APPENDIX 8-G

Responsible Mining Management System (RMMS) Standard

June 2016
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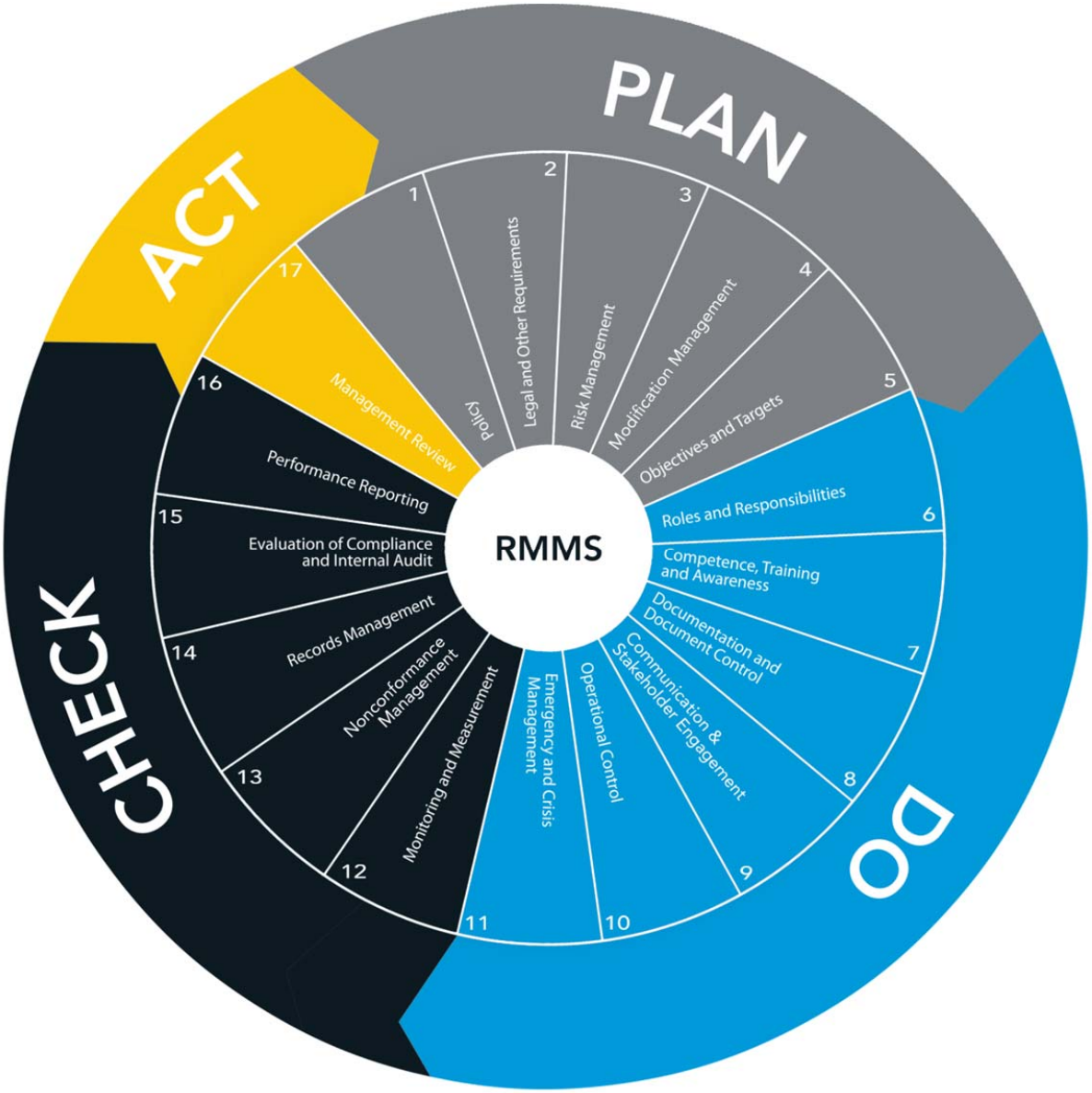
AGNICO EAGLE

Responsible Mining Management System (RMMS) Standard



Introduction, Context, Scope and Application

Introduction

This document provides details of AEM's Responsible Mining Management System (RMMS) Standard. The primary focus of this system is to provide an integrated framework for the management of health, safety, environmental and social acceptability performance. The RMMS supports the application of AEM's Sustainable Development policy. As shown in Figure 1, this standard is part of the RMMS suite of documents.

Context

This RMMS Standard follows the PLAN-DO-CHECK-ACT management system approach. In that respect, it was built to be consistent with ISO 14001 and OHSAS 18001. It also aims to achieve leading industry practices and as such meets the requirements of the following commitments: Toward Sustainable Mining (TSM) Initiative from the Mining Association of Canada, International Cyanide Management Code, Conflict Free Gold Standard from the World Gold Council, Global Reporting Initiative 4, and Carbon Disclosure Project.

Scope – To whom does this Standard apply?

All AEM Divisions must implement the RMMS outlined in the current Standard at all of their sites. Sites include operation, exploration, projects, offices and closed sites.

The application of RMMS does not take precedence over site-specific statutory and permitting requirements.

Application – When is the Standard applicable?

This Standard applies to all phases of mining projects, i.e.:

- exploration;
- construction;
- operation;
- closure and post-closure.

It applies to activities carried out by employees and by contractors on AEM sites.

Newly acquired projects and operations must comply with the AEM RMMS Standard, by first performing a gap analysis within six months of joining AEM, followed by the implementation of an action plan to close the gaps within a year[1].

Application – What does the RMMS contain?

This Standard details the elements of an integrated system designed on the principles of continual improvement (through the PLAN-DO-CHECK-ACT cycle). It is divided into 17 elements, with each element set out to achieve a specific objective in the management of health, safety, environment and social acceptability risks. Many of the elements are interrelated. Every element of the system includes a number of clauses detailing what is needed to reach the objective.

