audit Scope

The ASI assurance system accepts Recognised Standards and Schemes. If ASI has verified Equivalency as indicated in Table 4, then the Equivalent ASI requirements can be rated as Conformance without additional review by the Auditor. However, the Audit Scope must allow for the verification of these certifications for Recognised Standards or Schemes. This involves the following main steps. Auditors must:

1. Verify that the scope of the Recognised Standard or Scheme applies to the Member’s ASI Certification Scope. If the Recognised Standard or Scheme applies to less than the ASI Certification Scope, then those parts of the Member’s Business not covered by the Recognised Standard or Scheme can be included in the Audit Scope (see section 3.7)
2. Review the most recent Certification/Re-Certification and Surveillance Audit Reports relating to the Recognised Standard or Scheme. This is to ensure that any identified Non-Conformances are being addressed by the Member. If ineffective implementation of Corrective Actions or closure of Corrective Actions relating to these Non-Conformances must be included in the ASI Audit Report (see section 9.21).

9.4.2. Multi-Site Entity Selection for the Audit Scope

A Multi-Site Organisation (or Entity) as defined by its Certification Scope is where an Entity has an identified central Head Office (or functional office, or geographic headquarters, etc.) that controls or oversees the management of a network of sites or branches that carry out the Entity’s activities.

A Multi-Site Organisation does not need to be a unique legal Entity, but all Facilities shall have a legal or contractual link with the central Head Office and be subject to a common Management System. Examples of Multi-Site Organisations are:

- Manufacturing companies with a network of manufacturing locations
- Members with multiple Bauxite Mining sites or a Member with multiple outlets (e.g., for sale of commercial and consumer goods or services)
- Service companies with multiple sites offering a similar service (e.g., a transport service provider with multiple depots)
- Organisations operating with franchises.



What are Sites?

Sites may be permanent (e.g., factories, retail branches, etc.) or temporary (e.g., construction site, project site, testing Facility, etc.).

Where the Certification Scope includes multiple Facilities, the main goal is to ensure that the Certification Audit provides sufficient confidence in the Conformance of the Entity's Management System to the relevant ASI Standard across all Facilities included in the Certification Scope. Ideally, all Facilities in a Certification Scope should be visited over a reasonable period of time. However, visiting all Facilities may not always be practical and possible economically and operationally, unless spread across multiple Certification Periods.

In such cases, a representative sample of sites can be selected, provided that the Entity's activities within the Certification Scope are carried out similarly at different Facilities, and that all are managed and controlled by the Entity's systems and Procedures.



ASI's Multi-Site selection guidelines align with the relevant requirements specified by the International Accreditation Forum (IAF)³ and relevant provisions in ISO/IEC 17011:2017 Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies, ISO/IEC 17021-1:2015 Conformity assessment – Requirements for bodies providing audit and certification of management systems and ISO/IEC 17065:2012 Conformity assessment – Requirements for bodies certifying products, processes and services.

Selecting the number of Facilities

To select the number of Facilities in an Audit Scope for eligible Multi-Site Organisations, the following table can be used as a guide. However, Multi-site sampling is subject to the following conditions:

1. The majority of activities conducted, equipment utilised and products manufactured and/or sold at each of the sites must be substantially the same, **AND**
2. The activities, equipment and products must be managed under common Management Systems and under the direction of the central Head Office.



For Bauxite Mines, Alumina Refineries and Aluminium Smelters, due to their activities' inherent risk profiles, nature and scope of activities undertaken and the potential for significant external Affected Populations and Organisations concerns and interactions, **ALL Bauxite Mines, Alumina Refineries and Aluminium Smelters should be included in the Audit Scope for initial Certification Audits for the Performance Standard.**

³ International Accreditation Forum (IAF), IAF GD 24: 2009, IAF Guidance on the Application of ISO/IEC 17024: 2003, Conformity assessment – General Requirements for Bodies operating Certification of Persons.

Table 16 – Minimum Multi-Site sampling requirements for ASI Performance Standard (including Principles 1-4 only Audits) and Chain of Custody Audits

Number of like Facilities	Initial Certification Audit in addition to Head Office	Surveillance and Scope Change Audit	Re-Certification Audit
1	1	1	1
2	2	1	1-2
3	3	1	2
4-10	3-4	1-2	2-4
11-20	4-6	2-5	4-5
21-50	6-9	4-7	5-8
51-100	9-12	5-9	7-10

It is expected that the central Head Office will be visited during the Audit to ensure the Management System(s) is/are well understood. Tables 13 and 14 do not apply to a Member with Multi-Sites that fundamentally differ in activities and/or Management Systems, even though they are within the same Certification Scope.

9.4.3. Multi-Site Selection Factors for Consideration

When selecting sites for sampling during an Audit, it is important to consider geographic spread and to adopt a risk-based approach. Auditors should consider:

The **geographic spread**, the risks and the impacts of the Member’s activities may help determine which locations to include in the Audit Scope.

- Identify key sites or locations that are critical to the scope of the Audit and/or have higher risks associated with them (e. g moderate to high endemic Corruption, gender inequality, moderate to high-risk of modern slavery, Biodiversity setting etc.)
- Not selecting all sites located within one region or country but taking into account the diversity in locations minimises the risk of bias and allows for a balanced approach.

The **Outcomes of previous Audits and changes** since the last Audit of the site such as:

- Records of complaints and other relevant aspects of Corrective Action Plans
- Significant variations in the size of the Facilities

- Variations or differences in shift patterns and work Procedures
- Complexity of the Management System and processes conducted at the Facilities
- Maturity of the Management System and knowledge of the organisation
- Any Major Changes experienced by a particular site or sites, such as an unplanned shutdown, Major Changes to processes/activities, merger or divestment activity or significant changes to management structure and/or personnel.
- Social, including Human Rights, gender, environmental and Occupational Health and Safety (OH&S), risks and associated impacts of the Member's activities, equipment and Products
- Differences in culture, language and regulatory requirements
- For Chain of Custody Audits, sites that are receiving CoC Material.

It is expected that Facilities that pose a Significant Risk or a higher risk of Non-Conformance are given selection priority.

Depending on the criteria within the Audit Scope, some, or all of the site sampling may be undertaken remotely in a Surveillance or Re-Certification Audit, where the Entity has a high Overall Maturity Rating. The Facility selection should be completed before the Audit commences. However, it may be necessary to change the number and individual Facilities to be visited once the Audit at the Head Office has been completed. In any case, the Member must be informed of any changes to the Facilities to be included in the sample to allow adequate time for preparation for the Audit.

When Non-Conformances have been identified at any individual Facility included in the Audit Scope, all the Non-Conformances should note whether the other Facilities may be similarly affected and also require Corrective Action.



When Non-Conformances have been identified at any individual Facility included in the Audit Scope, all Non-Conformances should note whether other Facilities may be similarly affected and therefore are also likely to require Corrective Action.

9.4.4. Selecting Affected Populations and Organisations and other External Parties to Interview



Engagement and participation of Affected Populations and Organisations and other external parties are mandatory for ASI Performance Standards Audits.

When planning the Audit and setting the Audit Scope, it is important to identify any Affected Populations and Organisations impacted by the activities of the Facilities within the Entity's Certification Scope. Auditors must not solely rely on the information or list of Affected Populations and Organisations provided by the Member. They are expected to conduct their own research prior to planning the Audit. Affected Populations and Organisations must be contacted in advance for an

interview in a language understood by their representatives (wherever possible). This may include (but is not limited to):

- Indigenous Peoples (noting there may be more than one affected group)
- Communities that do not identify as Indigenous but are present in a particular region or territory and have a historical connection to that land
- Local Communities such as residents, Businesses or other sensitive receptors
- Rightsholders with collective rights (e.g., Indigenous Peoples) whose Human Rights may be threatened or impacted by a project or its associated activities.
- Vulnerable or At-Risk groups and individuals (see section 9.12.1)
- Regulatory authorities with responsibility for governance, environment and/or social matters (e.g., health and safety authority, environmental protection authority, etc.)
- Labour and Trade Union representatives, including potentially those who do not operate within the Facilities within the Certification Scope
- Social and environmental NGOs.



Who are Affected Populations and Organisations?

Affected Populations and Organisations include:

- Indigenous Peoples
- Local Communities
- Rightsholders
- Stakeholders

Assessing Conformance to FPIC

For Auditors assessing conformance with the FPIC requirements of the ASI Performance Standard, it's important to understand the distinction and overlapping identities between Indigenous Peoples and Local Communities. See section 8.4, Identification of Indigenous Peoples and Local Communities for FPIC.

For example, in the context of large-scale development projects such as mining, the Area of Influence can include indigenous lands, territories and resources where Indigenous Peoples and Local Communities are present. However, it's important to recognise that these groups may have different rights, perspectives, and relationships with their environment. Individuals may identify with both Indigenous Peoples and Local Communities, but their identities, cultures, and relationships with the environment can differ.

Additionally, Local Communities may include Indigenous Peoples who have not self-identified as indigenous due to personal risk or lack of awareness of the concept. This highlights the need for careful consideration and inclusive engagement when auditing FPIC requirements to verify FPIC processes are being implemented in good faith.

During or after an Audit, the Auditor, a Third Party or the ASI Secretariat can identify fraudulent representation of Free Prior Informed Consent (FPIC) or any failure to

implement it in good faith. These violations are considered as critical breaches (see section 6.3).

Sampling Strategy for Affected Populations and Organisations

To ensure a comprehensive Audit with support provided by the Member, the Audit Team will invite a sufficient number of external Stakeholders that are representative and relevant to the Audit Scope. This approach will ensure all relevant viewpoints to the Audit are covered while giving due consideration to data protection. The Audit Team should be aware of any sensitivities around existing relationships and how invitations are to be managed. They should also acknowledge any recent communications between the Entity and Affected Populations and Organisations.

The sampling strategy for Affected Populations and Organisations should be adapted based on background information received and reviewed by the Audit Team prior to the Audit Plan being developed. Throughout the Audit, the sampling strategy should be refined as additional information becomes available. To ensure a risk-based approach, the following factors should be considered:

- The regional context in which the Entity operates
- Prioritising those who are identified as Vulnerable or At-Risk
- Diversity of selected Affected Populations and Organisations
- Other certifications which the Entity may hold (see Table 4 on Recognised Standards and Schemes)
- The 'Social' Maturity Rating of the Entity.

By taking these factors into account, the Audit Team can develop a comprehensive and effective sampling strategy that ensures that the Audit is conducted in an inclusive manner. See [Appendix 2 - Sampling Techniques](#).

For example, an Entity operating in a low-Corruption, highly regulated region with a mature social Management System would typically require a lesser number of Affected Population and Organisation interviews than an Entity operating in an area with endemic Corruption, insufficient regulatory enforcement, no external certifications and immature social Management Systems.



It is important to understand that whilst ASI requires Auditors to make reasonable efforts to engage external Stakeholders, participation in the Audit is entirely at the discretion of each individual or group. It is not uncommon for some Stakeholders invited to be interviewed that will decline to participate, or request a process where they wish to participate, but through alternate means and/or times. The selection process should focus on respondents who represent diverse perspectives of those affected by the activities and are within the Areas of Influence of the Facility (or Facilities) within the Entity's Certification Scope. The approach should take into account the nature and level of risk associated with the Entity's activities.

9.5. The Audit Team

An Audit may be conducted by one qualified person or by a team.

The Lead Auditor

In all cases, a Lead Auditor must be appointed and be responsible for being present on-site during the Audit (though in a Multi-Site Audit the Lead Auditor may not necessarily visit all the Facilities in the Audit Scope themselves and may designate to another team member). The Lead Auditor is responsible for ensuring the efficient and effective conduct of the Audit, and ensuring the appropriateness, completeness and accuracy of the Audit Report. Responsibilities and activities include:

- Consulting with the Member to agree on, and determine the Audit Scope and Plan
- Obtaining relevant background information necessary to effectively plan the Audit
- Forming the Audit Team and directing its activities
- Preparing the Audit Plan and communicating it to the Member and Audit Team members
- Co-ordinating the preparation of working documents
- Resolving any problems that arise during the Audit
- Recognising when Audit objectives are unattainable and reporting the reasons to the Member and ASI
- Representing the Audit Team in all discussions
- Communicating the Audit findings to the Member
- Approving Corrective Action Plans for Major Non-Conformances identified in an Audit
- Reporting the Audit results to both the Member and ASI.

The Audit Team

An Audit Team must include experienced professional personnel who have the skills and competency necessary to effectively cover the objectives of the Audit. It is important that, collectively the Audit Team has the necessary knowledge set (governance, environment and social) relevant to the Audit Scope. For Audits with Indigenous Peoples present within the Entity's Area of Influence, or with inherently complex social settings, the Audit team must have an Audit Team member competent in auditing those topics, and preferably an ASI Accredited Auditor who also holds APSCA and/or SMETA Accreditation. The size and composition of an Audit Team is likely to be influenced by several factors, including:

- Audit Scope
- Availability of qualified Auditors within the timeframe for Member's Audit
- Geographic location of the Member's Certification Scope
- Requirement for specialist knowledge, which could include technical experts, ASI Registered Specialists or members of the IPAF working under the direction of a Lead Auditor
- Language considerations (if this is not available, the Lead Auditor is to arrange appropriate translation services for the Audit)
- Cultural considerations (such as country or regional familiarity, religion, gender, Indigenous Peoples, etc.).



It is not expected or necessary that each Auditor in the Audit Team has the same competencies, experience, and skill set. However, collectively, the overall competence, experience and skill set of the Audit Team needs to be sufficient to achieve the Audit objectives.

The Audit Team will:

- Follow the directions of and support, the Lead Auditor
- Plan and undertake all assigned tasks objectively, effectively and efficiently
- Collect and assess Objective Evidence
- Prepare working documents under the direction of the Lead Auditor
- Document Audit findings
- Assist the Lead Audit in the preparation of Audit Reports.

All Auditors assigned to an ASI Audit Team must:

- Be suitably qualified
- Be ASI Accredited and trained (including having passed the ASI Auditors exam) in accordance with the **ASI Auditor Competence and Assessment Procedure**
- Have knowledge of practices, processes and risks typical of the Member's Business
- Perform in accordance with the following principles, as identified by ISO 19011:2018 Guidelines for auditing management systems:
 1. *Integrity*: the foundation of professionalism
 2. *Fair presentation*: the obligation to report truthfully and accurately
 3. *Due professional care*: the application of diligence and judgement in Audits
 4. *Confidentiality*: security of information
 5. *Independence*: the basis for the impartiality of the Audit and objectivity of its conclusions
 6. *Evidence based approach*: the rational method for reaching reliable and reproducible conclusions through a systematic process.
 7. *Risk-based approach*: Incorporate risks and opportunities in the entire Audit process lifecycle.



Any person (including personnel, external consultants, or advisers) involved in a Member's Self Assessment, or in the development of a Member's systems that are required by an ASI Standard, cannot be part of the Audit Team, as this would represent a conflict of interest.

Language Considerations and Translators

The Audit Team should have the necessary language skills to avoid the need for translators. However, if translators are required, these should, wherever possible, be independent of the Member being Audited, though in some cases it may not be feasible due to logistical difficulties. The names and affiliations of any translators used must be included in Audit Reports. If in doubt, the Lead Auditor should consult the ASI Secretariat on this issue, well prior to the commencement of the Audit.

9.5.1. Identifying and Engaging Auditors in Countries or Regions with No ASI Accredited Auditors

In countries where there is no ASI Accredited Auditing Firm or Auditors without geographical coverage, Members can engage Conformity Assessment Bodies (CAB) and Auditors who are not ASI Accredited, but have the necessary geographical and auditing experience to conduct ASI Audits. However, before any ASI Audit activity can commence, the non-ASI Accredited audit firm and associated Auditors (either as an employee or Contractor) MUST become ASI Accredited.

Members should approach either an existing ASI Accredited Auditing Firm or another CAB with whom they have a prior relationship to identify appropriate candidates for ASI Accreditation. The ASI Accredited Auditing Firm must have appropriate supply chain activity experience, language competencies and appropriate in-country experience.

Please note that the process for a CAB to apply and obtain approval to be an ASI Accredited Auditing Firm, including individual Auditors applying as part of the CAB application, is likely to take several weeks to complete. This is due to the initial application and review process undertaken by the ASI Secretariat, along with the time required for all individual Auditors to successfully complete all ASI Auditor training requirements, including the completion of a supervised Auditors' exam.



Applicants should ensure they provide defined supporting documentation that clearly demonstrates their relevant auditing experience in the areas relating to their Accreditation Scope such as geographical scope, training records, relevant supply chain activity experience and Standards.

