



INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

Auditor Credentials Form

For The International Cyanide Management Code

www.cyanidecode.org

December 2016

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Auditor Credentials Form

Facility Audited: _____ **Date:** _____

Lead Auditor Credentials

Lead Auditor: _____ Auditor Certification Number: _____

Certifying Organization: Name: _____ Telephone Number: _____

Address: _____ Web Site Address: _____

Minimum experience: 3 audits in past 7 years as Lead Auditor

Year	Type of Facility, Type of Audit Led	Country & State/Province

Cyanide-related Operations Experience

Each auditor must have at least 3 years; at least one auditor must have at least 7 years experience

Auditor	Yrs.	Relevant Position Titles	Types of Operations

Statement of No Conflict

I certify that I have not audited any component of this facility for which I was responsible for design or development; nor have I within the past year been an employee of the facility, its parent company, or associated affiliates. Excluding audits, assessments or reviews, I have not derived more than 30% of my income within the past 5 years from the facility, its parent, or associated affiliates. I have not participated in more than two consecutive Cyanide Code audits of this facility. I have participated in at least 3 health, safety, and/or environmental audits, assessments or reviews in the past 7 years and am familiar with standard audit procedures as well as with the protocols developed by the International Cyanide Management Institute for implementation of the Code.

	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Signed, Lead Auditor* _____			
Auditor 1 _____			
Auditor 2 _____			
Auditor 3 _____			
Auditor 4 _____			

Use additional pages if necessary

*The lead auditor's signature must be certified by notarization or equivalent.