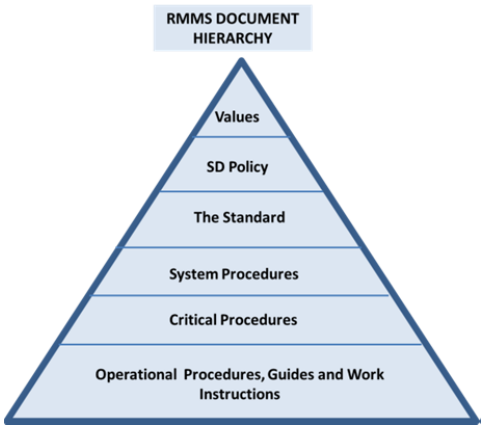
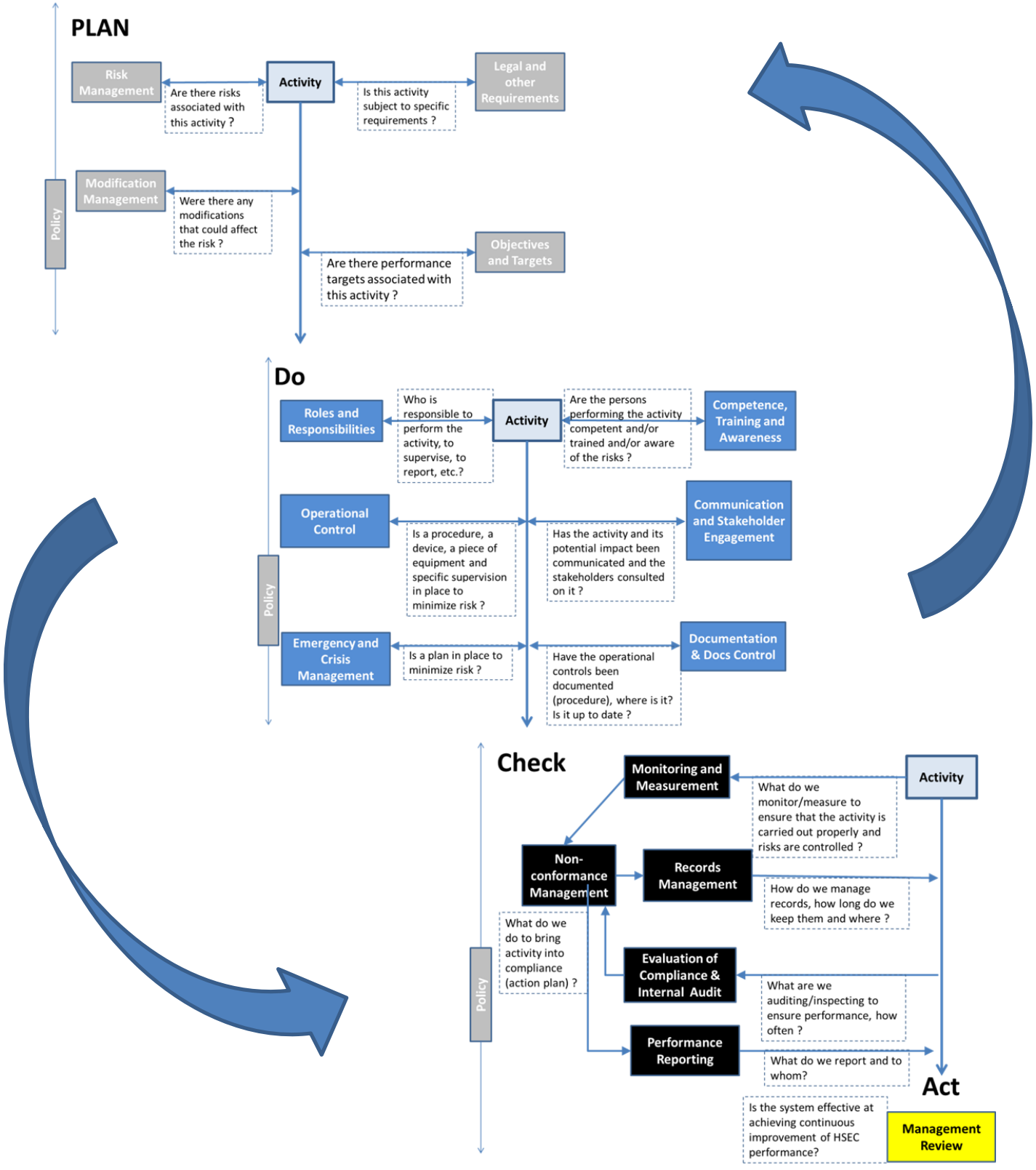


Figure 1: RMMS suite of documents

[1] *This will only apply after the development of the RMMS is complete. In the meantime, new divisions will join the System Development and Implementation Team (SDIT) and will develop a local implementation plan with an implementation schedule.*

Application – How does it work?

The following is a typical workflow showing how the 17 elements of the RMMS (Plan 1-5, Do 6-11, Check 12-16, Act 17) are used to manage the health, safety, environment and social acceptability performance of a given activity.

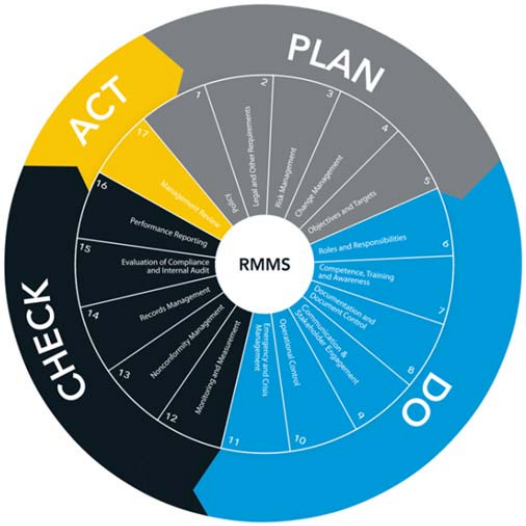


Intelex software supports the implementation of the RMMS.