In-country local support personnel

Subject to approval from the ASI Secretariat, in-country local support personnel can be used to support the Lead Auditor with local language, cultural and legislative context, however, the Lead Auditor must also be able to demonstrate appropriate in-country experience. The [ASI Auditor Accreditation Procedure](#) provides a decision-making flowchart to guide Members through this selection and approval process.

9.5.2. Use of an ASI Registered Specialist in the Audit Team

The Audit Team can choose to engage an [ASI Registered Specialist\(s\)](#) to work under the direction of the Lead Auditor as part of an Audit. Registered Specialists bring in-depth knowledge and experience in specific areas, enabling them to address complex or specialised issues effectively especially where Affected Populations and Organisations including Rightsholders and Indigenous Peoples are present.

9.5.3. Use of IPAF Representative in the Audit Team

Including an [IPAF Representative](#) on the Audit Team can bring important benefits when conducting an Audit. The IPAF Representative can provide valuable cultural understanding and sensitivity, especially regarding the Member's impact on Indigenous Peoples. They can assist in identifying

potential risks and impacts, ensuring that the Audit Team takes into account the language, cultural perspectives, values, and traditions of the Indigenous Peoples involved.

By including an IPAF Representative, the Audit Team can build relationships with Indigenous communities and demonstrate a commitment to inclusivity and acknowledgment of Indigenous People’s rights and interests. Additionally, the IPAF Representative can act as a bridge for the effective communication between the Audit Team and Indigenous Peoples representatives. It is important to provide training and support to the IPAF Representative before and during the Audit to ensure they can effectively contribute to the Audit process, be part of the Audit Team and understand their role and responsibilities.



A Registered Specialist or an IPAF Representative that has offered consultancy to a Member cannot be part of that Member’s Audit Team for three (3) years since the date of the last consultancy as this represents a conflict of interest.

9.6. Estimation of Audit Time Requirements

Guidance for the on-site time for Certification Audits is provided in Tables 17 and 18 below and considers guidance as provided by the International Accreditation Forum (IAF) methodology⁴. This guidance is not prescriptive, and Auditors should determine the necessary on-site time relevant to the defined Certification Scope (Table 17) , the applicable Audit Scope of the ASI Standard (Table 17), specific situations (Table 18) and the Overall Maturity Rating for the Entity (Table 11).



For the Initial Certification Audit, an Overall Maturity Rating will not have been determined in advance, however in addition to consideration of the Entity’s risk profile, and complexity of activities and locations, Auditors may use the self-assessed Maturity Rating when planning the Audit in terms of areas to focus on and interviews to conduct.

Table 17 – Guidance to estimate the on-site time (person days) for Certification Audits

Number of Personnel working in all Facilities included in the Certification Scope ¹	Performance Standard: Entire Standard	Performance Standard: Principles 1-4 only	Chain of Custody Standard
1-25	1.5-2.5	1.0-1.5	0.5-1.0

⁴ International Accreditation Forum (IAF), IAF MD 5: 2019, Issue 4, Version 2, Determination of Audit Time of Quality, Environmental, and Occupational Health and Safety Management Systems.

26-100	2.5-3.5	1.5-2.0	1.0-1.5
101-500	3.5-5.0	2.0-2.5	1.5-2.0
501-1000	5.0-8.0	2.5-3.0	1.5-2.0
1001-5000	8.0-10.0	3.0-3.5	2.0-3.0
5001-10000	10.0-15.0	3.0-4.0	2.0-3.0
>10000	>15.0	4.0-5.0	3.0-4.0

¹ The number of part-time Workers (employees and Contractors) should be treated as full-time equivalents (FTEs) based on the number of hours worked as compared with full-time Workers.

The table below outlines the situations where additional time should be added to the Performance Standard Certification Audits on-site time.

Table 18 – Situations requiring additional on-site time (person days) for Certification Audits

Situation	Specific Detail	Additional on-site time (days)
Interviews with external Stakeholders	Indigenous Peoples When arranging interviews with Indigenous Peoples, it is important to take into account travel times and preferences with respect to location, format and method for dialogue – this often requires extensive planning. The duration of meetings may vary greatly as interviews frequently need to be conducted at their preferred location and/or on their own terms, rather than at a general site, and especially at the Entity’s premises. It is essential to plan for flexibility and allocate enough time for meaningful engagement.	1.0 – 1.5
	Affected Populations and Organisations, regulatory authorities and/or external labour representatives Where appropriate, some interviews with external Stakeholders may be conducted online or on the phone.	0.25 – 1.5
	Conflict-Affected and High-Risk Areas (see Performance Standard Guidance for criterion 9.8)	0.25 – 0.5

Human and Labour Rights Considerations	Regions of high gender inequality (Medium → High or N/A at https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII)	0.25 – 0.5
	Moderate → High-risk of Force Labour and Human Trafficking (https://www.walkfree.org/global-slavery-index/map OR https://www.responsiblesourcingtool.org/visualizerisk)	0.25 – 0.5
Governance Issues	Moderate → High Corruption (https://www.transparency.org)	0.25 – 0.5
Biodiversity Risks	Situations where IUCN Red List of Threaten Species (https://www.iucnredlist.org) or sacred sites are present, where Protected Areas or a Biodiversity hotspot are adjacent to the Facility (www.ibat-alliance.org).	0.25 – 0.5



Allocating Additional Time in Audits

Table 18 above outlines the situations where additional time should be planned for Audits. However, the opposite does not apply if these situations are not present and as such conversely, additional time should not be deducted.

For example, in situations of high gender equality, the time periods should not be deducted, and gender-related criteria must still be included in the Audit Scope. However, if there are no Indigenous Peoples present, the relevant criteria would be considered ‘Not Applicable’, but the additional time does not need to be deducted from the original time estimate.

Auditor discretion should be used when applying the additional on-site time guidelines in Table 18. For example, in situations where an Auditor is contacting a single local authority, it would not be necessary to allocate additional time for ‘Interviews with external Stakeholders’.

The actual planned on-site time will vary based on factors including:

- The number and nature of Facilities in the Audit Scope (see section 9.4.2)
- The Objective Evidence sampling regime required to achieve the Audit objectives (see Appendix 2, and sections 9.4.2 and 9.4.4)
- The number of criteria that are already addressed by a Recognised Standard or Scheme (see section 3.7)
- The criteria that are in Scope for the Audit (see section 4.3)

- For Chain of Custody Audits, whether the Facilities are receiving CoC Material or whether the Audit is verifying systems only (see section 3.5.2).

Estimating Audit Time Requirements for Surveillance Audits

For Surveillance Audits, the frequency and intensity are related to the Overall Maturity Rating for the defined Certification Scope and the applicable criteria. Guidance is provided in Table 19 below. In general, where the Certification Scope remains unchanged, the time required for Surveillance Audits should be approximately one-third to one-half the time spent on the Initial Certification Audit. However, if as a result of a Certification Audit, an Auditor determines that progress on a large number of Corrective Action Plans requires review, the on-site time for a Surveillance Audit may be greater than below.

Table 19 – Guidance to estimate the on-site time (person days) for Surveillance Audits

Number of Personnel working in Facilities included in the Certification Scope ¹	Low Overall Maturity Rating	Medium Overall Maturity Rating	High Overall Maturity Rating	Performance Standard: Material Stewardship criteria only (Principles 1-4)
1-25	1.5-2.5	1.0-2.0	1.0	0.5-1.0
26-100	2.5-3.5	2.0-3.0	2.0	1.0-1.5
101-500	3.5-5.0	3.0-4.0	3.0	1.5-2.0
501-1000	5.0-8.0	4.0-6.0	4.0	1.5-3.0
1001-5000	8.0-10.0	6.0-8.0	5.0-6.0	3.0-4.0
5001-10000	10.0-15.0	8.0-10.0	6.0-8.0	4.0-5.0
>10000	>15.0	10.0-15.0	8.0-10.0	5.0-10.0

¹Note: the number of part-time Workers (employees and Contractors) should be treated as full-time equivalents (FTEs) based on the number of hours worked as compared with full-time personnel.

Off-site time and Post-Audit Activities

It is important to note that the total time required for an Audit is approximately double the time spent on-site at a Member’s premises (see Tables 15, 16 and 17). If many criteria are being evaluated remotely, then off-site time will accordingly be higher and the total time required for the Audit should be consistently twice the values specific in Tables 15, 16 and 17 whether the Audit is conducted either on-site or off-site.

Auditors should also take into account post-audit activities in determining the total time required for an Audit. This includes the entering of the Audit Report in *elementAL* and responding to ASI's Assurance Team queries as part of the Oversight Assessment.

In general, the time required for an Audit is distributed as follows:

- 30% of time devoted to planning and preparation
- 50% of time for the on-site component of the Audit
- 20% of time for post-Audit follow-up and reporting

Estimating Audit Time Requirements for Scope Change Audits

For Scope Change Audits, the guidance provided in Table 19 should be considered and be based on the Overall Maturity Rating held by the current Certification Scope. For example, if four Facilities are added to an existing Performance Standard Certification Scope, where the total number of employees is 3,000 (across those four Facilities) and the current Certification Scope is rated as of medium maturity, then the level of Audit effort should be approximately six (6) to seven (7) days across those four Facilities.

Scheduling ASI Audits alongside Audits for Recognised Standards and Schemes

To improve efficiency, Members have the option to combine Audits for the ASI Performance Standard and ASI Chain of Custody Standard, where applicable. Members can also consider scheduling ASI Audits alongside Audits for Recognised Standards and Schemes (see section 3.7) while ensuring that ASI's Audit objectives are still met. This may potentially reduce overall ASI Audit costs.

9.7. Conducting remote 'desktop' Audits

The time spent on remote 'desktop' activities may count towards the Audit on-site time outlined in section 9.6.

Objective Evidence that can be reviewed remotely includes documentation and interviews. For example, interviewing management representatives, Workers and Affected Populations and Organisations may be done remotely if web-based communications or similar resources are available. However, this approach must take into consideration the potential impact on interviews with Workers and Affected Populations and Organisations. Particular attention should be given to the impact on women and those identified as disadvantaged, Vulnerable or At-Risk. The general principles of conducting interviews apply whether they are conducted remotely or in person.

Table 21 outlines whether Surveillance Audits can be conducted remotely as a 'desktop' activity, depending on the Entity's Overall Maturity Rating.

Observation-based Evidence is objective evidence that cannot be reviewed remotely, and therefore the verification of an Entity's on-site implementation, process control and risk control cannot be audited using remote Audit techniques.

Conducting remote 'desktop' Audits for the Performance Standard

The ASI Performance Standard contains a mix of Principles that are both systems and operational in their intent and application. As such, some criteria may be assessed remotely through a review of documentation (e.g., Policies, Procedures, work instructions, management plans and records etc.), however for some criteria, on-site review of operational controls is required.

ASI respects the Auditor's professional judgement to make an informed assessment on an Entity's performance during the remote 'desktop' component of the Audit and rate its performance accordingly. To support ASI's Oversight Assessment, a sufficient and clear rationale for the rating must be provided in the Observations and Findings section of the Audit Report.

For more information about remote 'desktop' auditing of the Performance Standard criteria, see Appendix 1 – ASI Force Majeure Policy, Table 5.

9.8. Develop the Audit Plan

Audits require clear direction and focus, which means that planning is vital. An Audit Plan is used to outline what activities will be reviewed, by whom and when, in which functional areas and/or Facilities and involving which Member personnel.

Typically, the Audit plan is presented in a table format and presents expected times for those activities being scheduled. Most ASI Accredited Auditing Firms are likely to have their pre-existing template, and would typically include:

- Audit objectives
- Dates, places and times of the Audit
- Name(s) of Auditor(s)
- Audit Scope: the criteria to be assessed and Facilities to be visited
- Expected time and duration for each major activity
- Meetings scheduled to be held with Member business management, Workers (both employees and/or Contractors), the nominated ASI Co-ordinator and Affected Populations and Organisations
- Personnel or functional roles to be interviewed. The number of individuals required for interviewing will vary based on the total number of Workers, degree of unionisation and industrial relations agreements, risks, and nature and scale of the Business included within the Certification Scope
- Likely documentation to be reviewed
- Times for miscellaneous activities such as inductions and breaks
- Time to revisit and review information.

The Audit Plan should be planned logically, to create minimum disruption to the normal Business processes, and to ensure that a sequence of Objective Evidence is obtained to facilitate the assessment of Conformance with the ASI Standard being audited. It should also be designed to be

flexible enough to allow changes in emphasis gathered during the Audit and to effectively utilise available Member and Auditor's resources.



It is recommended for Auditors to inform the ASI Secretariat about planned and scheduled Audits well ahead of time (i.e. at least six (6) weeks in advance), especially for Audits planned for Entities with upstream Supply Chain Activities.

9.9. Finalise the Audit Plan with the Member

The final Audit Plan should be provided to the Member at least two (2) weeks before the commencement date of the Audit. This will provide the Member with an opportunity to prepare, and where necessary, suggest an alternative timing or order of proceedings. However, the Audit Scope and objectives set by the Auditor cannot be changed by the Member.

The Lead Auditor shall contact the Member's ASI Co-ordinator and confirm arrangements and details for the Audit. In addition to the final Audit Plan, the Lead Auditor would need to discuss the following:

- Invitation to senior management to be available during the site visit, and at the opening and exit meetings
- Request for guides to be available to accompany the Auditor(s), as appropriate
- Request for office facilities, including space and meeting rooms, to be made available to conduct interviews and for the Auditors to review information
- Request to advise all relevant staff of Audit arrangements
- Requirements for any personal protective equipment for the Auditors visiting Facilities
- Time requirements for inductions and introductions
- Time for regular check-in meetings with senior management.

9.10. Mandatory Audit Plan Review by ASI Secretariat for upstream Supply Chain Activities

Audit Plans for all Initial Certification Audits involving those Entities containing one or more of the supply chain activities of Bauxite Development, Bauxite Mining, High Purity Alumina (HPA) Production, Alumina Refining or Aluminium Smelting must be submitted to the ASI Secretariat for review and approval no later than six (6) weeks before the proposed Audit commencement date.

The objective of this independent review is to ensure that the Audit will be undertaken by ASI Accredited Auditor personnel who have the necessary auditing experience specifically applicable to the Entity and its risk profile, and to ensure that an appropriate level of effort and engagement (internal and external) will be undertaken during the Audit. The Audit requirements to be assessed are consistent with the requirements as described throughout the ASI Assurance Manual. This review will assess the appropriateness of the Audit Plan for the following:

- The Audit Team have appropriately identified and assessed the key risks for the Entity, including those specific situations as described in Table 18 in section 9.6
- An appropriate level of effort has been proposed based on the size and scale of the Entity
- The Audit Team is specifically accredited to the location and supply chain activities relevant to the Entity
- Appropriate Stakeholders (internal and external) have been identified and interviews have been scheduled (in conjunction with the Member).

Pre-Audit Risk Assessment

The ASI Secretariat will also conduct a pre-Audit Risk Assessment and will provide to the Audit Team recommendations and/or approval no later than four (4) weeks after the proposed Audit commencement date. In some circumstances, ASI may wish to review a modified Audit Plan, subject to any major issues identified during the Audit Plan review and findings of the pre-Audit Risk Assessment.

For further information, see the [ASI Audit Report Oversight Assessment Procedure](#).

9.11. Opening Meeting

Upon arrival on-site for an Audit, the first activity scheduled is an opening meeting. The purpose of this meeting is to:

- Introduce the Audit Team to the representatives of the Member
- Briefly confirm the purpose and Scope of the Audit
- Review the timetable and agenda
- Provide a summary of the methods and Procedures to be used to conduct the Audit
- Arrange for guides to accompany the Audit Team, as required
- Explain the confidential nature of the Audit process
- Answer questions from the Member's personnel present at the meeting.

The names of those present should be recorded by the Auditor(s).

The Auditor may also wish to explain how the Audit will be conducted with respect to confidentiality, and any sensitivities inherently present at the site and within its Area of Influence. It should be made clear that the Audit will be conducted without any perceived or actual threatening or intimidating behaviour. Failure to do so, may result in the Audit being stopped or cancelled. See section 9.18 for more information and guidance.

9.12. Obtaining Objective Evidence

The Audit process is focused on obtaining and evaluating Objective Evidence (see section 5). This will involve inspections, verifications, reviews of activities, reviews of documents and interviews with Workers and Affected Populations and Organisations to determine whether the Member's practices

conform to the requirements of the applicable ASI Standard. The fundamental objective of gathering Objective Evidence is that different Auditors working independently from one another should be able to reach similar conclusions in similar circumstances.

