INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

Cyanide Transportation

Summary Audit Report Form

For The
International Cyanide Management Code

www.cyanidecode.org

December 2016

The International Cyanide Management Code (hereinafter “the Code”), this document, and other documents or information sources referenced at www.cyanidecode.org are believed to be reliable and were prepared in good faith from information reasonably available to the drafters. However, no guarantee is made as to the accuracy or completeness of any of these other documents or information sources. No guarantee is made in connection with the application of the Code, the additional documents available or the referenced materials to prevent hazards, accidents, incidents, or injury to employees and/or members of the public at any specific site where gold or silver is extracted from ore by the cyanidation process. Compliance with this Code is not intended to and does not replace, contravene or otherwise alter the requirements of any specific national, state or local governmental statutes, laws, regulations, ordinances, or other requirements regarding the matters included herein. Compliance with this Code is entirely voluntary and is neither intended nor does it create, establish, or recognize any legally enforceable obligations or rights on the part of its signatories, supporters or any other parties.
SUMMARY AUDIT REPORT
FOR CYANIDE TRANSPORTATION OPERATIONS

Instructions

1. The basis for the finding and/or statement of deficiencies for each Transport Practice should be summarized in this Summary Audit Report. This should be done in a few sentences or a paragraph.

2. The name of the cyanide transportation operation, lead auditor signature and date of the audit must be inserted on the bottom of each page of this Summary Audit Report.

3. An operation undergoing a Code Verification Audit that is in substantial compliance must submit a Corrective Action Plan with the Summary Audit Report.

4. The Summary Audit Report and Corrective Action Plan, if appropriate, for a cyanide transportation operation undergoing a Code Verification Audit with all required signatures must be submitted in hard copy to:

   International Cyanide Management Institute (ICMI)
   1400 I Street, NW, Suite 550
   Washington, DC  20005, USA

5. The submittal must be accompanied by 1) a letter from the owner or authorized representative which grants the ICMI permission to post the Summary Audit Report and Corrective Action Plan, if necessary, on the Code Website, and 2) a completed Auditor Credentials Form. The lead auditor’s signature on the Auditor Credentials Form must be certified by notarization or equivalent.

6. Action will not be taken on certification based on the Summary Audit Report until the application form for a Code signatory and the required fees are received by ICMI from the applicable cyanide transportation company.

7. The description of the cyanide transport company should include sufficient information to describe the scope and complexity of its operation.
SUMMARY AUDIT REPORT

Name of Cyanide Transportation Facility: ________________________________
Name of Facility Owner: ______________________________________________
Name of Facility Operator: ____________________________________________
Name of Responsible Manager: _________________________________________
Address: ____________________________________________________________
State/Province: ________________ Country: ______________________________
Telephone: ________________ Fax: ________________ E-Mail: ______________

Location detail and description of operation:

______________________________  ________________________________  __________
Name of Facility                  Signature of Lead Auditor             Date

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SUMMARY AUDIT REPORT

Auditor’s Finding

This operation is

☐ in full compliance
☐ in substantial compliance *(see below)
☐ not in compliance

with the International Cyanide Management Code.

Include one of the following statements for Recertification Audit Reports:

This operation has maintained full compliance with the International Cyanide Management Code throughout the previous three-year audit cycle.

During the previous three-year audit cycle, this operation experienced non-compliance with Code requirements, significant cyanide incidents requiring notification to ICMI and/or cyanide exposures or releases that would require disclosure under Item 9.3.3 of the Mining Operations Verification Protocol. Further information and the rationale for the auditor’s finding are provided under Standard of Practice _____.

* For cyanide transportation operations seeking Code certification, the Corrective Action Plan to bring an operation in substantial compliance into full compliance must be enclosed with this Summary Audit Report. The plan must be fully implemented within one year of the date of this audit.