The following processes are currently managed with Intelex:

- Legal and other requirements,
- Risk management,
- Work card follow up,
- Competence, training and awareness,
- Document control,
- Stakeholder communication,
- Nonconformance management,
- Environmental and Health & Safety incident management, and
- Audit management.

Contents



Frequently used acronyms:

AEM	**Agnico Eagle Mines**
ALARP	**As Low as Reasonably Practicable**
COI	**Community of Interest**
CMP	**Crisis Management Plan**
ERP	**Emergency Response Plan**
ERT	**Emergency Response Team**
GHG	**Greenhouse gases**
GRI	**Global Reporting Initiative**
HSEC	**Health, Safety, Environment and Community**
	or
	Health, Safety, Environment and Social Acceptability
KPI	**Key Performance Indicator**
MAC	**Mining Association of Canada**
PPE	**Personal Protective Equipment**
RMMS	**Responsible Mining Management System**
SD	**Sustainable Development**
TSM	**Toward Sustainable Mining (initiative of MAC)**

PLAN

Element 1: Policy

Objective:

Develop a policy that establishes a clear set of commitments for the effective and responsible management of mining-related activities in the areas of health, safety, environment and social acceptability.

Clause 1.1 Policy commitment

All AEM divisions must develop, implement and maintain an integrated approach to responsible mining.

This approach must be defined in a Sustainable Development Policy and include at least the following commitments:

- Prevent incidents and their potential consequences (injuries, illnesses, environmental contamination, property and/or environmental damage, loss of biodiversity, etc).
- Operate a safe and healthy workplace free of injury and fatality.
- Minimize the effects of our operations on the environment and maintain its viability and its diversity.
- Contribute to the sustainable social and economic development of communities associated with our operations.
- Comply with legal and other requirements.
- Effectively manage HSEC risks.
- Adopt leading practices in key HSEC areas through continual improvement.
- Establish measurable objectives and targets for improving HSEC performance.
- Provide the resources needed to meet our performance objectives.
- Respect AEM code of ethics.
- Engage with communities and other stakeholders.
- Report in a transparent manner to stakeholders.

Clause 1.2 Policy management

The Policy must be:

- Documented;
- Approved by senior management;
- Communicated and made available to all relevant internal and external stakeholders and interested parties; and
- Periodically reviewed to ensure it reflects the needs and priorities of the business.

Element 2: Legal and other requirements

Objective:

Comply with legal and other requirements including internal AEM standards, policies and obligations relevant to HSEC performance.

Clause 2.1: Identification of relevant requirements

Relevant requirements must include:

- Relevant legislative and permitting obligations (international, federal, state/provincial, regional or local).
- Any other obligations, such as those of licenses, codes of practice, Toward Sustainable Mining (TSM) protocols, Impact Benefit Agreement (IBA) and Conflict Free Gold.

Clause 2.2: Compliance evaluation and compliance register

Compliance must be evaluated for permitting requirements. Compliance must also be evaluated for any parameter that will be subjected to an external audit (ex: requirements of TSM, Cyanide Management Code, Conflict Free Gold, Industria Limpia, Empresa Socialmente Responsable).

All other relevant requirements must be classified in order of importance using the following 5 x 5 matrix, and only the requirements with high and very high importance must be evaluated for compliance.

Importance of requirement					
Consequence of an event happening as a result of a requirement's non-compliance	Probability of an event happening as a result of a requirement's non-compliance				
	Very Low	Low	Moderate	High	Very High
Catastrophic	Medium	Medium	High	Very High	Very High
Major	Low	Medium	High	High	Very High
Moderate	Low	Medium	Medium	High	High
Minor	Low	Low	Medium	Medium	Medium
Negligible	Low	Low	Low	Low	Medium

The evaluation of compliance to requirements must be stored in a register.

The compliance register must:

- Define who is accountable for maintaining compliance for each requirement.
- Be subjected to a regular review for currency, by assigning expiry/renewal dates to each requirement.
- Provide documentation of the periodic evaluation of compliance.
- Be accessible to relevant personnel.
- In case of non-conformance with an identified requirement, the non-conformance management process must be triggered.

Any change or update to the compliance register must be communicated to relevant personnel in departments where the requirements apply.

Clause 2.3: Mechanism to track changes in external and internal requirements

A mechanism/procedure must be developed to track and identify changes to all relevant legislation, standards, codes and other external requirements. A similar mechanism must be developed to track changes to internal requirements.

All changes are subject to the same compliance evaluation as prescribed in clause 2.2.

Element 3: Risk management

Objective:

Identify, quantify and manage health, safety, environment and social acceptability risks associated with AEM's activities.

Clause 3.1 First level of risk assessment and management: Formula of Supervision

The Formula of Supervision is the first level of risk assessment and management. It must be applied in the field daily by the operators and their supervisors before starting a task according to the AEM Standard of Formula of Supervision. The immediacy principle applies all the time in managing risk.

Clause 3.2: Approach to risk management

The approach to risk management includes the following steps:

- Establish the context in terms of probability and consequences for health and safety, environment and social acceptability risks, including the definition of what constitutes an acceptable risk.
- Systematically identify hazards/aspects to determine risk scenarios.
- Evaluate risks by qualitative or quantitative assessment(s) with and without the application of control measures.
- Record the risk analysis in the risk register, and document who attended the risk analysis workshops and/or the contributors.
- Manage risks according to their classification of either Low, Medium, High or Very High (classified using a 5x5 consequence and probability matrix similar to the one shown in clause 2.2) to achieve levels that are deemed to be As Low As Reasonably Practicable (ALARP).
- Use the following hierarchy of control (from high to low):
    - elimination;
    - substitution;
    - engineering;
    - administrative controls;
    - personal protective equipment (PPE).
- Develop an action plan for risk management.
- Re-evaluate the risk and classification on a regular basis and when significant changes occur (see the modification management element: Element 4) and update the risk register.
- Document, report and communicate the risk information.