The Audit Plan is used to guide this process. Auditors are to record specific details of all Objective Evidence collected. Information obtained can include hard or soft copy documentation, forms, records, verified statements of fact or relevant observations. An experienced Auditor may not necessarily follow a step-by-step approach but will be able to review multiple aspects of relevant systems at once.

The process of gathering Objective Evidence Involves both the interaction with people as well as applying technical skills and experience. Strong communication, questioning, listening and observation skills will be ineffective if the wrong information is gathered. Auditors should remember that Members may not always be accustomed to formal Audits, and some personnel may be apprehensive about the process.

Interviews as Objective Evidence

Interviews should be interpreted as equivalent to a Policy or Procedure. The Audit Team should conduct interviews until a point where no relevant viewpoints are likely to be raised. Interviews are an essential form of Objective Evidence and a valuable method for cross-referencing information, clarifying any discrepancies or uncertainties in other evidence obtained or when there is a lack of documented evidence or records of controls or processes implemented by the Member.

9.12.1. Interviews with Vulnerable or At-Risk individuals and Groups

This section provides good practice and specific issues for Auditors to consider when interviewing Workers and Vulnerable or At-Risk individuals or groups who are a source of information on the social principle and criteria.

There may be instances where individuals or groups may feel unsafe, intimidated or threatened, which may affect the Auditors' ability to obtain accurate information and to assess labour conditions and Human Rights abuses. Auditors should take all necessary precautions to ensure the safety of those participating in interviews, and to protect them from any potential retaliation or reprisal as a result of their participation in the Audit. Interviews in higher-risk settings require a special approach to ensure those being interviewed feel safe and comfortable.

Where possible, the use of an interpreter or having an Audit team member with a background similar to that of those who may be in a vulnerable position, particularly those who are fluent in the relevant language or dialect is also extremely useful during interviews as they are usually better able to identify nuances and subtle comments and behaviours.

Minimising Reprisal Risks for Workers and Vulnerable or At-Risk Individuals and Groups

The guidance below provides a recommended strategy for conducting such interviews, particularly for Audits for upstream supply chain activities. It is designed to be adaptable to suit specific local

conditions and cultural settings to support broader and more diverse participation in Audit interviews with Affected Populations and Organisations (that may be impacted by the Entity's operations).

- Auditors should seek assurances from Entities that Affected Populations and Organisations, as well as interviewees are not at risk of reprisal as a result of their participation in the Audit. Interviewees should be made aware of ASI's [Complaints Mechanism](#) and [Governance Handbook](#) prior to the interview.
- Conduct group interviews where the discussion involves several Workers/interviewees at the same time. This makes it difficult to attribute specific statements or information to individuals.
- Conduct interviews in secure, private areas where discussions can not be overheard. Use meeting rooms or designated areas to ensure privacy and allow individuals and groups to speak confidentially.
- Where appropriate, conduct off-site interviews preferably away from the site and management to ensure anonymity and where there is a perceived risk of reprisal for providing information to the Auditor. Affected Populations and Organisations may want to choose the location where they wish to be interviewed to protect themselves from potential reprisals.
- Encourage the use of false names/pseudonyms/numbers rather than real names in interviews or Audit Reports to protect the identity of interviewees
- Set up a 'dial-in' number that is free to call and available at set times during the Audit period. The Audit team member responsible for the calls will be available in a private setting on these nominated days and times. Participants who dial in to the discussion will not be identified, other than to confirm they are an impacted Stakeholder
- Provide an anonymous feedback option such as offering a platform or method for interviewees to provide feedback anonymously if they feel uncomfortable disclosing information in person.
- Inform interviewees about the ASI Complaints Mechanism to raise issues of concern as part of the Audit process such as threats or reprisals (see Appendix 3 – Guidelines for Conducting Effective Audits).
- Schedule follow-up checks with interviewees after the Audit to ensure they have not faced any retaliation following the conclusion of the Audit.



Ensuring Inclusivity

When conducting an Audit, it is important to consider any Local Communities and Indigenous Peoples that are affected by the Entity's supply chain. The Audit team should confirm the scale and scope of these Affected Populations and Organisations and cross-reference their contact information. This will help the Audit team to determine the representation of their sample for interviews.

In addition, if Auditors (or ASI through the review of the Audit Plan or the Witness Assessment process) determine that the sample size is too small, it may not provide an opportunity to fully understand the community perspectives on the Entity.

Table 20 – Identifying Vulnerable or At-Risk individuals and groups affected by an Entity’s supply chain activities

Identifying Vulnerable or At-Risk individuals and groups	Specific Issues and Key Considerations
<p>Contractual Workers, Sub Contractors, Seasonal Workers etc, These Workers are not considered permanent employees and typically don't receive the same benefits or job security as full-time or permanent Workers. It is important to identify Workers who are not permanent employees, as they may not be included on the shop floor roster and may be overlooked for interviews, such as cleaning and canteen staff.</p>	<p>Understand their working conditions, (lack of) job security, contract renewal processes, protections against unfair termination, compensation and benefits, health and safety training, access to important information such as Policies, etc.</p>
<p>Migrant Workers This includes Workers who migrate within or outside their home country to find work. To identify these Workers, it can be helpful to examine employment records and contracts, looking for signs such as temporary addresses, language preferences, or any mention of recruitment agencies.</p>	<p>When conducting interviews with Migrant Workers, consider their unique circumstances, potential language barriers, and the need for cultural sensitivity. Use interpreters if necessary and employ visual aids to convey information. Understand how Workers were recruited and hired, including the involvement of recruitment or employment agencies. Assess if contracts are provided in a language Workers understand and examine the payment structure to ensure it complies with minimum wage standards.</p>
<p>Gender Diverse Groups and Individuals This includes people who have different gender identities, recognising that gender is not strictly binary (male/female) (gender non-binary people) and are present in different cultures and communities. In order, to identify gender diverse groups, it can be helpful to talk to community leaders especially those who are from a diverse gender background who have a formal or informal leadership role within the community and LGBTQIA+ organisations.</p>	<p>Gender diverse groups and individuals may face Discrimination, prejudice, or harassment in the workplace or within the community and may not benefit from employment opportunities or community development initiatives. Gender diverse groups and individuals may also be excluded from engagement activities by Entities.</p>
<p>Youth Representatives It is important to include youth representatives to ensure that their views are considered as part of interviews with the Local Communities. They bring unique perspectives and</p>	<p>It's important to consider whether young people have access to skills development programs and vocational training, if there are limited opportunities for youth employment, and</p>

<p>considerations to the potential and actual impacts in a community as they represent the future leaders and decision makers.</p>	<p>whether they are intentionally or unintentionally left out of engagement activities.</p>
<p>People with health conditions or disabilities This includes people with a wide range of conditions or disabilities, including but not limited to chronic illness, mental health conditions, disabilities, visual or hearing impairments, and mobility issues.</p>	<p>During interviews, ask about the inclusiveness of employment practices for people with health conditions or impairments and if Facilities are accessible. When interviewing with Local Communities, ask if they have access to job opportunities and if they are included in engagement activities.</p>
<p>Unrecognised Indigenous Peoples and Non-Self-Identifying Indigenous Peoples Considering the diversity of Indigenous Peoples, an official definition of “Indigenous” has not been adopted by any UN-system body, and unrecognised Indigenous Peoples and Non-Self-Identifying Indigenous Peoples may be overlooked as part of Local Community interviews. To avoid this, Auditors should reference other sources such as Non-Government Organisations (NGOs) rather than relying on legal frameworks or official government lists to identify unrecognised Indigenous Peoples and non-self-identifying Indigenous Peoples.</p>	<p>Unrecognised Indigenous Peoples may lack legal recognition of their land rights, making them vulnerable to displacement as part of mining activities which can lead to displacement or resettlement, loss of livelihoods and disruption of sacred sites. They may not be consulted or granted the right to Free, Prior, and Informed Consent before mining projects commence. Without official recognition, they may lack legal protections. It’s important to consider if they are intentionally or unintentionally excluded from engagement activities or benefits as they do not have ‘recognition status’.</p>
<p>Women as informal leaders These are women who may not hold formal positions but who are respected and influential in their communities.</p>	<p>When conducting community interviews, observe who takes on leadership roles, even if they are not officially appointed. Include questions that specifically ask both formal and informal leaders. Consider if the Entity has brought greater economic and livelihood opportunities for women and if they feel they have equal opportunity to benefit from these opportunities.</p>
<p>Resettled and/or Displaced Communities Resettled and displaced communities often face significant challenges and issues related to mining activities.</p>	<p>Interviews can be used to assess the effectiveness of resettlement plans, and mitigation measures can be assessed. Auditors should review socio-economic surveys conducted before and after land acquisition or</p>

	resettlement to ensure that living standards, income generation, and livelihoods are improved or at least restored.
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9.12.2. Interviews with Affected Populations and Organisations

An **ASI Performance Standard** Audit usually involves sampling of Affected Populations and Organisations as a way of verifying Conformance (see section 9.4.4). When conducting Audits at Facilities located near Affected Populations and Organisations, Auditors are required to engage and interview Indigenous Peoples, other Rightsholders and Stakeholders who have an interest in the operation.

When interviewing Affected Populations and Organisations, it should be in a language they understand. The Auditor shall inform the interviewee:

- About ASI and the criteria addressed as part of the interview
- The relationship between ASI, the Auditor and the Entity
- What are the potential outcomes of the Audit
- That comments may be received confidentially
- Concerns can be raised to ASI regarding the Audit outcomes via the Complaints Mechanism, available on the [ASI website](#).

Gender Balance Allows for Diverse Perspectives

Auditors should aim for a balanced representation of genders in the sample of individuals interviewed. Apply a gender lens approach to conducting interviews (i.e., interviewing individuals or in groups; having interviews conducted by female Auditors), the context (i.e., gender-related risks), and consider other marginalised and vulnerable groups during interviews, where relevant.



Gender Balance in Affected Populations and Organisations

Auditors need to ensure a gender balance in the sampling of Affected Populations and Organisations. Different communities have specific social characteristics and understanding their perspectives and needs is crucial in identifying any potential impacts or issues.

Engagement with Indigenous Peoples

Where Indigenous Peoples (and their lands and territories) are present and where they may have been impacted by activities of Facilities within the Entity's Certification Scope (Area of Influence), the Audit Team must first identify which Indigenous Peoples may be impacted. Multiple sources should be consulted, including, but not limited to:

- Any national and/or regional associations of Indigenous Peoples for that country
- Government and relevant NGOs websites

- The Entity.

It should be noted that in some regions there may be more than one group of Indigenous Peoples potentially impacted.

Where Indigenous Peoples are identified as being potentially impacted, every effort shall be made to contact the Indigenous Peoples in advance of the Audit to establish an in-person meeting. The Audit Team shall contact the Indigenous Peoples, using multiple means (email, phone, mail as required), at least four (4) weeks in advance of the on-site Audit to attempt to establish an in-person meeting. The Audit Team shall include an Auditor or technical expert with expertise in Indigenous Peoples in the country.

In accordance with the protocols of the Indigenous Peoples, when meeting with Indigenous Peoples Auditors shall attempt to meet with:

- Leadership (elder, leader, council)
- The representative(s) who have worked with the Entity, if any
- Representatives of the Community, including youth and elders, men and women, where needed, and especially where Free, Prior and Informed Consent is within the Audit Scope
- National and/or regional bodies, where they exist (e.g., The Public Prosecutor's Office in Brazil).

Engagement with the Local Community

The purpose of interviewing the Local Community and its members is to make evaluations about criteria important to them. Auditors can use community engagement to triangulate the Policy documentation produced by the Entity with the lived experiences of the community.

Auditors can begin by asking: "What is the issue under review?" If it is about how well an Entity engages with the Local Community (criterion 9.7 Affected Populations and Organisations, ASI Performance Standard), then look at the Affected Populations and Organisations engagement Plan (criterion 9.7b., ASI Performance Standard). Based on the content of the plan, Auditors can develop questions to evaluate if community members are aware of the plan, helped to develop the plan, experienced any changes from its implementation, and have opportunities to suggest changes to the plan.

9.12.3. Interviews with Workers

Worker interviews are a fundamental component of the ASI Performance Standard Audit process. This form of Objective Evidence offers critical insights into the Entity's Compliance with ASI's labour, safety, and rights standards. These interviews aim to corroborate the documentation and practices presented by the Entity, directly reflecting the Workers' experiences and perceptions.



Worker Interviews should be interpreted as equivalent to a Policy or Procedure.

Interview Principles and Design

- i. **Confidentiality and anonymity:** Prioritise the protection of Workers' identities to safeguard them from potential reprisal. This encourages candid disclosure and is critical for gathering accurate information.
- ii. **Informed consent:** Workers must be fully informed about the purpose of the Audit, the use of their testimony, and their right to decline participation without any negative consequences.
- iii. **Representative sampling:** Select a diverse cross-section of the workforce, including various roles, genders, and employment types (permanent, temporary, and contract Workers), to ensure broad representation.

Conduct of Interviews

- **Individual and group interviews:** Utilise both individual and group settings to capture a wide range of perspectives. Individual interviews allow for personal stories and sensitive disclosures, while group interviews can highlight common experiences and collective insights.
- **Language and cultural sensitivity:** Conduct interviews in the Workers' preferred language, using interpreters if necessary, and be mindful of cultural nuances that may influence responses.
- **Interview environment:** Ensure interviews are conducted in a private and safe setting, where Workers feel secure to speak freely.

Auditors should take a risk-based approach when conducting interviews related to Human Rights and Labour Rights. Through better preparation and understanding of the risks, the Audit team can determine if the Entity has taken appropriate action to assess, prevent and remedy potential impacts.

Indicators of Forced Labour

The International Labour Organisation (ILO) Indicators of Forced Labour are intended to assist in identifying potential victims of Forced Labour. These indicators are the most common signs or indicators that suggest the presence of Forced Labour. The presence of a single indicator may indicate the existence of Forced Labour. However, in other cases, Auditors may need to look for multiple indicators that, when taken together, point towards the existence of Forced Labour.

The indicators include:

- | | | |
|---------------------------|-----------------------------------|---|
| • Abuse of vulnerability | • Physical and sexual violence | • Withholding of wages |
| • Deception | • Intimidation and threats | • Debt Bondage |
| • Restriction of movement | • Retention of identity documents | • Abusive working and living conditions |
| • Isolation | | • Excessive Overtime |

The ILO booklet on Indicators of Forced Labour expands and gives examples of each specific indicator:

https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_203832.pdf

Targeted Questioning and Observations

Establishing Conformance against Labour Rights and Human Rights requires careful observation and targeted questioning during the Audit process. For general guidelines on conducting effective interviews, see Appendix 3 – Guidelines for Conducting Effective Audits. For additional guidance specific to addressing Human and Labour Rights aspects, refer to the example questions or aspects to address during an interview:

- **Recruitment process**
 - Were any fees charged for recruitment?
 - Were the terms and conditions of employment clearly explained before starting work?
 - Were promises made during recruitment kept?
- **Freedom of movement:**
 - Can Workers leave their jobs freely?
 - Are their passports or other identification documents retained by the employer?
 - Are there restrictions on their movement or communication?
- **Working conditions/Working Time:**
 - What are the daily and weekly working hours?
 - Is Overtime voluntary and compensated?
 - Are there regular, unpaid excessive hours?
 - What are the health and safety conditions?
- **Wages and payments:**
 - Are wages paid regularly, on time, and through official channels?
 - Are there any unlawful deductions?
 - Is there transparency in wage calculation?
 - Do Workers understand: how their wages are calculated and the pay rates? Whether there are any deductions taken from their wages, and if they are aware of them?
 - Are Workers able to earn enough to cover expenses and retain some discretionary income?
- **Living conditions (if applicable):**
 - What are the living conditions provided by the employer?
 - Is accommodation overcrowded or unsanitary?
 - Is there freedom to leave the living quarters?
- **Threats and penalties:**
 - Are any forms of punishment, threats, or violence used?
 - Do Workers feel they can refuse dangerous work or raise concerns without fear of penalty?
- **Debt and financial obligations:**
 - Are Workers indebted to the employer or recruiters?