Audit Company: ________________________________
Audit Team Leader: ___________________________ E-mail: _______________________
Names and Signatures of Other Auditors: ________________________________

_____________________________________________________________________

Date(s) of Audit: ________________________________

I attest that I meet the criteria for knowledge, experience and conflict of interest for Code Verification Audit Team Leader, established by the International Cyanide Management Institute

Name of Facility  Signature of Lead Auditor  Date
SUMMARY AUDIT REPORT

and that all members of the audit team meet the applicable criteria established by the International Cyanide Management Institute for Code Verification Auditors.

I attest that this Summary Audit Report accurately describes the findings of the verification audit. I further attest that the verification audit was conducted in a professional manner in accordance with the International Cyanide Management Code Verification Protocol for Cyanide Transportation Operations and using standard and accepted practices for health, safety and environmental audits.

Name of Facility                  Signature of Lead Auditor                  Date

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1. TRANSPORT: Transport cyanide in a manner that minimizes the potential for accidents and releases.

Transport Practice 1.1: Select cyanide transport routes to minimize the potential for accidents and releases.

☐ in full compliance with
☐ in substantial compliance with  Transport Practice 1.1
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 1.2: Ensure that personnel operating cyanide handling and transport equipment can perform their jobs with minimum risk to communities and the environment.

☐ in full compliance with
☐ in substantial compliance with  Transport Practice 1.2
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 1.3: Ensure that transport equipment is suitable for the cyanide shipment.

☐ in full compliance with
☐ in substantial compliance with  Transport Practice 1.3
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 1.4: Develop and implement a safety program for transport of cyanide.

☐ in full compliance with
☐ in substantial compliance with  Transport Practice 1.4
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 1.5: Follow international standards for transportation of cyanide by sea and air.

☐ in full compliance with
☐ in substantial compliance with  Transport Practice 1.5
☐ not in compliance with

Name of Facility _________________________ Signature of Lead Auditor ___________________________ Date ___________________________
SUMMARY AUDIT REPORT

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 1.6: Track cyanide shipments to prevent losses during transport.

☐ in full compliance with
☐ in substantial compliance with
☐ not in compliance with

The operation is

Summarize the basis for this Finding/Deficiencies Identified: (Due to the sensitivity of security issues regarding storage of cyanide, no descriptions of substantial or non-compliance with this aspect of the Transport Practice should be provided.)

2. INTERIM STORAGE: Design, construct and operate cyanide trans-shipping depots and interim storage sites to prevent releases and exposures.

Transport Practice 2.1: Store cyanide in a manner that minimizes the potential for accidental releases.

☐ in full compliance with
☐ in substantial compliance with
☐ not in compliance with

The operation is

Summarize the basis for this Finding/Deficiencies Identified:*

3. EMERGENCY RESPONSE: Protect communities and the environment through the development of emergency response strategies and capabilities

Transport Practice 3.1: Prepare detailed emergency response plans for potential cyanide releases.

☐ in full compliance with
☐ in substantial compliance with
☐ not in compliance with

The operation is

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 3.2: Designate appropriate response personnel and commit necessary resources for emergency response.

☐ in full compliance with

Name of Facility __________________________ Signature of Lead Auditor __________________________ Date __________________________
The operation is  □ in substantial compliance with  Transport Practice 3.2
□ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 3.3:  Develop procedures for internal and external emergency notification and reporting.

□ in full compliance with

The operation is  □ in substantial compliance with  Transport Practice 3.3
□ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 3.4:  Develop procedures for remediation of releases that recognize the additional hazards of cyanide treatment chemicals.

□ in full compliance with

The operation is  □ in substantial compliance with  Transport Practice 3.4
□ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

Transport Practice 3.5:  Periodically evaluate response procedures and capabilities and revise them as needed.

□ in full compliance with

The operation is  □ in substantial compliance with  Transport Practice 3.5
□ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

__________________________  ____________________________  ____________________________
Name of Facility  Signature of Lead Auditor  Date