Clause 3.3: Chronic health risk exposure

To evaluate chronic health risk exposure, all personnel must be assigned to a Similar Exposure Group (SEG) and their risks assessed by qualitative and quantitative (as appropriate) analysis.

Clause 3.4: Risks associated with carcinogens, mutagens and reproductive toxicants

Risk scenarios that involve known or suspected carcinogens, mutagens and reproductive toxicants must be specifically controlled.

Clause 3.5: Risk evaluation approval

The appropriate level of management shall approve completed risk evaluations relevant to their areas of accountability.

Clause 3.6: Risk management action plans

Action plans must be developed to manage high & very high HSEC risks and must control the risk to ALARP, be documented, and implemented.

All risk controls must:

- Be compatible with process and maintenance requirements.
- Be designed according to sound engineering practices.
- Be cost effective in achieving control of potentially hazardous exposures/emissions/impacts.
- Be regularly inspected, tracked for completion, maintained and reviewed for effectiveness.
- Consider emergency response capabilities.

Clause 3.7: Risk review frequency

All High and Very High HSEC risks must be reviewed and updated at least annually. All other HSEC risks must be reviewed and updated at least every 3 years to ensure the risk analysis is current and risks have not developed a higher profile.

Clause 3.8: Risk reporting to AEM Board

All risks that remain at the Very High classification must be reported annually to AEM Board of Directors by the Executive responsible (e.g. VP operation) for the division involved.

Element 4: Modification management

Objective:
Identify and adapt to modifications in both internal and external conditions leading to modifications in operational and business processes with potential impact on health, safety, environment or social acceptability performance.

Clause 4.1: Modification and project life cycle
The modification management process should be incorporated into each stage of the project life cycle.

Clause 4.2: Identification of modification
The modification management process must include a mechanism/procedure to anticipate, identify and track modifications in any operational or business processes that may impact HSEC performance.

Modifications may be:
- planned or unplanned;
- sudden or gradual;
- temporary or permanent.

The following are particular areas of modifications that need to be captured by the modification management process:
- project design and construction;
- mine planning and ground control plan;
- layout/architecture of mines/pits;
- plant configuration and plant equipment;
- closure plan;
- materials used, their composition and properties;
- feedstock used and by-products/wastes generated;
- drawings and engineered processes;
- operating procedures;
- maintenance procedures;
- emergency procedures or crisis management plan;
- programmable electronic system software;
- organization structures and responsibilities;
- personnel changes, training or competency requirements;
- individual roles and responsibilities;
- the departure of a contractor that has led activities, and management handover to AEM;
- regulatory and statutory requirements (see Element 2)
- community relationship or political changes in an area of operation;
- products used.

Clause 4.3: Review of the proposed modification
The modification management process must include a review of the proposed modification to ensure that:
- an appropriate level of technical expertise was used in the proposal;
- the workforce potentially impacted by the proposed modification was involved in the proposal;
- the modification was approved by at least the same level of authority as those who control the existing process or item being modified.

Clause 4.4: Post-modification review
The modification management process must include a formal review of the situation following the modification to evaluate the actual impact against the intended impacts, and to identify the reasons for any deviation.

Clause 4.5: Modification management during emergency situation
The modification management process must include a contingency to cover emergency situations where the full modification management process cannot practically be applied. These situations require the most senior manager (or their designate) who is accountable for the managed activity to approve the modification.

Clause 4.6: Modification management training
Employees and contractors must be trained to identify what constitutes a modification and how to initiate the modification management process.

Element 5: Objectives and targets

Objective:
Establish processes and plans to achieve continual improvement of health and safety, environment and social acceptability performance.

Clause 5.1: Characteristics of performance objectives and targets
Objectives and targets must be established for the management of HSEC performance.

They must have the following characteristics:
- be measurable;
- be consistent with established AEM objectives, targets and with AEM's Sustainable Development Policy;
- contribute to the prevention of incidents or to the reduction of their impact(s) and linked to significant risks identified;
- include Energy and GHG emission performance targets, in accordance with the TSM protocol;
- provide for continual improvement.

Clause 5.2: KPIs
Prior to the setting of objectives and targets, key performance indicators (KPI) must be established and measured to ensure that the objectives are realistic and that they will represent a real improvement in performance.

Clause 5.3: Process
To enable objectives and targets to be met, annual improvement plans must be developed, documented and integrated into the overall annual business planning process.

These plans must:
- specify the required resources (both human and financial) needed to meet the objectives;
- specify roles and responsibilities for implementing the improvement plans and their actions;
- establish the timeframes for completion of the improvement plans and achieving the objectives.

Formal meeting(s) must be conducted between the manager and his/her team members (or teams):
- at least once a year to agree on and document the objectives, targets and actions related to their HSEC improvement plans;
- at regular and planned intervals to review performance against the objectives and targets, and progress toward implementation of the agreed plan;
- when there is a change to activities or operating conditions that could affect the implementation plan. (see Element 4)

Do

Element 6: Roles and responsibilities

Objective:

Ensure that resources, responsibility and accountability are appropriately allocated for the maintenance and continual improvement of health, safety, environmental and social acceptability performance through the RMMS.

Clause 6.1 Corporate Responsibility for the RMMS

A specific AEM Executive must be given responsibility to ensure that the necessary financial, technological and organizational resources (including the services of specialists and competent RMMS advisors) are made available to implement and maintain the management system.

Clause 6.2 RMMS Management

Management committee(s) – e.g. Steering Committee, Review Committee & System Development and Implementation Team (SDIT) – must be established to support the management of HSEC performance through the application of the RMMS and to oversee the implementation of improvement plans. Committees must include appropriate management representatives for topics on health and safety, environment and community relations.

Clause 6.3 Roles

All roles with HSEC accountability and responsibilities must:

- be documented in individual role descriptions; and
- these roles descriptions be available to all employees.