- **Contracts and legal documentation:**
 - Do Workers have a copy of their contract in a language they understand?
 - Are there discrepancies between the contract and actual job conditions?
- **Employee treatment:**
 - Are there any signs of Discrimination or abuse?
 - Is there respect for basic Human Rights and dignity?
- **External communication:**
 - Do Workers have access to external support, including unions or legal assistance?
- **Freedom of Association and Right to Collective Bargaining:**
 - Do Workers face reprisal or intimidation for associated union activities or simply for being a union member?
 - Do Workers have regular access to union representatives, and are there any restrictions on their activities within the workplace?
 - Where no Worker representation exists, what is the on-site communication method between managers and Workers?
 - How are disputes related to Labour Rights and Collective Bargaining handled?
- **Open communication:**
 - How does the management facilitate open communication with Workers regarding working conditions and compensation issues?
 - Can Workers provide feedback or complaints without fear of reprisal or intimidation? Do they have examples of how this process works?
 - Are there any formal mechanisms in place for Workers to engage directly with management? How are these mechanisms accessed and used by Workers?
- **Discrimination:**
 - Do Workers feel discriminated against with regard to any aspect of their employment (e.g. pregnancy tests, marital status)?
 - Have Workers been able to take religious holidays or any other religious observations such as breaks for prayer?
 - Do Workers know how to report Discrimination, and/or are Workers fearful of repercussions?

Examples of observations to note during the Audit include:

- **Physical and emotional state of Workers:** Look for signs of fatigue, injury, or poor health or hygiene including if clothing is unreasonably worn. Observe if Workers appear fearful, anxious, or reluctant to speak.
- **Workplace conditions:** Note any safety hazards, overcrowded workspaces, or lack of essential facilities like clean water and restrooms.
- **Interaction with supervisors:** Observe how supervisors interact with Workers. Look for any signs of coercion, intimidation, or disrespect. Note the management's attitude towards union members and activities, observing any Discrimination or support for Workers' rights to associate.

- **Living quarters:** If on-site, assess the living conditions for overcrowding, sanitation, and privacy. Make note if there are external locks or loops where typically a padlock locks into place.
- **Worker cohesion and communication:** Notice if Workers are isolated, monitored, or restricted from talking to each other or outsiders. Look for signs of union presence or anti-union measures, such as notices against unionising or evidence of union meetings and activities.
- **Document display and access:** Check if legal rights and safety procedures are displayed in the workplace in a language or format understandable to all Workers, including illiterate or semi-illiterate Workers. Ensure they have access to their personal documents.
- **Routine and schedules:** Observe the regularity and length of breaks, shift changes, and whether Workers are doing excessive Overtime.
- **Security Measures:** Excessive security measures, like surveillance cameras or guards restricting movement and if Workers can leave the site on their break or at the end of their shift.
- **Communication channels:** Look for visible signs of communication channels, such as suggestion boxes, meeting notices, or feedback systems, that allow Workers to raise concerns or provide input on working conditions and compensation. Observe any posted feedback from management on Workers' concerns or suggestions, indicating responsiveness and engagement.

For more detailed information on techniques for Worker interviews, consult the SMETA Sedex Members Ethical Trade Audit (SMETA) Best Practice Guidance at: <https://www.sedex.com>

Questions and Answers section on a number of topics Labour Rights:
<https://www.ilo.org/empent/areas/business-helpdesk/faqs/lang--en/index.htm>

9.13. Evaluation of Results

The process for determining the level of Conformance with the relevant requirements of the ASI Standard(s) requires the gathering of Objective Evidence. After the Audit is completed, all Observations and Findings made during the Audit are evaluated.

The Observations and Findings of each Audit Team member are collected and integrated, to determine the level of Conformance with each criterion evaluated by the Audit Plan. This is usually undertaken through periodic meetings of the Audit Team before the completion of the Audit and, finally, when the team gathers for a final Auditor's meeting. The Observations and Findings can be organised to determine if there are common findings that, when viewed as a group, may have greater significance than they do individually.

9.14. Documenting Non-Conformances

All Non-Conformances must be:

- Established in accordance with the requirements and guidance provided (see section 6.5)
- Presented to the Member at the exit meeting (see section 9.17)
- Recorded in the Audit Report (see section 9.21)

The following are good practice principles for documenting Non-Conformances:

- Communicate the details of the problem in neutral/objective language
- Include the detail of the Objective Evidence on which the Non-Conformance is based
- Use familiar terminology without any abbreviations, acronyms or jargon
- It is based on facts
- Gives, where relevant and related, regulatory or external references
- Do not focus on individuals or their mistakes
- Do not use criticism or place any blame
- Avoid contradictory messages
- Review the Non-Conformance(s) with the Member to ensure the facts are correct and fair.

9.15. Making Suggested Business Improvements

Auditors, drawing on their experience, may offer Suggested Business Improvements for practices that conform to the ASI Standards but could be conducted differently or more efficiently. Suggested Business Improvements are provided by Auditors only for informative purposes and must be provided without any bias. Members are not required to accept Suggested Business Improvements, and implementing them is optional. Future Audits should not evaluate performance whether or not these Suggested Business Improvements have been implemented.

9.16. Determining the Timing of Follow-Up Audits

Auditors will review the Member's preliminary Maturity Ratings for the initial Self Assessment to determine the Audit Scope for the Initial Certification Audit. However, it is important to note that the self-assessed Overall Maturity Rating will not affect the Certification Audit.

After the Certification Audit, the Overall Maturity Rating will have a direct influence on the frequency, intensity and scope of future Surveillance and Re-Certification Audits.

Table 21 below provides guidance on the type and duration of Audits based on the Overall Maturity Rating. The corresponding pathways are illustrated in Figure 13.

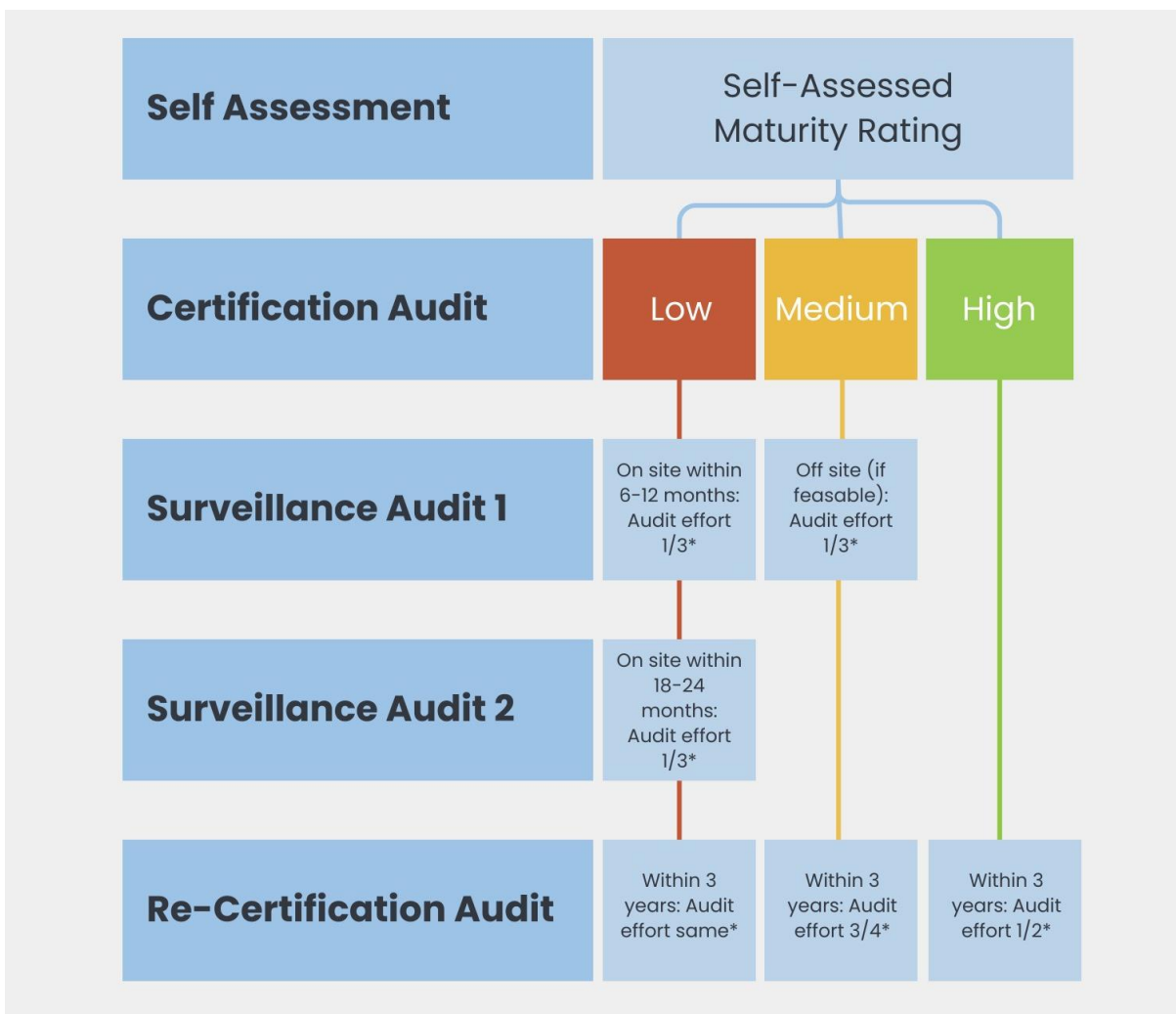
Table 21 – Impact of Overall Maturity Rating

Audit	Frequency	Low Overall Maturity Rating	Medium Overall Maturity Rating	High Overall Maturity Rating
Initial Certification	Initial Audit to achieve ASI Certification	<p>The Overall Maturity Rating is not determined until the conclusion of the Certification Audit. Auditor to define Audit Scope taking account of:</p> <ul style="list-style-type: none"> • Applicable criteria • Entity's Self Assessment • Member's preliminary Maturity Ratings with a focus on areas with lower Maturity Ratings. 		
Provisional Certification – Surveillance (Major Non-Conformances with approved Corrective Action Plan)	Within six (6) months of previous Audit	Site Audit ^{≈5} 1/3 time duration for Initial or previous Certification Audit if Certification Scope unchanged.	Site Audit ≈ 1/3 time for Certification Audit if Certification Scope unchanged. <i>May be remote 'desktop' if feasible.</i>	Not Applicable
Full Certification – Surveillance #1	Within 12-18 months of previous Certification (or Re-Certification) Audit	Site Audit ≈ 1/3 time duration for Certification Audit if Certification Scope unchanged.	Only one Surveillance Audit is required. Site Audit ≈ 1/3 time for Certification Audit if Certification Scope unchanged.	<p>Not required unless:</p> <p>i. There is a change to Certification Scope</p> <p>OR</p> <p>ii. Auditor determines Surveillance Audit required to monitor a Corrective Action (<i>may be by remote 'desktop', if feasible</i>)</p> <p>OR</p>
Full Certification – Surveillance #2	Within 12-24 months of previous Certification (or Re-Certification) Audit	Site Audit ≈ 1/3 time duration for Certification Audit if Certification	Certification Scope unchanged.	

⁵ The symbol ≈ means approximately equal to.

		Scope unchanged.	May be remote 'desktop' if feasible.	iii. Unless specifically asked for by the Member.
Re-Certification	At end the of Certification Period	Site Audit at same time for Certification Audit if Certification Scope unchanged.	Site Audit ≈ ¾ time for Certification Audit if Certification Scope unchanged.	Site Audit ≈ ½ time (minimum) for Certification Audit if Certification Scope unchanged.

Figure 13 – Audit pathways dependent on Overall Maturity Rating



Within the guidelines prescribed in Table 17, the date of a Surveillance Audit may be set according to several variables, including:

- The nature of Non-Conformances issued during the previous Audit
- Any potential expansion of the existing Certification Scope
- Applying an updated version of an ASI Standard(s)
- Coordination with another Audit (i.e., an ASI Chain of Custody Audit or an Audit being conducted by the same ASI Accredited Auditing Firm of a different Standard at the same Facilities).

9.17. Closing or Exit Meeting

A closing or exit meeting is conducted before the Auditors depart from the site to verbally present preliminary findings and recommendations to the Member. The meeting should be used as a final opportunity to:

- Seek acknowledgement and understanding from the Member regarding the findings and any Non-Conformances
- Answer any questions
- Discuss misunderstandings and/or clarify points of difference
- Provide an overview of the follow-up steps
- Communicate that the Auditor shall issue the Audit Report which documents the overall findings
- Communicate the recommended timing for subsequent Audits (Surveillance or Re-Certification)
- Confirm that the Audit Report will be provided to ASI for the purposes of Certification and provide indicative timing for submission.

The names of those present at the exit meeting should be recorded.

9.18. Audit Termination Due to Potential Reprisals

Auditors may decide to terminate the Audit early, or leave the site if the Entity is unreasonably uncooperative, or if there are any risks of reprisals such as verbal threats or acts of threats, retaliation, intimidation, or actions taken against Auditors, Workers and interviewees. Auditors can protect themselves or mitigate reprisal risks from Audits by adopting the following practices:

- Pre-Audit planning to identify potential risks and develop strategies to mitigate them
- Whenever possible, work with a colleague or in pairs
- Maintain regular communication with your team and supervisor. Establish check-in times to ensure your safety is monitored throughout the Audit
- Communicate Non-Conformances off-site or remotely.

If an Audit is terminated early, Auditors must immediately inform the ASI Secretariat who will initiate separate dialogues with the Auditor and the Entity to determine if the Audit can be resumed, or if a formal investigation is required. (see section 12.3). The Secretariat will undertake any investigation in accordance with the ASI By-Laws, Policies and Procedures that govern its activities including:

- ASI Constitution
- ASI Governance Handbook
- ASI Code of Conduct
- ASI Human Rights Policy
- ASI Complaints Mechanism, including any disciplinary proceedings or applicable sanctions that may apply as a result.

9.19. Approving a Corrective Action Plan for Major Non-Conformances

Members are required to develop Corrective Action Plans for all Non-Conformances identified during an Audit (see section 6.6). In cases where Major Non-Conformances have been identified (and Provisional Certification issued as a result), the Corrective Action Plans must be approved by the Lead Auditor before the finalisation of the Audit Report.

The Corrective Action Plan (or a summary of it) should be included as an attachment with the Audit Report in *elementAL*.

When approving a Corrective Action Plan, the Lead Auditor must take into account and verify that the Entity has taken the following factors into account when establishing the proposed actions:

- Address the root cause of the Non-Conformance
- Should prevent a recurrence of the finding
- Are realistic and 'fit for purpose'
- Appropriate human and financial resources have been allocated to effectively implement the Corrective Action Plan
- Wherever possible, can be completed within the one-year Provisional Certification Period.



Consultation on Corrective Action Plans for Non-Conformance

When there is a Non-Conformance relating to a criterion that is applicable to Affected Populations and Organisations it is expected the Member consults Affected Populations and Organisations to develop an appropriate Corrective Action Plan.

Addressing the root cause of a Major Non-Conformance

In situations where the actions required to address the root cause of a Major Non-Conformance will require more than one (1) year, interim short-term Corrective Actions must be established. These must mitigate the effects of the situation that led to the non-conforming finding until a long-term and more permanent solution can be implemented. Mitigating actions may enable the Member to

move into a situation of Minor Non-Conformance as a transitional step, before finalising the Corrective Action and fully closing the Non-Conformance in the longer term.

Resolution of Conflict or Dispute Regarding Corrective Action Plan approval

Where a conflict or dispute arises regarding the approval of a Corrective Action Plan, the Member or Auditor may ask the ASI Secretariat to enter into discussions about the nature and timing of Corrective Action Plan.

9.20. Reporting

At the end of each Audit, the main activity is to report the findings to allow the Member to obtain or maintain their Certification. An Audit Report summarises the Auditor's findings and conclusions regarding the status and effectiveness of the Member's Policies, systems, Procedures and processes in meeting the applicable ASI Standard according to the Member's Certification Scope.

All information and process steps for Self Assessments and Audits are centrally managed through *elementAL*, ASI Audit Reports are to be generated through this platform. The Lead Auditor, together with the Audit Team, ensures that all relevant data is uploaded and that statements made are fair, complete and true. Information provided must be written in a clear, concise and unambiguous manner.

Auditors must complete all Audit Reporting Requirements in *elementAL* and then the Audit Report is reviewed by the Member. It is expected that all required information is entered into *elementAL* and the review completed by the Member within a maximum of eight (8) weeks from the date of the on-site portion of the Audit. If the Auditor cannot meet this timeframe, the ASI Secretariat should be notified as to the reasons why. The ASI Secretariat cannot administer a Member's Certification until the Audit Report information is complete, and any omissions, clarifications or other issues identified by ASI identified through the Oversight Assessment have been resolved.

Audit Reports submitted to the ASI Secretariat must be in English and include sufficient information to:

- Meet the minimum mandatory content set out in section 9.21, including a clear and comprehensive description of the Certification Scope
- Enable ASI to confirm that the Audit process and findings are consistent with the instructions to the Auditors contained in the latest version of the ASI Assurance Manual
- Allow traceability in the event of a dispute, peer review or for planning for subsequent Audits.