Where contractors are involved, their HSEC accountability and responsibility must be clarified and documented.

Element 7: Competence, training and awareness

Objective:
Establish a process for training and development of competence and awareness to effectively manage health, safety, environmental and social acceptability risks.

Clause 7.1 Process for the management of training

There must be a process for the delivery and maintenance of awareness and/or competency-based training associated with HSEC risk management.

All divisions must:

- identify training requirements for all persons working under their control (i.e. including contractors); this will be recorded in a training matrix;
- ensure the delivery of training;
- evaluate the effectiveness of training delivered or other actions taken to ensure necessary competence is achieved;
- retain appropriate records of training for the duration of employment of the employee (for long-term or repeat contractors, records should be kept as well as practicable);
- ensure that all employees are qualified before doing a task.

Clause 7.2 Induction

All new employees, contractors and/or visitors must undertake relevant induction training. As a minimum, induction training must include reference to the significant HSEC risks identified at the site, housekeeping standards, evacuation procedures, how to report incidents and investigation procedures, and Personal Protective Equipment (PPE) usage.

Clause 7.3 Competence profiles and selection criteria

Specific competence profiles and selection criteria (fitness for work) must be developed for all personnel performing tasks and work activities that include significant HSEC risks.

Clause 7.4 Roles requiring certification

All roles requiring technical certification, registration or licensing must be documented. The requisite qualification(s)/competencies must be maintained for all personnel performing such roles, specifying to which work activities the certification pertains.

Clause 7.5 Minimum competence training

As a minimum, the following competence-based training must be provided (as appropriate to the role):

- AEM HSEC critical procedures (including Formula of Supervision);
- management of modifications;
- emergency and crisis management;
- iIncident management; and
- inspection and audit (for selected personnel).

Clause 7.6 Minimum awareness training

As a minimum, the following awareness training must be provided:

- general induction to AEM approach to managing HSEC, including introduction to the Sustainable Development policy;
- description of RMMS processes implemented at the site;
- significant HSEC risks and activities;
- accountability of specific HSEC roles and their responsibilities; and
- for sites where cyanide is used, hazards associated with cyanide use.

Clause 7.7 Specific underground training

As a minimum, before allowing a worker to work alone underground, the following training must be provided:

- specific health and safety rules applicable to underground; and
- common core or equivalent mine training consistent with local regulatory requirements to make sure that the person is familiar with the potential risks associated with underground mines (e.g. types of explosives, ground support methods).

Clause 7.8 Contractor competence management

Prior to hiring or allowing a contractor on site, the contractor's competence requirements, related to the HSEC risks associated with the awarded contract, must be identified and verified.

Element 8: Documentation and document control

Objective:

Control and distribute documentation required for the effective operation of the RMMS leading to effective management of health, safety, environment and social acceptability risks.

Clause 8.1 Documentation requirements

The documentation relating to the RMMS must include all documents as required by this standard including the policy, objectives, procedures, communications and records.

HSEC documents shall be periodically verified at an established frequency that shall not exceed 3 years.

Clause 8.2 Document control

There must be a process for the control of documents. It must:

- be maintained and provide for the review, revision, approval and version control of documents;
- specify the frequency at which documents must be reviewed;
- uniquely identify documents as appropriate to control their business use and function;
- clearly identify modifications and record the status of any revisions to documents;
- provide for the effective distribution of documents to, and where necessary, the timely removal of obsolete documents from all points of issue and use;
- ensure that documents are readily available to all employees.

Element 9: Communication and stakeholder engagement

Objective:
Effectively engage with stakeholders on the management of health, safety, environmental and social acceptability risks.

Clause 9.1 Employees and contractors communication and engagement
There must be a process(es) for communicating information about HSEC at the various levels of the divisions. This process(es) should be designed to encourage the participation of employees and contractors in activities that promote improvements in HSEC performance. In particular, this must include their appropriate involvement in:

- HSEC meetings;
- hazard identification, risk analysis and determination of controls;
- incident investigation.

The types of communication should include, but are not limited to:

- internal communications to raise awareness about HSEC indicators and changes or improvements;
- communications to raise awareness of the risks;
- pre-shift meetings or briefings for sharing experiences, near-misses or raising awareness about risks;
- information about RMMS teams and progress.

Clause 9.2 Stakeholder identification, mapping and engagement skeleton
A formal and documented process must be in place for stakeholder identification at the local or site level that includes challenging interests (opponents). Personnel participating in the process must have a solid understanding of the concerns and consultation requirements of the Communities of Interest (COI).

The identified stakeholders must be mapped relative to their influence on the organization and AEM's potential impact on them. This will result in the identification of high priority stakeholders, providing the skeleton of the ensuing engagement plan.

Stakeholder identification/mapping should be revised every 2 years or if changes happen concerning stakeholders.

Clause 9.3 Mapping of what matters
The potential HSEC issues identified in the risk assessment process (see Element 3) should be mapped to show their impact on AEM relative to the level of importance to the established high priority stakeholders.

Clause 9.4 External Community Engagement Plan
A formal and documented stakeholder engagement and dialogue process must be in place. Communications to and from stakeholders must be written in the local language and be clear and understandable. Clear accountability must be established for stakeholder engagement and dialogue. The process must include;

- provision of relevant materials to stakeholders for review in a timely manner;
- assistance to ensure stakeholders are able to participate in engagement and dialogue processes, where appropriate;
- sufficient time to allow for meaningful review of proposals by stakeholders.

For divisions that are using cyanide:

- site personnel and stakeholders must be involved in the planning process (of developing detailed emergency response plans);
- stakeholders must be provided the opportunity to communicate issues of concern;
- dialogue must be initiated to describe cyanide management procedures and responsively address identified concerns;
- appropriate operational and environmental information regarding cyanide must be made available regularly to stakeholders.