Audits Reports in a language other than English

Auditors may also agree with Members to prepare an additional Audit Report for them in a language other than English and provide it to the Member separately.

9.21. ASI Audit Reports – Minimum Mandatory Content

The ASI Assurance Platform *elementAL* is used to collect and centralise all relevant data for an Audit Report to be generated. Table 22 below sets out the minimum mandatory content for ASI Audit Reports, which must be entered into *elementAL* by Auditors.


All information provided to ASI Accredited Auditors during an Audit is treated in a strictly confidential manner. Only the audited Member and the ASI Secretariat are entitled to a copy of the Audit Report from the ASI Accredited Auditor and each shall consider the contents as confidential. A public Audit Report, which contains non-confidential information will be published on ASI’s website to ensure transparency in the Audit process.

Table 22 – Minimum Mandatory Content for ASI Audit Reports

Report Section – Heading	Content
Statement of Conformance	The Statement of Conformance is completed and signed by the Lead Auditor in <i>elementAL</i> . It captures the overall determination of Conformance for the Member’s defined Certification Scope, to issue Certification. It also confirms the conditions under which the Audit was conducted, including that there were no Material conflicts of interest present.
Summary of findings	The summary of findings for individual criteria can be automatically compiled through <i>elementAL</i> .
Member and Standard	Includes: <ol style="list-style-type: none"> a. Name of ASI Member b. ASI membership class c. Name of Entity being audited (if different from Member, for example a subsidiary) d. Member’s ASI Co-ordinator (Primary Contact for ASI) e. ASI Standard being audited.
Entity Overview (Description of Business, Facility and/or Product/Programs)	<ol style="list-style-type: none"> a. For each Business, Facility and/or Product/Programs: b. Country and Province/State c. Nearest city/township/village d. Size of Business, Facility and/or Product/Programs (area of management) (ha) e. Number of Workers f. Brief description of primary activities undertaken on-site g. Type of saleable Product(s) h. Annual production of saleable Product(s) i. Commencement of operation (year)

	<ul style="list-style-type: none"> j. Key physical features of the site (e.g., number of pot lines, size and number of residue storage areas, plants and process lines, warehouses, fabrication and packaging area, retail facilities etc.) k. Other ancillary infrastructure on-site (e.g., on-site power stations, port facilities, access roads, offices airstrip, Worker accommodation, car parking, warehouses and laydown areas etc.) l. Nearest sensitive receptor(s) to the site (e.g., residential area, school, culturally significant site, rivers and streams, nature reserves and other Biodiversity features) m. Primary destination of products (e.g., Aluminium door and window frames for the European residential market OR aluminium ingots and billets for export to Asian and North American fabricators OR products for direct retailing) n. Key external Stakeholders (e.g., Government/regulatory agencies, community groups, Indigenous Peoples, nearby residents etc.) o. Current construction, upgrade, expansion or decommissioning activities (if any).
<p>Certification Scope (as reported by the Member and verified by the Auditor)</p>	<p>Includes:</p> <ul style="list-style-type: none"> a. Designated approach to ASI Certification Scope <ul style="list-style-type: none"> • Business level, or • Facility level, or • Product/Program level. b. A clear and comprehensive description of the Member’s Certification Scope (see section 4.6) c. Number of Workers (employees and Contractors) at each Facility and in total d. Changes that have occurred since the previous Audit e. Any expected changes during the new Certification Period. <p>The above information should be made available to the Auditor via the Member’s Self Assessment.</p>
<p>Audit Scope</p>	<p>Includes:</p> <ul style="list-style-type: none"> a. Audit Type (Certification, Surveillance or Re-Certification) b. Facilities visited c. Business Activities / Products reviewed d. Criteria from the applicable ASI Standard that were assessed e. Names of Lead Auditor and any additional Audit Team members (including details on the specific role(s) each Audit Team member had in the Audit).

	<p>f. Names, affiliations and roles of other Audit Team members (e.g., Registered Specialists, translators, observers, etc.)</p> <p>g. Dates of Audit.</p>
<p>Audit Plan and Methodology</p>	<p>Includes:</p> <p>a. Overview of the Audit Plan</p> <p>b. Audit effort with a rationale for any deviations from the guidance in section 9.6 - Estimate Audit Time Requirements , if required</p> <p>c. Any limitations or parts of the Audit Plan that could not be completed</p> <p>d. The level of cooperation by the Member during the Audit process</p> <p>e. Any unresolved conflicts, disputes or disagreements that affected the Audit Scope or objectives such as:</p> <ul style="list-style-type: none"> • Availability of the Member's key personnel • Access to documentation and records • Observations of activities and Facilities. <p>f. The report must include reasons for these limitations as well as any follow-up actions such as the need to review these at the next Audit</p> <p>g. Confirm that the Entity which Controls the Business, Facilities and/or Products or Projects is included in the Certification Scope</p> <p>h. The names and affiliations of technical experts and/or translators.</p>
<p>Stakeholder Engagement Sampling Methodology</p>	<p>Includes:</p> <p>a. Number of parties contacted and interviewed (identified by interest – Workers, Indigenous Peoples, affected community members, relevant authorities etc.)</p> <p>b. Sampling methodology and strategy for engagement with Affected Populations and Organisations: engagement methods used, and any difficulties encountered.</p> <ul style="list-style-type: none"> • Engagement Objectives: Clearly outline the objectives of Stakeholder engagement for the Audit. • Engagement Methods: Based on the nature of Stakeholders and the objectives of engagement. These methods can include surveys, interviews, focus groups, public meetings, or online platforms. <p>c. Unsuccessful attempts, if certain Stakeholders cannot be reached despite multiple attempts or do not want to participate, document the reasons for the unsuccessful engagement or unwanted engagement and any implications it may have on the Audit process.</p>

<p>Audit findings and Objective Evidence</p>	<p>Includes:</p> <ol style="list-style-type: none"> Conformances by relevant criteria with related Objective Evidence Minor Non-Conformances by relevant criteria with related Objective Evidence Major Non-Conformances by relevant criteria with related Objective Evidence Not Applicable criteria A description of the Area of Influence for the relevant criteria Critical Breaches with related Objective Evidence Noteworthy achievements (if relevant) Suggested Business Improvements (if relevant) Summary and scope of Recognised Standards and Schemes (see Table 4) including the status of Non-Conformances for these Schemes and initiatives where they relate to ASI Standards Status of implementation, closure and effectiveness of Corrective Actions from previous Non-Conformances Summary of the Member's related internal audit programs Maturity Ratings. <p>All findings must include documentation of supporting Objective Evidence, generalised so as not to compromise confidentiality, security or commercially sensitive information. For example, this will include:</p> <ul style="list-style-type: none"> Personnel roles and Affected Populations and Organisations interviewed Gender disaggregation of interviewees Documents and records sighted and reviewed including dates and unique identifiers Activities and Facilities observed. <p>Where sampling has been used, Auditors must explain their sampling strategy and rationale for the choice of samples.</p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p> Recording Non-Conformances All Non-Conformances must be recorded and include the underlying root cause of the Non-Conformance.</p> </div>
<p>Auditors remarks</p>	<p>Includes:</p> <ol style="list-style-type: none"> Any concluding remarks on the Audit process or Statement of Conformance Any other information the Auditor wishes to submit to ASI.
<p>Next Audit</p>	<p>Includes:</p>

	<ul style="list-style-type: none"> a. Next Audit Type (Surveillance or Re-Certification) b. Recommended timing.
Supporting references	Includes any reference documentation or supporting information, such as a list of abbreviations or acronyms, if relevant.

9.22. Public Audit Reports

The Audit Report (which may include confidential information) is only accessible to the Audit Team, the audited Member, and the ASI Secretariat. As part of ASI Certification, a Public Audit Report is published for every Certification issued. The Audit Report includes key Audit details (such as dates, scopes, supply chain activities etc.), the Conformance findings for each criterion, each supported by a Public Headline Statement that summarises the Auditor’s findings and evidence reviewed.

Public Headline Statements are intended for all interested Stakeholders, which could include customers, suppliers, peers, civil society and the media. They should be clear, concise, but sufficiently detailed summaries, to ensure external Stakeholders have a clear understanding as to why and how an Entity meets, or does not meet, each requirement of the Standard, without disclosing any confidential or personal information. This is central to the transparency and integrity of the ASI system for all Stakeholders.

The ASI Secretariat will also publish the following extracts from the ASI Audit Report for each Certification:

- Name of the Member
- Name of the Entity
- Certification number
- Certification Status and the corresponding Certification Period including the date of issue and expiry date
- Certification Scope including description of main supply chain activities and/or Products, and location of Facilities (by country)
- Supply Chain Activities
- ASI Standard
- Audit type(s) (i.e. Initial Certification Audit, Surveillance Audit, Scope Change Audit, Re-Certification Audit)
- ASI Accredited Auditing Firm
- Audit Date
- Audit Report Submission to ASI
- Audit Scope
- Schedule (approximate) for Surveillance/Re-Certification Audits
- Entity Overview
- Overall Maturity Ratings

- Statement of Conformance
- Links to all publicly available information, including a page or section number for large documents
- Summary of changes since the initial Certificate (e.g., Audit Scope changes, updated findings during follow-up Surveillance Audits).

The public Audit Report will be reviewed and approved for publication by the Member before it is posted on the [ASI website](#). Members may publicly disclose their Audit Report (see section 9.22) in accordance with their internal processes for public disclosure and in accordance with the **ASI Claims Guide**.

9.23. Issuing ASI Certification and Publishing on the ASI Website

On receipt of an Audit Report from an Auditor, the ASI Secretariat will undertake an Oversight Assessment before issuing ASI Certification. This process includes the following steps:

- Confirm the competency of the Auditor(s) against the ASI Accredited Auditor register
- Confirm that the Member's ASI membership is in good standing
- Review the Audit Report and confirm that the Audit process and findings are consistent with the Assurance Manual
- Document the Certification Scope and relevant details about the Member, the date Certification becomes effective and expires, when re-assessment is due, and the ASI Standard (including issue number and/or revision) used as the criteria for the Audit
- Review of the findings contained in the Audit Report, with a focus on those criteria with a greater level of Materiality (as relevant)
- Review the adequacy and readability of the Public Headline Statements in the Audit Report
- Issue formal documentation and information to the Member, including:
 - A unique Certification number
 - **The ASI Claims Guide**
- Record the Member's Certification Status on the [ASI website](#) including the Member's public Audit Report (see section 9.22).

The ASI Oversight Assessment will generally be conducted within ten (10) business days of receiving an Audit Report. If changes are required by the Auditor and/or Member as a result of the Oversight Assessment, subsequent reviews will be completed within two (2) weeks of receipt of the revised report, where possible.

Each ASI Certification will have a unique Certification number to enable tracking of successive Certification Status, which are listed as 'Revisions'. Certification numbers will remain the same through a Re-Certification process. The history of all ASI Audits and Certification numbers for each Member will be maintained on the [ASI website](#).



Reports must be submitted for Oversight, otherwise, a Certification cannot be issued, or updated to maintain its validity

The Auditor will share the Public Report with Indigenous Peoples in the Scope and with IPAF. Extracts of additional detailed data presented in the Audit Report may be available to Indigenous Peoples and IPAF upon request, subject to the approval of both the ASI Secretariat and the Member.

10. ASI Oversight, Support and Administration

10.1. ASI Oversight Mechanism

The ASI Secretariat performs a number of processes designed to oversee and support the integrity and credibility of its assurance system. These include maintaining public information on Certification Status via the [ASI website](#), reviewing Audit Reports for consistency with this Assurance Manual, implementing procedures for ASI Accreditation and Oversight, and providing training and support.

ASI Witness Assessments are part of the ASI Accreditation process and involve Oversight by independent expert reviewers, academics and/or Stakeholders, as required, according to the ASI Witness Assessments Procedure. Where Indigenous Peoples are affected by an operation, the IPAF may have input into the involvement of Indigenous Peoples and/or Indigenous rights experts in these processes.

10.2. Safeguarding Impartiality and Quality Control

ASI implements a number of processes to ensure the quality and integrity of its Certification. These processes include:

- Provision of standardised processes and terminology to Members and Auditors for carrying out Self Assessments and Audits
- Requirements to identify any potential conflicts of interest
- Guidance on ASI Standards and Certification
- Training and support for Members and Auditors.

There is also a strong reliance on ASI Accredited Auditors' internal checks and quality control processes, which is the reason why ASI accredits firms that:

- Are independently accredited to internationally recognised Standards for Conformity Assessment Bodies (CABs), or can demonstrate Conformance independently
- Have internal systems for managing Auditor qualifications and quality

- Have internal systems for verifying findings
- Have clear processes for dealing with clients with professionalism and integrity.

ASI Accredited Auditors may be subject to Witness Assessments and reviews by independent peers assigned by ASI as part of its assurance Oversight. Periodic reviews of ASI’s own Certification and decision-making activities are also undertaken to ensure that the integrity and impartiality of the process are not compromised.

The findings of these reviews and Oversight over time may prompt the need for the implementation of a refresher training requirement for Auditors, and/or new training modules, and/or the implementation of other ASI controls designed to maintain the credibility of ASI Certification. In some cases, it may result in sanctions and disciplinary proceedings against Members or Auditors triggered by actions or omissions that affect the integrity of ASI Certification. Sanctions include revoking an ASI Accreditation status or a Member’s Certification (see section 12).

10.3. ASI Claims

Certified Members and Entities will be entitled to promote their Certification Status to other parties including final consumers. The **ASI Claims Guide** includes rules relating to the use of the ASI Performance Standard or Chain of Custody Certified logos or Certification number, which are provided to ASI Members upon achieving Certification.



Provisional Certification and Claims

Claims relating to Certification are restricted for Members with Provisional Certification, more information is in the ASI Claims Guide.

10.4. Reminder Notifications to Members

The ASI Secretariat will issue reminder notifications to Members for pending deadlines relating to the following scenarios:

- Certification to the ASI Performance Standard, which must be achieved within two (2) years of joining
- Surveillance Audits during a Certification Period
- Re-Certification pending expiry of the current Certification Period.

10.5. Data Confidentiality

The confidentiality of Members’ commercially sensitive information is a core commitment for ASI, governed by both ASI’s Confidentiality Policy and Anti-Trust Compliance Policy.

Key points about how the ASI Secretariat maintains data and information confidentiality are summarised:

- The ASI Secretariat will access information about Members and their Facilities provided in:
 - The application to become a Member
 - The ASI Assurance Platform – *elementAL*, and Audit Reports for the purposes of Certification
 - Reporting under the **Chain of Custody Standard** and for ASI's Monitoring and Evaluation program
 - Any investigations required under the ASI Complaints Mechanism.

Any commercially sensitive information will be kept strictly confidential within the ASI Secretariat. ASI staff and consultants sign confidentiality agreements as part of their contracts.

All information will be maintained securely and will not be exchanged or disseminated to any Third Party except for the information which is published on the [ASI website](#) (see section 10.2), and aggregated and non-identifying information for the purposes of ASI's impacts reporting.

10.6. Training and Support

The ASI Secretariat will facilitate the web-based delivery of information resources and training to all Members and Auditors. Additional face-to-face information sessions and workshops may also be organised.

ASI will work to develop best practice case studies and other forms of peer support. These may be supported by ASI and/or other organisations, and may include workshops, seminars, emailed briefs, inter-Member support and additional online resources.

If there are any questions regarding available training and support, contact the ASI Secretariat for guidance: info@aluminium-stewardship.org

11. Changes and Variations

11.1. Change Types

Changes to a Member’s or Auditor’s Business, whether permanent, temporary, or incremental, are common and may be relevant to the integrity of the Certification program. Changes that must be reported to the ASI Secretariat include any changes to a Member’s ASI Certification Scope, or an ASI Accredited Auditors’ Accreditation Scope.

11.2. Certification Scope Changes

The Certification Scope may change if there are alterations to the Member’s Business, such as:

- Organisational restructure
- Divestments and acquisitions or changes to the equity share of Businesses
- Changes to activities, products and processes
- Changes to the locations and distribution of the Member’s Facilities
- External influences such as changes in the statutory environment, regulations and/or other stakeholder expectations and commitments that affect the organisation.

The ASI Secretariat must be notified of changes to the Member’s Business that differ from the published Certification Scope, this can be done within *elementAL*. The Member must also re-assess their Business in light of the changed Certification Scope to prepare for the next scheduled Audit, which will either be a Surveillance Audit or a Re-Certification Audit.

Adding Entities, Facilities or Products/Programs

If a Member wants to expand its existing Certification Scope by adding Entities, Facilities or Products/Programs during the current Certification Period, an Audit will be required for each additional element. For example, if a new Facility is being added, it will be part of a Scope Change Audit. If there is more than one element being added, then each element (e.g. Facility or site) must be included in the Audit Scope. The dates of the original Certification Period will remain unchanged if these changes are addressed in a Surveillance Audit.

Depending on the structure of its Business, the Member may choose to certify the additional Entities, Facilities or Products/Programs, with a separate Certification Scope, where a new Certificate and Certification Period would apply.

11.3. Divestments and Acquisitions

At times, the Control of a Business, Facility and/or Product/Program that falls under an existing ASI Certification may change through a divestment or acquisition.

Acquisitions

For the ASI Certification Status of the acquired assets (including any inventory of CoC Material) to continue, the new Entity in Control (if not already an ASI Member) will be required to become an ASI Member within six (6) months of the acquisition, thereby committing to comply with ASI membership obligations and the ASI Complaints Mechanism. ASI requires written approval from both parties (i.e., seller and purchaser of the Entity) each providing approval for the transfer of the Certification(s) and all accompanying Audit-related information, including Self Assessments and Audit Reports. Once this approval is received, the ASI Secretariat will re-issue the Certificate(s).

Following the transfer of Certification(s) from the former Member owner of the Entity to the new Member owner of the Entity, all Certifications will be issued as a Provisional Certification until successful completion of a Surveillance Audit, subject to satisfactory completion of the Audit (i.e., no Major Non-Conformance) it will revert to a full Certification.

In this instance, however, the existing Certification Period and Certificate numbers do not change.

A Surveillance Audit of the Certified Business, Facility and/or Product/Program must be conducted as scheduled, or within twelve (12) months of the acquisition, whichever is first. The Scope of the Surveillance Audit should be determined based on areas of potential changes due to the acquisition. The rationale for any changes to the Certification Scope should be documented in the Audit Report.

If the new owner is not an ASI Member within six (6) months of the acquisition, or a Surveillance Audit is not completed within twelve (12) months, then the ASI Certification covering the acquisition will be revoked. Where applicable, this will mean that any CoC Material loses its status at that point and can no longer be claimed or sold as CoC Material.

This process provides a transition period (until the next scheduled Audit) for a potential new Member whilst continuing to recognise that the ASI Certification covering the Business, Facility or Product/Program has value in the Aluminium supply chain. The ASI Secretariat must be informed by the divesting Member of the divestment within a month of the transaction date, or ideally in advance wherever possible, so that the [ASI website](#) can be updated accordingly.

Divestments

Where divestments of Certified Entity (or Entities) by an ASI Member result in the membership requirement of at least one Entity Certified to the ASI Performance Standard no longer being met, the Member must address this. The Member will be given two (2) years from the date of the divestment to again certify at least one Entity to the ASI Performance Standard.

11.4. Changing ASI Accredited Auditing Firm to Conduct Certification Audits by Member

Members can select and change an audit firm from the list of ASI Accredited Auditing Firms to conduct their ASI Audits. However:

- An Entity with Provisional Certification Status must use the same Accredited Auditing Firm until all Major Non-Conformances have been closed, wherever possible
- Members must provide Auditors with copies of previous Audit Reports when changing to a new Accredited Auditing Firm.

12. ASI Complaints Mechanism and Disciplinary Procedures

12.1. ASI Complaints Mechanism

ASI aims to ensure the fair, timely and objective resolution of complaints relating to ASI's standards setting processes, Certification program, Auditor conduct, Registered Specialist conduct, Member conduct and ASI policies and procedures. Where complaints arise, it is a condition of participation in ASI activities for Members, ASI Accredited Auditing Firms and ASI Accredited Auditors to submit to the ASI Complaints Mechanism, and to be bound by the decisions of ASI. However, this does not replace or limit access to judicial remedies.

Full documentation supporting the ASI Complaints Mechanism can be downloaded from www.aluminium-stewardship.org.

12.2. Triggers for Disciplinary Proceedings

ASI is committed to ensuring the proper implementation of the ASI Certification program amongst its Members and maintaining the integrity of the auditing activities carried out by ASI Accredited Auditing Firms/Auditors. Disciplinary proceedings for Members or ASI Accredited Auditing Firms/Auditors may arise from a lack of performance against requirements, the result of a complaint, or other Material issues drawn to the attention of the ASI Secretariat. Triggers for disciplinary proceedings may include:

- Outcomes of complaints investigated via the ASI Complaints Resolution Mechanism
- ASI Certification not complete or renewed by the applicable deadline
- Critical Breaches identified by an Auditor or ASI
- Major or repeated Non-Conformances that are not satisfactorily addressed by the Member
- Agreed and reasonable timeframes for Corrective Action not met
- Deceptive or otherwise improper auditing
- Knowingly providing false, incomplete or misleading information to ASI or an Auditor
- Threats of reprisals made by a Member to Auditing Firms/Auditors, Workers or Affected Populations and Organisations
- Judgements by a court of law, or other legal or administrative regulatory body, on issues relating to ASI Standards that establish a breach of ASI Standards or membership requirements

- Bringing ASI into serious disrepute.

12.3. Disciplinary Procedures

Procedures for disciplinary proceedings against Members and Auditors are presented in the ASI Complaints Mechanism and Constitution. If the outcome of the proceedings involves a decision to apply sanctions, these may include:

- For Members: temporary or permanent loss of ASI membership
- For Auditors: temporary or permanent loss of ASI Accreditation.

In the case of ASI Certification not being completed or renewed by the applicable deadline, the ASI Secretariat may permit one extension period of up to six (6) months if certain criteria are met. If the specified criteria for an extension are not met, or the Member fails to meet the extension deadline, the Member will automatically lose their ASI membership. A stand-down period of one (1) year will apply before the Member can re-apply for ASI membership.

Members or Auditors subject to disciplinary action have the right, within three (3) months of notification of the decision, to refer any dispute arising out of disciplinary proceedings for final appeal and resolution in accordance with the ASI Constitution and the Complaints Mechanism.

Disciplinary proceedings will be treated with confidentiality and decisions will be based on Objective Evidence. The ASI Secretariat may seek independent legal advice or the involvement of independent Auditors to assist with the investigation and decision.

Appendix 1 – ASI Force Majeure Policy

1. What is the scope of this Policy?

ASI places a high priority on health and safety through the ASI Performance Standard, and likewise aims to ensure that all persons involved in planning and undertaking auditing activities can work and meet safely.

This Policy, adopted by the ASI Board, clarifies the reasonable accommodations that can be made to Audit Plans in consideration of Force Majeure situations. Force Majeure situations would include events or circumstances such as epidemics or pandemics, major natural disasters, and civil conflicts. The Policy aims to clarify the steps and considerations to be taken when adjusting Audit Plans during these exceptional circumstances.

The Policy is applicable to ASI Members and ASI Accredited Auditing Firms and is overseen by the ASI Secretariat.

2. ASI Members with an upcoming ASI Performance Standard Certification deadline – extensions

In section 3.5, it is noted that in exceptional circumstances, a six month extension to a Member's two year deadline may be considered for Force Majeure situations. Please be aware the ASI Assurance Manual requires that, for an extension to be granted by the ASI Secretariat, evidence of progress by the ASI Member on their Self Assessment must be provided.

To seek an extension, ASI Members should notify the ASI Secretariat of the Force Majeure situation and nominate the relevant Self Assessment ID they have been working on in *elementAL*. For questions and requests, contact the *elementAL* Help Desk.

3. ASI Members and ASI Accredited Auditing Firms with an upcoming ASI Audit scheduled

If the ASI Member or ASI Accredited Auditor determines that the risks of on-site auditing and/or associated travel are too high for an upcoming ASI Audit due to a Force Majeure situation, the following options may be considered:

A. Entire Audit postponed: The ASI Audit can be postponed for an agreed period, until the risks can be re-assessed.

i. This may be appropriate where it is a Certification Audit that does not relate to a membership deadline situation addressed in Section 2 or is otherwise not time critical.

ii. A Surveillance Audit, where the deadline for completion of the Audit is not as time critical as for a Certification or Re-Certification Audit.

B. Hybrid Audits (mix of on-site and remote ‘desktop’ components) with the on-site component

postponed: The on-site component of the ASI Audit can be postponed, with remote ‘desktop’ component undertaken where possible.

i. This may be relevant where an ASI Audit is seen to be time-critical, or where the non-site aspects of an ASI Audit can be usefully progressed.

ii. Initial reporting of the remote ‘desktop’ component may be uploaded, and if appropriate, submitted to ASI through the *elementAL* Audit Reporting platform (see section 6).

iii. Audit Exclusions, Audit Limitations or parts of the Audit Plan not completed must be specifically noted with the Force Majeure reasons explained.

iv. For a Certification Audit, Provisional Certification is the most that can be recommended by the Auditor based on the remote ‘desktop’ component, subject to a Surveillance Audit scheduled at a later date to address the on-site component. **This recommendation will be subject to review as part of the ASI Oversight processes for sufficiency and Materiality of the remote ‘desktop’ component against the applicable parts of the ASI Standard.**

C. Remote ‘desktop’ only Audits in limited circumstances: Remote ‘desktop’ only Audits can be conducted for Surveillance Audits, Scope Change and Re-Certification Audits as follows:

i. Audits for the Chain of Custody Standard.

ii. Surveillance Audits for the Performance Standard as outlined in Table 19 of the ASI Assurance Manual.

iii. Re-Certification Audits for the Performance Standard are outlined in Table 1 below (Force Majeure Contingency Options for ASI Audits).

iv. Where a previously identified Non-Conformance was unable to be closed by an ASI Member due to the Force Majeure Situation, this should be noted in the Audit Report.

D. Other Audit Types: For all other cases, please contact the ASI Secretariat.

Notification Process for ASI Audit Cycle Changes

The ASI Secretariat must be notified of any proposed or agreed changes to the planned Audit cycle for an ASI Audit. Questions and notifications of timing changes for specific ASI Audits, from either ASI Members or ASI Accredited Auditors, should be done through the Help Desk in *elementAL*, referring to the relevant Self Assessment or Audit ID.

4. What parts of an ASI Audit can be undertaken by remote 'desktop' assessments?

The International Accreditation Forum (IAF) Mandatory Document IAF MD5: 2019⁶ notes that: *Certification Audits may include remote auditing techniques such as interactive web-based collaboration, web meetings, teleconferences and/or electronic verification of the client's processes. ... These activities shall be identified in the audit plan and the time spent on these activities may be considered as contributing to the total duration of management systems audits.*

For ASI Audits:

- The time spent on remote 'desktop' assessment activities may count towards the Audit on-site time outlined in section 5.8 of the ASI Assurance Manual.
- Objective Evidence that can be reviewed remotely includes documentation and some testimonials. For example, interviews of management, staff/Workers and Stakeholders may be possible and appropriate for some (but not all) situations, depending on access to web-based communications (or similar) and the health and safety of the individuals. The general principles for interviewing as outlined in the ASI Assurance Manual still apply.
- Objective Evidence that cannot be reviewed remotely is observational. Verification of on-site implementation, process control and risk control where relevant in applicable ASI Standards cannot be audited using remote Audit techniques.

Any specific questions on these guidelines should be raised through the *elementAL* Help Desk.

5. Implementation guidance

ASI remains committed to adapting and implementing reasonable efforts to assure sustainability and Chain of Custody (CoC) performance during difficult times relating to a Force Majeure event. Where ASI Members or Accredited Auditors have questions, please raise these with the ASI Secretariat through the *elementAL* Help Desk.

For detailed guidance relating to the auditing of each Performance Standard criteria based on Audit type and current level of Conformance for each criterion, as well as recommendations for assessing initial and updating existing Maturity Ratings, see section 6 of this Policy.

Table 1 below, has been developed to provide further specific guidance to Members and Accredited Auditing Firms that are affected by travel and work restrictions as a result of a Force Majeure situation. It sets out the various options:

⁶ IAF MD5: 2019 https://iaf.nu/iaf_system/uploads/documents/IAF_MD5_Issue_4_Version_2_11112019.pdf

ASI Audit Type

- A Member's first ASI Certification Audit against the ASI Performance Standard, where this meets their minimum member requirement to seek ASI Certification for at least one Facility, Program or Product within two (2) years of joining ASI.
- A Member's initial ASI Certification Audit for any additional/subsequent parts of their business, but where their minimum member requirement has already been met.
- Surveillance Audit and Re-Certification Audit – for both Full Certification and Provisional Certification.
- Scope Change Audit – where additional Business, Facility, Supply Chain Activities or Product/Program(s) are added to the ASI Certification Scope.

Performance Standard

For the Performance Standard, most Audit Types can only be partially undertaken as a remote 'desktop' assessment during a Force Majeure situation. The Certification outcome will depend on factors as noted in Table 1, and in some cases, Full or Provisional Certification may not be awarded until successful completion of the on-site component. This will not alter the current Certification Period.

ASI Oversight processes will apply as usual. Provisional Certification or no Certification may be relevant where one or more of (but not necessarily limited to) the following is identified by the ASI Secretariat:

- There is an insufficient number or range of criteria that have been adequately assessed during the remote 'desktop' only Audit or component;
- There is a substantial number of high-risk or significant Material criteria that have not been assessed during the remote 'desktop' only Audit or component;
- The overall level of Objective Evidence obtained and reviewed remotely by the Auditor is deemed insufficient to continue or progress to a Full Certification Status;
- Insufficient rigour has been applied to the auditing of one or more criteria of Material significance to the Entity and its Certification Scope;
- There is an insufficient sampling of businesses and/or facilities for Certification Scopes that include multiple operations.

Chain of Custody Standard

For the Chain of Custody Standard, all Audits can be undertaken as a remote 'desktop' only Audit in a Force Majeure situation, once confirmed by the ASI Secretariat.

Determination of Adequacy during Oversight

Under a Force Majeure situation, ASI reserves the right to make a final determination as to the adequacy of any remote 'desktop' Audit undertaken under a Force Majeure situation.

Implementation of the principles and practices outlined in this Policy will be carefully reviewed during the ASI Oversight process, where all submitted Audit Reports are reviewed. All Certificates issued under this Policy will include a limitations statement to be included as part of the Audit Scope. See section 6 of this Policy for examples of an appropriate limitations statement.

I . Options for each scenario are by Location of Audit:

- ✓ This component/approach may proceed if travel, health and safety risks and presence on-site are acceptable.
- This component/approach may proceed as both safe and acceptable within the ASI Assurance Manual, given the nature of the Audit Type and Standard.
- ✗ This component/approach does not fully conform with the ASI Assurance Manual, but remote 'desktop' components may be undertaken as an initial step.

II . And by Schedule:

- Each ASI Member may make an individual business decision as to an appropriate future schedule for these Audits.
- The schedule change must be discussed with the ASI Secretariat and a new date agreed in principle for these Audits; or in the case of no fixed schedule, options should be first discussed with the ASI Secretariat.

III . Parts of the Audit that can proceed with the remote 'desktop' component, with on-site components postponed until the situation changes:

- ✓ Any parts of the ASI Audit that can be carried out remotely should proceed, and an ASI Audit Report on these aspects prepared and submitted to ASI.
- X Any parts of the ASI Audit that rely on on-site observation evidence should be postponed, and the limitations on the Audit are noted in the ASI Audit Report submitted to ASI. Relevant limitations will be included in the 'Audit Scope' section of the published ASI Public Audit Report, noting the reasons under this Policy.