Clause 9.5 External Community Investment Plan
Priorities for community investment must be based on the results of the stakeholder and potential issues mapping, and validated via stakeholder engagement activities. The community investment plan should be in line with stakeholder needs, make business sense for AEM and produce sustainable long-term benefits for both parties:

Community Investment must be prioritized according to AEM donation policy. The policy states that AEM supports initiatives in the areas of:

- Education,
- Health,
- Sports,
- Culture, and
- Economic Development.

Clause 9.6 Feedback mechanisms

There must be formal processes to obtain feedback from employees and external stakeholders, more specifically on:

- External concerns, complaint management and grievance mechanism - A formal complaint and response system must be in place with processes for follow-up and tracking. Response time for a first response must not exceed 7 business days after a formal complaint. Formal complaints must be documented.
- Employee suggestions and whistleblowing - There must be a process for encouraging and receiving suggestions. This process must include a procedure for documenting, evaluating, responding to, implementing (as appropriate) and archiving the submitted improvement ideas. There must also be an independent whistleblowing process to allow employees to signal any wrongdoing in the management of health, safety, environment or social acceptability.

Clause 9.7 External customers communication

There must be a formal process for communicating to external customers and stakeholders information regarding product risks (e.g. Metal concentrate), including statutory and regulatory requirements.

Element 10: Operational control

Objective:

Manage the health, safety, environmental and social acceptability risks associated with the work activities of the division. This will be achieved by implementing AEM's Critical Procedures as well as other risk management measures.

This also includes HSEC risks associated with procured materials, equipment, services and labor to ensure that those are effectively managed.

Clause 10.1 Hierarchy of control

In establishing operational controls, the principle of the hierarchy of controls (see Element 3) must be applied (Elimination, Substitution, Engineering, Administrative Controls and Personal Protective Equipment).

Clause 10.2 Procedure development and implementation

There must be a process for the development and implementation of procedures or work instructions that details the controls required to address the risks associated with work activities. These procedures must:

- reference applicable operating criteria (including permits, licenses, regulatory and/or legal requirements);
- be communicated;
- be available to the appropriate users;
- be followed.

Clause 10.3 Non-routine tasks

Where new or non-routine tasks and activities are conducted, the controls identified during a hazard assessment must be implemented.

Clause 10.3 Critical equipment

Procedures and/or work instructions must be developed, documented, communicated and followed for the operation and maintenance of critical equipment (e.g. scrubbers, ventilation system, water treatment plant, cyanide destruction, etc.) that has the potential to impact HSEC performance.

Critical equipment must be maintained, inspected and tested to ensure it meets design descriptions and specifications.

Clause 10.4 Documentation for critical equipment

Documentation for critical equipment must be current, available and include, as applicable:

- basis of design and product specifications;
- codes and relevant legislation;
- operating procedures;
- operating criteria (with defined operating limits) where their absence could lead to deviations from the HSEC performance;
- engineering and electrical drawings;
- maintenance, inspection and testing strategies;
- record of maintenance inspection and testing results.

Clause 10.5 Equipment Inspection prior to use

All equipment must be inspected prior to use on site, and have the controls verified to ensure the safe operation, and adherence to HSEC performance objectives.

Clause 10.6 Critical Procedures

AEM's HSEC Critical Procedures are:

- Health and Safety
    - Working at height
    - Working in confined spaces
    - Toxic gas management (CN, SO2)
    - Lockout
    - Hot work
    - Mobile equipment
    - Lifting and rigging
    - Industrial hygiene (dust, noise, heat, vibrations)
    - Hazardous materials usage and transportation
    - Characterization of ore and mine waste for toxic element (Hg, As, Asbestos, etc.)
    - Mine rescue
    - Explosives management

  - Ground control
  - Contractor management
  - Housekeeping

- Environment
  - Dike/tailing pond management
  - Geotechnical stability of mine waste storage facilities
  - Medium long term geotechnical performance of crown pillar and open pit wall
  - Cyanide management
  - Waste and hazardous waste management
  - Water management and water balance
  - Closure plan preparation
  - Acid rock drainage and leaching characterization

- Communities
  - Stakeholders mapping
  - Community liaison committee procedures
  - Community response mechanism
  - Community consultation

Clause 10.7 Purchasing process and Contractor management

There must be a process to identify, evaluate and control risks associated with the planned procurement of materials, equipment, services and labor. Such process must include, for contractors:

- contractor selection;
- contractor preparation;
- contract award;
- orientation and training;
- managing contractors; and
- post-work evaluation.

For all contracted labor or service agreements, there must be an agreed scope of work, which includes an analysis of the risks associated with the activities to be performed by the contractor. The management and treatment of the identified and evaluated risks must conform to AEM HSEC Critical Procedures.

Individuals hired on a temporary or occasional basis to work at existing sites are to be inducted and managed in the same way as regular employees.

Element 11: Emergency and Crisis management

Objective:

Ensure that the appropriate resources and incident response plans are available and efficient. The plans will provide an effective response for events that could significantly affect AEM's ability to carry out its business, damage its reputation and/or threaten the environment, the health, safety and well-being of employees, neighboring communities or the public at large.

Clause 11.1 Emergency Response Plan

Every site (including exploration, projects, offices and post-exploitation sites) must develop and maintain an Emergency Response Plan (ERP) and be covered by an Emergency Response Team (ERT) who will develop, manage and execute this ERP.

The site ERP must include a Crisis Management Plan that provides a framework for communication during crisis, and that links and is consistent with the Corporate Crisis Management Plan.

Clause 11.2 Crisis Management Plan (CMP)

A Crisis Management Plan (CMP) must be developed, implemented, tested and maintained at the corporate and at the site level. The CMP must be risk-based, documented and communicated. The CMP must include the establishment of a crisis management team with clearly defined roles.

Management must clearly define accountability for the CMP and ensure it is adequately resourced. A media spokesperson must be assigned and trained.

The CMP must comply with the TSM requirements.

Clause 11.3 CMP and ERP training requirements

Management must ensure that individual crisis management team members are provided with the relevant training for their required roles as established in the CMP. New crisis management team members must be familiarized with the CMP within two months of joining the team.