Table 1 – Force Majeure Contingency Options for ASI Audits

AUDIT TYPE	FORCE MAJEURE CONTINGENCY OPTIONS						
	LOCATION			SCHEDULE			
	ON-SITE ONLY	HYBRID	REMOTE 'DESKTOP' ONLY	AS SCHEDULED	POSTPONEMENT (<3 months)	POSTPONEMENT (>3 months)	POSTPONEMENT (past Member deadline)
Performance Standard							
First Certification Audit for Member	✓	✓	≠ Not sufficient for Full Certification but Provisional Certification may be possible (see 3(b)iv above)	X Postpone on-site component ✓ Carry out remote 'desktop' component	• Business decision	• Business decision	↔ Discuss with ASI
Initial Certification Audit for additional Member Certifications	✓	✓	≠ Not sufficient for Full Certification but Provisional Certification may be possible (see 3(b)iv above)	X Postpone on-site component ✓ Carry out remote 'desktop' component	• Business decision	• Business decision	N/A
Initial Certification Audit for additional Member Certifications –Principles 1-4 only	✓	✓	→ During Force Majeure situation	• Business decision	• Business decision	• Business decision	
Surveillance Audit or Re-Certification Audit	✓	✓	≠ Existing Full Certification can continue (unless new Major Non-Conformances are identified)	X Postpone on-site component	↔ Discuss with ASI	↔ Discuss with ASI	

			through remote 'desktop' assessment) . Provisional Certification Status to continue unless Non-Conformances from previous Audits can be assessed through documentation and testimonial evidence and closed out.	✓ Carry out remote 'desktop' component			
Scope Change Audit	✓	✓	≠ Usually not sufficient for Full Certification. Other cases are to be discussed with ASI on a case by case basis.	↔ Discuss with ASI	↔ Discuss with ASI	↔ Discuss with ASI	
Chain of Custody Standard							
Initial Certification Audit	✓	✓	→ During Force Majeure situation	• Business decision	• Business decision	• Business decision	N/A
Surveillance Audit or Re-Certification Audit	✓	✓	→ During Force Majeure situation	X Postpone on-site component ✓ Carry out remote 'desktop' component	↔ Discuss with ASI	↔ Discuss with ASI	
Scope Change Audit	✓	✓	→ During Force Majeure situation	• Business decision	• Business decision	• Business decision	N/A

6. Factors to consider when assessing Conformance against the ASI Performance Standard using remote methods for Hybrid Audits

This section is applicable to ASI Performance Standard Audits that cannot be carried out in full on-site or remotely. It does not apply to Audits of the Chain of Custody Standard, as ASI has permitted CoC Audits to be carried out in full remotely during Force Majeure situations once confirmed by the ASI Secretariat.

Where a remote 'desktop' only Audit must be undertaken, there will be circumstances where:

- Not all criteria can be fully assessed remotely, for example where Conformance levels cannot be adequately assessed without a visual or physical inspection of facilities and equipment on-site.
- These components of the Audit will need to be carried out at a later date, once access to the site is available.
- An Audit Report must be submitted following the completion of the remote 'desktop' component.
- A new Audit Report will be prepared (as per a standard Surveillance Audit) at a later date by the Auditor, following the completion of the on-site component. Whilst the new Audit Report will incorporate the observations and findings from the remote 'desktop' component, all criteria must be assigned one of the standard Conformance Ratings (e.g., Conformance, Not Applicable and Minor/Major Non-Conformance). This applies to all Audit types (i.e., initial, Scope Change, Surveillance, and Re-Certification). Figure 1 illustrates the sequence of reporting for Force Majeure impacted Audits.

Figure 1 – Sequence of Self Assessment and Audit process steps under a Force Majeure scenario



Reporting an 'Unable to Rate' Rating

elementAL provides Auditors with an 'Unable to Rate' option under a Force Majeure situation – allowing Auditors to select this 'rating' when relevant evidence that they would normally be able to assess while on-site is not accessible. The 'Unable to Rate' option provides the opportunity to note interim findings but temporarily hold off from a final conclusion on Conformance, until such time that the full assessment of the criteria can be completed during a subsequent on-site component of the Audit. Note that previous Non-Conformances cannot be closed out if an 'Unable to Rate' finding is recorded for those criteria.

The 'Unable to Rate' option is only available for Audits where the ASI Secretariat have been notified prior to the Audit that a remote 'desktop' component will be undertaken initially, before following with the on-site component at a later date. If 'Unable to Rate' is selected for a specific criteria, the Auditor must provide a written description in the 'Observations and Findings' section in the Detailed Audit Report that outlines the rationale and justification for the section of 'Unable to Rate'.

A Public Headline Statement is also required, an example of a Public Headline Statement is provided below:

"Whilst records relating to the systems and monitoring of Spent Pot Lining (SPL) management were reviewed and assessed to being up to date and in conformance with the Standard, we were unable to physically assess the SPL management facility to determine performance. We have therefore assessed this criteria as 'Unable to Rate,' until the SPL facility can be assessed during the on-site audit."

Initial assessment of Maturity Rating for 'performance'

For initial Certification Audits where Maturity Ratings have not yet been assigned to the Entity, the Auditor can assign a Maturity Rating for 'systems' and 'risks', however the Maturity Rating for 'performance' cannot be adequately assessed unless the on-site component has been completed. Therefore, for 'performance,' the Auditor can select either a 'low' or 'medium' rating, but not 'high'. The Auditor can in a future Audit upgrade the rating to 'high', however, if the observations and findings obtained during the later on-site component warrant this.

Table 2 – Assigning a Maturity Rating for 'performance' for Initial Certification Audits only

Maturity Rating performance	Rationale
Low	If the remote 'desktop' component is restricted to the review of documentation, records, transcripts, and personal communications etc.
Medium	If the remote 'desktop' component includes the review of documentation, records, transcripts, and personal communications plus some visual assessment of the operations (including photographs, videos, use of webcam, virtual site walkover etc.) which would assist in assessing the appropriate level of performance and operational controls on-site.

High	This Maturity Rating cannot be assigned until the on-site component of the Audit is completed.
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Table 3 – Reviewing/updating a Maturity Rating for ‘performance’ for Surveillance, Scope Change and Re-Certification Audits

Existing Maturity Rating performance	Rationale
Low	No improvement to this rating can be assigned until the on-site component of the Audit is completed.
Medium	This rating can be maintained, however it must be confirmed at the end of the on-site component. The rating can be lowered following the remote ‘desktop’ component, and then reviewed again following the on-site component. No improvement to this rating can be assigned until the on-site component of the Audit is completed.
High	This rating can be maintained, however it must be confirmed at the end of the on-site component. The rating can be lowered following the remote ‘desktop’ component, and then reviewed again following the on-site component of the Audit.

Previously assigned Maturity Ratings in assessing Criteria

For a Scope Change, Surveillance or Re-Certification Audit, Auditors should consider the Maturity Rating for ‘performance’ previously assigned for the Entity. Auditors should also take into consideration both the ‘systems’ and ‘risks’ Maturity Ratings, however the ‘performance’ Maturity Rating is the most relevant in this instance, as it is an indicator of on-site operational performance. The recommendations in Table 4 below should also be considered when assessing specific criteria, where it has been determined that remote ‘desktop’ assessment would be considered insufficient to fully rate these criteria (see Table 5).

Auditors may also consider the total number of Minor Non-Conformances received in each Principle section of the Standard. If a Principle in the Standard has received multiple Non-Conformances, this may likely be indicative of a particular area of operational deficiency that is unable to be adequately assessed without a physical on-site assessment.

Table 4 – Using Maturity Ratings when assessing Criteria

Maturity Rating performance	Rationale
Low	If on-site auditing is required to assess the performance of a section of the Standard (as recommended in Table 5), then ‘Unable to Rate’ <u>shall be selected</u> .
Medium	If on-site auditing is required to assess the performance of a section of the Standard (as recommended in Table 5), then ‘Unable to Rate’ <u>should be</u>

	<u>considered</u> , if there is one or more pre-existing Non-Conformances attained for that section of the Standard. This will depend on the quality and extent of the Objective Evidence provided by the Member to the Auditor during the remote 'desktop' component.
High	If on-site auditing is necessary to assess the performance of a section of the Standard (as recommended in Table 5) , then 'Unable to Rate' <u>could be considered</u> , if there is one or more pre-existing Non-Conformances attained for that section of the Standard. This would depend on the quality and extent of the Objective Evidence provided by the Member to the Auditor during the remote 'desktop' component.

Performance Standard Criteria

The ASI Performance Standard has a mix of Principles that are both systems and operational in their intent and application. As such, some criteria may be assessed remotely through a review of documentation (e.g., Policies, Procedures, work instructions, management plans and records etc.), however for some criteria, on-site assessment of operational controls is required. Table 5 guides Auditors where ASI recommends that on-site assessment of operational controls is required before either a revision or confirmation of a criteria rating can be provided.

ASI respects the Auditor's professional opinion to make an informed assessment of an Entity's performance during the remote 'desktop' component of the Audit and rate its performance accordingly. To support ASI's Oversight process, a sufficient and clear rationale for the rating must be provided in the observations and findings section of the Audit Report.

Limitations statement

For the initial remote 'desktop' or hybrid Audit Reports, all Auditors are required to use the existing 'Audit Limitations and/or Parts not Completed' data entry field in the *elementAL* Audit Report, which is completed in the Audit Report Plan and Methodology section of the Audit Report to provide a general overview that describes the specific limitations relating to the remote 'desktop' or hybrid Audit. This limitations statement will be incorporated into the ASI Certificate, subject to review and edit by the ASI Secretariat for clarity and consistency, where required.

Some examples of a Limitations Statement include:

"At the time of the audit, access to the site was not possible, due to severe damage by Hurricane Irene, resulting in a partial shutdown of the facility. The audit has been undertaken as a 'desktop' exercise, in accordance with the ASI Force Majeure Policy, and included a remote review of relevant documentation. The on-site component of this audit will be completed when access to the Entity is deemed safe by the Government and Member."

"This audit was undertaken as a desktop exercise, due to site inaccessibility resulting from ongoing uncontrolled wildfires in the immediate region to the Entity, in accordance with the ASI Force Majeure Policy. The desktop audit included a review of site Policies and procedures, management plans,

records, and registers, as well as photos, video and selected 'webcam' footage of specific operational controls relating to high-risk activities. The on-site audit has been tentatively scheduled for October 2024, subject to Governmental policy and company measures in place at the time allowing for access to the site."

Continuation of the Audit process on-site

The Auditor will need to liaise with the Member to schedule the completion of the on-site component of the Audit and develop and agree on an Audit Plan. The Audit Plan must address all criteria assessed as 'Unable to Rate', and following the completion of the on-site component, all previous 'Unable to Rate' criteria must be assigned one of the normally available Conformance Ratings. criteria previously assessed as a Non-Conformance/s should also be assessed during the on-site component of the Audit, to provide the Entity an opportunity to have the criteria re-assessed in light of any new or updated work undertaken during the time between the remote 'desktop' component and on-site component of the Audit.

The on-site component of the Audit should ideally be undertaken within three (3) to six (6) months of the remote 'desktop' component, if it has been determined as both safe and legal by the Auditor and Member to do so. ASI recommends that the Auditor remain in regular contact with the Member to stay informed on local conditions and current risks or travel restrictions in force. If travel or Visitor access restrictions are ongoing in the Entity's location or at their site, and/or the Auditor has determined travel to the Entity site/s to be of an unacceptable risk, please contact the ASI Director of Assurance to discuss a possible further postponement.

Performance Standard Criteria and remote ‘desktop’ assessments

Table 5 below provides a series of recommendations based on both the pre-existing Conformance Rating (where applicable) for each criterion of the Performance Standard, as well as for initial Certification Audits. These recommendations have considered the level of inherent risk associated with each criterion, the need to visually assess operational controls, and the need to interview specific Stakeholders (including employees, contractors, and community representatives). For most criteria, ASI acknowledges that there will be an opportunity for the Auditor to partially assess performance, however some criteria cannot be sufficiently assessed without a level of on-site engagement. The adoption of these criteria-specific recommendations will enhance consistency across all audits and provide direction for Auditors to assist in effectively completing the remote ‘desktop’ component.

The key below explains how specific criteria can be rated based on prior Non-Conformances (NCs) and the evidence required to ensure that an appropriate level of assessment and Due diligence is applied across the Performance Standard.

Table 5 –Hybrid (on-site and remote ‘desktop’ components) auditing of the Performance Standard Criteria

KEY	DESCRIPTION
✓	Remote ‘desktop’ assessment in most circumstances should be sufficient for the Auditor to be able to confirm or revise the rating of Conformance, Minor Non-Conformance, or Major Non-Conformance.
①	Remote ‘desktop’ assessment in most circumstances should be sufficient for the Auditor to be able to <u>confirm</u> the existing Conformance Rating, but improvement of the existing rating of the criteria cannot be made unless the on-site component is completed. <i>(i.e., a Major Non-Conformance cannot be changed to a minor Conformance without on-site assessment, and a Minor Non-Conformance cannot be changed to Conformance without on-site assessment) however an existing rating can be confirmed through remote ‘desktop’ assessment).</i>
X	Remote ‘desktop’ assessment would be considered insufficient to <u>fully</u> rate these criteria, due to the requirements of the criteria and/or the significance of the findings (the level of risk versus the operational control/s required). Therefore, these criteria should be assessed as ‘Unable to Rate’ until the on-site component is completed. <i>(i.e., a Major Non-Conformance cannot be downgraded to a minor Conformance without on-site assessment and a Minor Non-Conformance cannot be changed to Conformance without on-site assessment).</i> Evidence such as documentation and interviews that were able to be assessed remotely should be noted in the Observations and Findings and Public Headline Statements.

CURRENT RATING	AUDIT TYPE									
	INITIAL	SURVEILLANCE			SCOPE CHANGE			RE-CERTIFICATION		
	N/A	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC
GOVERNANCE										
1 Business integrity										
1.1 Legal Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.2 Anti-Corruption	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.3 Code of Conduct	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2 Policy and Management										
2.1 Environmental, Social, and Governance Policy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.2 Leadership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.3 Environmental and Social Management Systems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.4 Responsible Sourcing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.5 Environment and Social Impact Assessments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.6 Human Rights Impact Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.7 Emergency Response Plan	✓	✓	✓	◐	✓	✓	◐	✓	✓	◐
2.8 Suspended Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.9 Mergers and Acquisitions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

CURRENT RATING	AUDIT TYPE									
	INITIAL	SURVEILLANCE			SCOPE CHANGE			RE-CERTIFICATION		
	N/A	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC
2.10 Closure, Decommissioning and Divestment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3 Transparency										
3.1 Sustainability Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.2 Non-compliance and Liabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.4 Payments to Governments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.5 Stakeholder Complaints, Grievances and Requests for Information	✓	✓	✓	●	✓	✓	●	✓	✓	●
4 Material Stewardship										
4.1 Environmental Life Cycle Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.2 Product design	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.3 Aluminium Process Scrap	✓	✓	✓	●	✓	✓	●	✓	✓	●
4.4 Collection and Recycling of Products at End of Life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ENVIRONMENT										
5 Greenhouse Gas Emissions										
5.1 Disclosure of GHG Emissions and Energy Use	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

CURRENT RATING	AUDIT TYPE									
	INITIAL	SURVEILLANCE			SCOPE CHANGE			RE-CERTIFICATION		
	N/A	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC
5.2 Aluminium Smelter GHG Emissions Intensity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.3 GHG Emissions Reduction Plans	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.4 GHG Emissions Management	✓	✓	✓	●	✓	✓	●	✓	✓	●
6 Emissions, Effluents and Waste										
6.1 Emissions to Air	✓	✓	●	X	✓	✓	●	✓	●	X
6.2 Discharges to Water	✓	✓	●	X	✓	✓	●	✓	●	X
6.3 Assessment and Management of Spills and Leakages	X	✓	●	X	✓	●	X	✓	●	X
6.4 Public Disclosure of Spills and Leakages	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.5 Waste Management and Reporting	X	✓	●	X	✓	●	X	✓	●	X
6.6 Bauxite Residue	X	✓	●	X	✓	●	X	✓	●	X
6.7 Spent Pot Lining (SPL)	X	✓	●	X	✓	●	X	✓	●	X
6.8 Dross	X	✓	●	X	✓	●	X	✓	●	X
7 Water Stewardship										
7.1 Water Assessment and Disclosure	✓	✓	●	X	✓	✓	●	✓	●	X
7.2 Water Management	X	✓	●	X	✓	●	X	✓	●	X

CURRENT RATING	AUDIT TYPE									
	INITIAL	SURVEILLANCE			SCOPE CHANGE			RE-CERTIFICATION		
	N/A	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC
BIODIVERSITY										
8.1 Biodiversity and Ecosystems Services Risk and Impact Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.2 Biodiversity Management	✓	✓	✓	●	✓	✓	●	✓	✓	●
8.3 Management of Priority Ecosystem Services	✓	✓	✓	●	✓	✓	●	✓	✓	●
8.4 Alien Species	✓	✓	✓	●	✓	✓	●	✓	✓	●
8.5 Commitment to “No Go” in World Heritage Properties	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.6 Protected Areas	✓	✓	●	X	✓	●	X	✓	●	X
8.7 Mine Rehabilitation	X	✓	●	X	✓	●	X	✓	●	X
SOCIAL										
9 Human Rights										
9.1 Human Rights Due Diligence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.2 Gender Equity and Women’s Empowerment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.3 Indigenous Peoples	X	✓	●	X	✓	✓	●	✓	●	X
9.4 Free, Prior, and Informed Consent (FPIC)	X	✓	●	X	✓	✓	●	✓	●	X

CURRENT RATING	AUDIT TYPE									
	INITIAL	SURVEILLANCE			SCOPE CHANGE			RE-CERTIFICATION		
	N/A	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC
9.5 Cultural and Sacred Heritage	X	✓	●	X	✓	✓	●	✓	●	X
9.6 Displacement	X	✓	●	X	✓	✓	●	✓	●	X
9.7 Affected Populations and Organisations	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.8 Conflict-Affected and High-Risk Areas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.9 Security Practice	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
10 Labour Rights										
10.1 Freedom of Association and Right to Collective Bargaining	X	✓	●	X	✓	✓	●	✓	●	X
10.2 Child Labour	X	✓	●	X	✓	✓	●	✓	●	X
10.3 Forced Labour	X	✓	●	X	✓	✓	●	✓	●	X
10.4 Non-Discrimination	X	✓	●	X	✓	✓	●	✓	●	X
10.5 Communication and Engagement	X	✓	●	X	✓	✓	●	✓	●	X
10.6 Violence and Harassment	X	✓	●	X	✓	✓	●	✓	●	X
10.7 Remuneration	X	✓	✓	●	✓	✓	●	✓	✓	●
10.8 Working Time	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.9 Informing Workers of Rights	X	✓	✓	✓	✓	✓	✓	✓	✓	✓

	AUDIT TYPE									
	INITIAL	SURVEILLANCE			SCOPE CHANGE			RE-CERTIFICATION		
CURRENT RATING	N/A	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC	Conformance	Minor NC	Major NC
<i>11 Occupational Health and Safety</i>										
11.1 Occupational Health and Safety (OH&S) Management System	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.2 Employee engagement on Health and Safety	X	✓	◐	X	✓	✓	◐	✓	◐	X

Appendix 2 – Sampling Techniques

The process of collecting Objective Evidence involves sampling documentation and records, interviewing a representative selection of Workers and Affected Populations and Organisations, and observing the key functions of the Member’s Business.