Management must ensure that individual ERT members are provided with the relevant training and equipment for their required roles as established in the ERP.

Clause 11.4 CMP and ERP simulation

The CMP and the ERP must be tested and validated by:

- a validation of the notification system twice a year;
- an annual desktop exercise; and
- a full-scale exercise every 3 years.

The CMP must be updated to reflect the lessons learned from the exercises and actual incidents.

Clause 11.5 Communication

The process for managing incident communication, notification and reporting must be integrated into the CMP and clearly:

- identify who is responsible for incident communication, notification and reporting;
- define how communication protocols are to be conducted with internal and external stakeholders.

Check

Element 12: Monitoring and Measurement

Objective:

Establish a process to regularly measure and monitor the key characteristics of the divisions and sites, and their work activities that could have significant health, safety, environment and social acceptability risks.

Clause 12.1 Identification

Identification of indicators/parameters to monitor and measure occupational health exposure, environmental impacts and social acceptability impacts must be based on the results of the risk assessment, legal and other requirements, and input from stakeholders. These identified indicators/parameters will form the basis of the site monitoring plans.

Clause 12.2 Monitoring plans

Monitoring plans must be prepared for:

- potential occupational health exposures;
- potential environmental impacts (including biodiversity, energy consumption, greenhouse gases emissions and cyanide use); and
- social acceptability and community relations (including World Gold Council's conflict-free gold requirement).

The site monitoring plans must include:

- details of what must be measured and monitored, based on a risk analysis;
- identified legal and other monitoring requirements;
- the frequency of measurement and monitoring;
- the monitoring protocol (as required);
- the necessary equipment;
- data quality requirements (including details on the sample size for statistical validation and any rejection criteria);
- the sampling and analysis method(s) including any laboratory certification requirements;
- training and competence requirements for relevant personnel (including contractors) who undertake monitoring;
- relevant information about the potential risks to personnel associated with (performing or receiving) the monitoring or testing; and
- the person(s) responsible for the monitoring plan and for carrying out the monitoring.

Clause 12.3 Equipment

Inspection, monitoring, measuring and testing equipment must be:

- identified with a unique traceable record number;
- maintained to ensure compliance with specified suppliers and legislative requirements;
- controlled/safeguarded from unintentional adjustments;
- stored and protected from damage;
- calibrated or verified against a traceable standard at specific/specified intervals.

Detailed records for each piece of equipment must be kept in order to determine the status of the equipment.

Clause 12.4 Laboratory services

Analytical laboratory services (internal and external) must implement and maintain a credible quality assurance and quality control (QA/QC) program.

Clause 12.5 Monitoring data management

If data management is done using computer software (for example Excel spreadsheet to perform unit conversions, sums and averages), a random verification of the data results must be done manually prior to the issue of a monitoring report.

Clause 12.6 Monitoring results collection and analysis

Monitoring results must be collected and analyzed using descriptive statistics on a regular basis for:

- trends and potential exceedances of legal and other requirements (such as operating criteria or occupational exposure limits);
- iInconsistent or unusual results;
- evaluation of the effectiveness of existing controls;
- conformance against stated objectives and targets; and

- Continual improvement opportunities.

For health and occupational hygiene monitoring, an explanation of monitoring results must be reported back to the person(s) concerned within a reasonable time from when results become available.

Clause 12.7 Exceedance management

Exceedances from specified requirements or limits must be recorded, investigated and reported back to the people or area involved. The appropriate actions in response to the exceedance must be recorded, assigned accountability, and tracked to completion (see Element 13).

Clause 12.8 Medical surveillance

Each site must have a medical surveillance program for employees that:

- is consistent with local regulatory requirements;
- is designed based on the identification and evaluation of operational health risks;
- lincludes a process to inform the site medical center about changes to roles (such as new employees, transfers or departures) so that the required medical examinations are conducted, and records updated.

Element 13: Non conformance Management

Objective:
Ensure all incidents and other health, safety, environmental and social acceptability non conformances are recorded, and corrective actions identified, implemented and communicated as appropriate.

Clause 13.1 Immediacy principle
When an instance of non conformance is observed that can be corrected immediately, immediate action must be taken.

Clause 13.2 Incident management
There must be a procedure for the management of all incidents.

- All incidents must be recorded.
- Incidents with High or Very High outcomes or potential outcomes (as classified by a 5x5 probability/consequence matrix), must be:
    - investigated;
    - communicated to relevant people;
    - managed with corrective actions to prevent reoccurrence.

Clause 13.3 Other Non conformance management
There must be a procedure for the management of other non conformances (e.g. from permits, legal inspections, routine inspections, observations, compliance register, audits, work cards, etc.).

- Instances of non conformance must be recorded when appropriate.
- Instances of non conformance, with High or Very high outcomes or potential outcomes, must be:
    - Investigated;
    - communicated to relevant people;
    - managed with corrective actions to prevent reoccurrence.

Clause 13.4 Classification
All incidents and non conformances must have their consequence and probability of reoccurrence evaluated for each type of impact (i.e. health, safety, environment or social acceptability impacts). An incident and non conformance can have multiple impacts. Each impact must be evaluated independently, with the most significant classification forming the main rating for the incident or non conformance.

Near-miss events must be reported as incidents.

The actual consequence of an impact must be categorized as one of the following:

- Negligible;
- Minor;
- Moderate;
- Major;
- Catastrophic/critical.

The probability for an impact must also be categorized as one of the following:

- Very Low;
- Low;
- Moderate;
- High;
- Very High.

The 5x5 probability/consequence risk matrix contains defined consequence and probability scales to be used (note: this is the same methodology used for risk assessment, (see Element 3).