Sampling should be carried out to access enough evidence to verify that systems and processes are adequately designed and in place and are effective. Sampling methods should be selected that can identify representative samples that are not biased in some way. Sample sizes need to be sufficient to provide a reasonable level of confidence that it is representative of the larger population.

Effective sampling should result in the same findings, or findings that are not Materially different, to those if a different sampling set had been selected. Ultimately, the sample must be enough to objectively support a finding of Conformance or Non-Conformance with the Standard’s requirement. In principle, enough information has been gathered if:

- The performance and Management System are well understood
- Personnel performing key functions and tasks have been interviewed
- There is sufficient evidence to identify the probable root cause of a Non-Conformance.

Often Auditors can be confronted by high numbers of documents, records, transactions, Affected Populations and Organisations and Workers. Time constraints prevent the Auditor from examining every document and interviewing every Affected Population and Organisation and Worker. To help ensure samples selected are appropriate and defensible, the following six steps can be considered:

1. **Determine and review the objective of the particular criteria in the Standard**

If it is overall Conformance about a routine activity, the Auditor may need to look at a range of records (e.g., monitoring results, or invoices). If it is a simple requirement to have something in place, for example a Policy or a risk assessment, sampling may not be necessary.

2. **Identify the population of information that is available**

What is the population of records and/or Workers that are available for review, and which are relevant to the part being audited? For example, when verifying induction training for Contractors, the population of Contractors can be determined by interviewing the relevant manager, or by reviewing a list of approved Contractors. It is important to establish the population before taking a sample, since all Audit findings and conclusions will be based on what has been sampled.

3. **Select a sampling method.**

Two general types of sampling can be used – judgmental sampling and probabilistic sampling.

a. **Judgmental sampling** involves leaning the sample towards a particular subset of the overall population. Examples of judgemental sampling include:

- An Auditor may have identified a recently completed Product design process. The Auditor may decide to focus the sampling activities on this new Product to assess how life cycle performance has been integrated into the design process

- Interviewing Contractors (if appropriate and safe to do so) who happen to be working at the Facility site on the day of the Audit
 - Interviewing Affected Populations and Organisations, which shall include Indigenous Peoples if they are present, affected by the Member activities as it relates to the Certification Scope.
- b. **Probabilistic sampling** aims to ensure that the sample represents the entire population under review. There are four main probabilistic sampling methods:
- I. **Random sampling:** Random sampling is the most widely used probabilistic sampling method and ensures that all parts of the population have an equal chance of being selected. The sample must be selected by the Auditor, not the Member.
 - II. **Block sampling:** The objective of block sampling is to draw conclusions about the population by examining certain segments or clusters of data that have been selected at random. This method can be employed when the population is very large and selecting and examining a purely random sample would be time consuming. For example, a company may be monitoring air emissions twice per day, five (5) days per week. Rather than select a random sample from about 489 test results (about twelve (12) months of monitoring records), the Auditor may select all records generated on Wednesdays for April, July and October.
 - III. **Stratification sampling:** This method can be used when there are wide variations in the size or characteristics of the population. It is similar to block sampling and breaks up the population into groups or subsets, such as day shift/night shift, full-time/casual Workers, high volume/low volume etc. For example, an Auditor may discover that information about labour rates and deductions tend to be less formal during busy periods of production. The Auditor can decide to focus sampling during these busy periods.
 - IV. **Interval sampling:** This method selects samples at various intervals, where, for example, every n^{th} segment of the population is analysed. As in random sampling, every item must have an equal chance of being chosen, so the first item selected in interval sampling must be at random. The sampling interval is normally determined by dividing the total population by the desired sample size. As an example, an Auditor may want to verify whether weekly workplace inspections have been carried out over the past twelve (12) months. For a desired sample of ten weekly inspection reports from the 52 weeks of review, this would require a sampling interval of every fifth report. If the starting point selected were four, the Auditor would sample the reports for week four, nine, thirteen, etc.
4. **Determine an appropriate sample size.** Sample sizes can be determined either statistically or on the basis of the Auditor's professional judgment. The latter is more commonly used in Management Systems auditing. Auditors must keep in mind that the size of the sample, particularly in relation to the total population, will naturally influence the confidence in the Audit results.
 5. **Conduct the sampling.** Once the sampling method and sample size have been determined, sampling can commence. To reduce any chance of bias, the sample must be selected by the Auditor rather than the Member. Care must also be taken to ensure that the right population is being sampled. For example, if the Auditor wishes to verify that Contractors have received

induction training, selecting training records from the training department may only show those Contractors that have been trained. It is better to obtain a list of all Contractors who have been on-site and select the sample from this listing.

6. Document the results

The final step in the sampling process is the documentation of results. The following information should be recorded:

- a. The objective of the process being audited
- b. The population under review
- c. Type of sampling method employed and reasons why
- d. The sample size selected and the reasons why
- e. The results of the sample.

Statistical Sampling

While sample sizes in Management System auditing can often be determined on the basis of the Auditor’s professional judgment, there may be situations where a statistical approach is more relevant.

In most Audit situations, it may be adequate to review 10% of the overall population to determine Conformance with requirements. However, sampling 10% may be too cumbersome or time-consuming when confronted with large populations. In such circumstances, a smaller sample size will need to be selected. By employing a statistical approach, the Auditor can be aware of the confidence level in the overall state of Conformance of the population under review.

Standards such as Military Standard 105D (Sampling Procedures and Tables for Inspection by Attributes) have been in use for many years for quality control. These standards provide a range of sampling plans and tables depending on the acceptable quality level desired. The following two tables are adapted from Military Standard 105D and can be used as a starting point to determine the optimum sample size and confidence in the sample size, particularly in high-risk processes or functions.

Table 1 below illustrates the suggested minimum sample size based on the size of the population using the Military Standard 105D techniques. The minimum sample should be used as a starting point for sampling documentary evidence (e.g., records, procedures, monitoring results, etc.) For example, for a total population of 2500 records, 315 records should be sampled.

Table 1 – Minimum Sample Size (n) based on Population Size by technique

Population size (N)	Minimum sample size (n) as per Military Standard 105D
2-8	All

9-15	9
16-25	10
26-50	13
51-90	20
91-150	32
151-280	50
281-500	80
501-1200	200
1201-3200	315
3201-10000	500

Other statistical techniques such as 10% or the square root of the overall population, particularly for larger sample sizes greater than 500, may also be used.

Table 2 below establishes the degree of statistical confidence in the sampling. For example, if no Non-Conformances are identified after reviewing 30 records, then one can be 90% confident that less than 7.0% of all results are Non-Conformant. In reality, the true state of Conformance could be higher. This model will only apply when the sample taken is truly random. The size of the total population does not affect the calculation, provided that the sample population (n) is less than or equal to 10% of the total population (N).

Table 2 – Confidence in the Sample Size

Sample size (n)	Confidence that the population is no more defective than the percentage below for each sample size (where $n \leq 0.1 N$, the total population)	
	90%	95%
100	2.3%	3.0%
50	4.5%	6.0%
30	7.0%	10.0%

20	11.0%	14.0%
15	14.0%	18.0%
10	21.0%	26.0%
5	44.0%	53.0%
2	72.0%	78.0%

In all cases, at least 25% of the sample should be selected at random.

Appendix 3 – Guidelines for Conducting Effective Audits

Communication and Interpretive Skills

Audits and Auditors are often viewed by those being audited as threatening. While Auditors are there to evaluate Conformance, Audits are more effective when they are conducted in an atmosphere of mutual respect.

Communication skills are very important for Auditors. To enhance the Audit process, Auditors should try to find common ground early in the conduct of an Audit. A good technique to relax people is to get them talking. People usually like to talk about themselves and what interests them.

Perception and interpretation are also critical parts of an Auditor's judgment. A message or statement simply being misheard or misread can impact and confuse Audit findings. Auditors need to take time to clarify and verify findings, to minimise the potential for inaccurate results.

Effective Questioning

Interviews are one of the important means of collecting information and should be carried out in a manner adapted to the situation and the person interviewed, either face-to-face or via other means of communication. During the interview, there are a number of questioning techniques that can be employed to open discussions, accumulate data, promote involvement, determine understanding and keep discussions on track. Such questions include the following:

- Open questions: used to get the Member talking
- Probing questions: used to uncover core issues
- Challenging questions: used when answers contradict and to counteract generalisations, exaggerations or dismissive behaviour
- Reflecting questions: used to test understanding
- Closed questions: used to direct, keep on track and check facts.

The following tips describe effective questioning techniques:

- Use an open and friendly approach
- Be aware of your body language
- Ask lots of open questions such as "Explain to me....", and "Tell me more about..."
- Use closed questions sparingly.

When conducting interviews, the following factors should be considered:

- Interviews should be held with persons from appropriate levels and functions performing activities or tasks within the Audit Scope
- Interviews should normally be conducted during normal working hours and, where practical, at the normal workplace of the person being interviewed
- Individual and group interviews may be conducted
- Translators and support personnel may be present during the interviews
- Quiet meeting rooms should be made available for interviews, however some interviews may be conducted in an open place
- If requested by either the interviewee or the Auditor, interviews can be conducted confidentially without the presence of management
- Attempt to put the person being interviewed at ease prior to and during the interview
- The reason for the interview and any note taking should be explained including that nobody is reprimanded for their responses. Also, explain that they may be asked to describe and/or demonstrate how they carry out their day to day duties to enable the Auditor to observe practices and verify other testimonial or documented statements
- Interviews may be initiated by asking the persons to describe their work
- Careful selection of the type of question used (e.g., open, closed, leading questions)
- The results from the interview should be summarized and reviewed with the interviewed person
- The interviewed persons should be thanked for their participation and cooperation.

Finally, remember that:

- Although interviews are important, and participation should be encouraged, individuals are not compelled to participate. However, Auditors may note a situation where an Employee or Contractor has refused to be interviewed.
- Findings based on Objective Evidence gathered during interviews will ensure the interviewee's identity remains anonymous unless permission has been given by the interviewee. Note that in certain locations, it may be a legal requirement that Workers be informed of this process in advance. Where it is not a legal requirement, it is nevertheless recommended that Workers be informed about the Audit and the possibility of their being interviewed.

Effective Listening

Communication is a two-way process and there is a requirement to listen as well as speak. Listening involves more than simply hearing what has been said. Effective listening can be actively promoted as follows:

- Stop talking
- Show the Member you want to listen
- Be aware of distractions
- Listen with empathy
- Pause before you respond to the Member
- Make sure you understand by paraphrasing

- Take notes openly
- Be patient, do not interrupt.

Listening is an active process that is enhanced by summarising what the Member has said and then repeating it back.

Effective Observation

The more familiar one is with a subject, the less observant or careful one tends to be. It is important for Auditors not to become complacent, nor to allow pre-conceived ideas and assumptions to influence an observation. Always verify understanding of what has been observed. Observations must be substantiated with Objective Evidence.

General Auditing Tips

Below are some tips that can be employed during an Audit to render the process more transparent and effective:

- Take notes openly
- Increase transparency through good communication and involvement of Members
- Lay open Procedures – it's not an examination
- Focus on the macro first – then the micro
- Focus on results of activities – remember, the system must not only exist but be effective
- Move around and make sure you talk to people
- Use terms like "show me", and "can I see", to lead you to Audit evidence
- Avoid use of words such as "why", "you", "but" and absolutes such as "always" or "never"
- Use a phrase like "Is there any reason why" to ensure the validity of your Audit findings
- Avoid behaviour that polarises Auditors from Members
- Don't nit-pick. Put findings in perspective
- Don't criticise
- Don't force your preconceived ideas on Members
- Don't set people up
- As you find problems, discuss them. Don't wait until the closing meeting.

Appendix 4 – ASI Audits – Information

Available for download at: <https://aluminium-stewardship.org/knowledge-hub/document-centre>

ASI Audits – General Information



About Aluminium Stewardship Initiative (ASI)

ASI works to drive responsible production, sourcing and stewardship in the global Aluminium value chain. It is a non-profit and multi-stakeholder standards setting and certification organisation, with a commitment to maximise the contribution of Aluminium to a sustainable society.

The ASI Certification process

The ASI Certification process follows five steps and involves the company, an Independent Third-Party Auditor, ASI, and various Affected Populations and Organisations.

The audit may be conducted through a combination of **on-site** and **virtual** interactions. In addition to documentation reviews and visual observations, **interviews** will be conducted with employees, contractors, rights holders and affected populations to ensure that the audit captures varied points of view.

What are the ASI Standards?

The ASI Performance and Chain of Custody Standards set requirements for the responsible production, sourcing and stewardship of aluminium. These two standards form the basis of the ASI Certification program.

ASI's robust standards are the result of multi-stakeholder consensus-building within the ASI Standards Committee and input from technical Working Groups and an open public consultation process.

ASI's Standards are globally applicable and encompass all stages of the Aluminium value chain: primary Aluminium production (including Bauxite Mining, Alumina Refining and Aluminium Smelting), Semi-Fabrication and Material Conversion processes, recycling, and use in final products. You can find out more at:

<https://aluminium-stewardship.org/asi-standards/overview>



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Who are the ASI Accredited Audit Firms?

ASI Accredited Auditing Firms are responsible for conducting independent, third-party Audits to certify Members against the ASI standards.

You can find a list of ASI Accredited Auditing Firms with contact details at:

<https://aluminium-stewardship.org/get-certified/accredited-auditing-firms>

How can I be involved in an audit?

- During the Audit planning process, the Auditor(s) will select a sample of Affected Populations and Organisations who they wish to interview as part of verification of conformance.
- Participation is voluntary – you have the right to decline an invitation.
- If you wish to speak to the Auditor, contact will be made to organise a suitable time for both parties. You may wish to speak either individually, or as part of a larger group. If you wish to get in contact with the Lead Auditor, please contact the Company prior to the Audit if you are comfortable in doing so. Otherwise, please contact ASI and we can provide you with contact information for the Lead Auditor.
- All discussions are held in confidence between yourselves, the Auditors and ASI.

What should I expect?

- An Auditor will always introduce themselves and will refer to you by your name as you desire. The Auditor will take notes as required, based on the responses you provide from questions on situations affected by the projects and activities carried out by the operation. These questions are likely to include whether the operation continuously promotes dialogue with you, and how often they meet with you.

How can I find out about the results of the audit?

These are published on the ASI website. You can search for a Company name and view their ASI Certifications on this page, or you can review our newsfeed at:

<https://aluminium-stewardship.org>

What if I have a concern or complaint?

Each ASI Accredited Auditing Firm is required to have its own dedicated complaints mechanism process. If you wish to lodge a complaint relating to the Audit, please use this process. If the concern or complaint relates to the Company, please use their own complaints process.

You can also access the ASI Complaints Mechanism at:

<https://aluminium-stewardship.org/complaints-mechanism>

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Glossary

The Glossary has been moved to the **ASI Glossary** global document.



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