The level of risk is based on the evaluation of the maximum reasonable consequence of the impact and the probability of the event occurring again given a reasonable failure of existing controls. The level of risk of each impact must be evaluated and classified as:

- Low;
- Medium;
- High;
- Very High

Clause 13.5 Roles and responsibilities

For incident investigations, the manager responsible for the work area where an incident occurred and the manager of the person(s) involved in the incident must take charge of the investigation with the appropriate technical personnel. Incident investigations must be completed by personnel who have been trained in the appropriate methodology.

For non conformance investigations, the manager responsible for ensuring conformance must take charge of the investigation with the appropriate technical personnel.

Clause 13.6 Notification

The relevant internal and external parties must be notified in accordance with established timeframes and/or legislative requirements (e.g. ERP and CMP).

Clause 13.7 Reporting

All incidents with an impact causing personal injury or occupational illness must be reported to AEM in the monthly health and safety performance statistics. All environmental incidents must be reported to the regulatory authorities according to the prescribed rules.

All non conformance to legal requirements must be reported to the regulatory authorities according to the prescribed rules.

Other non conformances with High and Very High impacts must be reported in the monthly report.

Clause 13.8 Near-misses

All High and Very High near-misses must be summarized for their lessons learned and communicated through the AEM Intranet Sharing System (OUF!).

Element 14: Records management

Objective:
Manage and maintain all data related to the RMMS, and ensure the accuracy and security in the storage of records.

Clause 14.1 Record and data control

There must be a process for the systematic control of HSEC records. The process must define controls for:

- creation;
- receipt;
- secure storage;
- maintenance;
- access;
- use; and
- records disposal.

Records must be legible, identifiable, traceable, and protected from damage, deterioration and loss.

Clause 14.2 Confidentiality

Personal information originating from medical surveillance and occupational hygiene monitoring must be reported in a form that respects the privacy of individuals, but enables management to fulfill their duty-of-care obligations to employees. The names of individuals must not be disclosed without their written authorization.

Clause 14.3 Retention period

Retention periods for all records must be established and documented.

Element 15: Evaluation of compliance and internal audit

Objective:

Regularly evaluate HSEC performance.

Clause 15.1 Process to evaluate the performance

Key performance indicators (KPIs) must be developed for measuring HSEC performance. KPIs must include leading and lagging indicators, and be based on qualitative and quantitative data.

Clause 15.2 Monthly evaluation of performance

A report summarizing the business and/or site's performance must be generated monthly, and contain details or summaries of all incidents, instances of non conformance, and progress toward corrective actions. The report must be sent to site management and other relevant internal stakeholders.

Clause 15.3 Inspection

There must be a procedure for regular inspection of all work areas. At the completion of the inspection, a report must be provided to the manager responsible for the work area.

Clause 15.4 Audits

There must be a business or site-level procedure for conducting performance and conformance audits (related to the RMMS requirements).

Clause 15.5 Audit scheduling

The site must define an annual schedule of planned audits. The schedule must be developed based on an evaluation of the importance of specific RMMS processes, the results of previous audits, and significant HSEC risks associated with the site. It must include:

- internal audits conducted every 2 years against the RMMS and AEM Critical Procedures.
- external audits as required for Toward Sustainable Mining, International Cyanide Management Code, and any other site certification, and legal compliance.

Clause 15.6 Management of audit results and improvement opportunities

Non conformance identified by audits conducted against the RMMS and AEM Critical Procedures must be recorded and reported through Intelex. Corrective actions to address non conformance instances must be assigned and tracked until completion.

Improvement opportunities from audits must be recorded and reported. They can also be assigned an action plan but with less priority than for non conformances.

Element 16: Performance reporting

Objective:
Produce a Corporate Social Responsibility (CSR) report in compliance with Global Reporting Initiative (GRI) and Toward Sustainable Mining (TSM) reporting requirements.

Clause 16.1 Reporting requirements
All sites must report HSEC information on a regular basis in line with AEM, TSM and GRI requirements.

Clause 16.2 TSM
As part of TSM, the following information needs to be reported:

- health and safety performance results;
- implementation of the facility-level biodiversity conservation plan and progress towards biodiversity targets;
- energy consumption and GHG emissions.

Clause 16.3 GRI
As part of GRI, the following performance indicators need to be reported:

- environmental;
- labor practices and decent working conditions;
- human rights;
- social performance;
- economic performance; and
- product responsibility.

Clause 16.4 Public disclosure
Appropriate public disclosures must be made on an annual basis regarding:

- HSEC performance and data (SD Report);
- financial payments to local/national governments and government entities, unless such disclosure is prohibited by law or contract.

Compiled HSEC data and information must be appropriately validated.

Act

Element 17: Management review

Objective:
Ensure the RMMS is effective in managing HSEC performance and meeting AEM and other requirements.

Clause 17.1 Scope
There must be a procedure for completing a review of the HSEC performance as managed by the RMMS, at least annually. The review must evaluate any need for change and establish actions to improve the system and its processes, and identify resource needs.

The review must be led by the site senior management and consider:

- the suitability of the policy;
- the impact of changing legislation;
- the management of risk registers;
- HSEC objectives, targets and performance indicators.
- changing expectations and requirements of relevant stakeholders/communities (including complaints);
- changes in the products or activities of the site;
- changes to the structure of the organization;
- communication and feedback (particularly from employees);
- the effectiveness of the management of modification process;
- workplace, environmental and medical monitoring;
- the status of corrective and preventive actions;
- performance statistics, including an annual summary of relevant safety statistics, occupational hygiene, medical, environmental and social monitoring results;
- findings of completed audits;
- follow up on actions from previous management reviews;
- recommendations and opportunities for improving the effectiveness of the management system.

Clause 17.2 Records
Records of completed management review(s) must be retained and include:

- decisions and actions relating to possible changes to policy, objectives and targets;
- information relating to revised risks and any proposed treatment and controls;
- improvement suggestions for inclusion in future management plans;
- any other modifications and improvements to the management system that demonstrate a commitment to continual improvement.

Clause 17.3 Communication to the Board
A compilation of all sites' management reviews must be made and reported on an annual basis to the AEM HSEC board committee.