TSM Verification Report

Facility Information

Name of company	Glencore Canada – Kidd Operations
Name of facility	Kidd Operations (includes Kidd Mine and Kidd Concentrator)
Address	Kidd Mine 11335 Highway 655 North P.O. Bag 2002 Timmins ON P4N 7K1 Kidd Concentrator 10050 Highway 101 East P.O. Bag 2002 Timmins ON P4N 7K1
Country of operation	Canada
Products/metals produced on site	Zinc and copper
Types of operations included in scope:	
Mining	☒
Milling	☒
Smelting	☐
Hydrometallurgical	☐
Refining	☐
Other (*please explain)*	
Types of infrastructure included in scope:	
Roads	☐
Rail	☒

Port	☐
Other (*please explain)*	

Verifier Information

Name of lead verifier	Ross Szwec, DGE, CEA®, EP(EMSLA), CESA®, VSP
Verification firm	EEM EHS Management Inc. (EEM)
Confirmation that all verifiers involved in the verification are accredited TSM verifiers	Yes.
Date(s) of verification activities (dd/mm/yyyy – dd/mm/yyyy)	10/12/2024 - 12/12/2024
Verification period	2024

Verification Process

Summary of the verification methodology	The verification was conducted in accordance with the principles set out in the following standards and documents: • ISO 19011:2018 - Guidelines for auditing management systems; • Mining Association of Canada Verification Service Provider Terms of Reference (March 11, 2024); and, • TSM Audit Guide (March 11, 2024). The tasks and activities undertaken during the audit process are summarized below: • Prior to the verification, copies of the facility self-assessments and supporting documentation were made available to EEM; • Evidence was gathered through interviews, submitted documents, and to a lesser extent, observations; • The information collected was assessed against the criteria set out in the performance standard protocols assessed; • A summary closing meeting was held at the end of the verification; and,

	• This report, which contains the verification conclusion and statement, was produced.
Summary of the verification activities	• Exchanges occurred between the participant and EEM in order to prepare for the verification; • Kidd Operations provided documentation to the verifier so that he could become familiar with it prior to the on-site portion of the verification; • An opening meeting was held at the start of the on-site portion of the verification; • Evidence was collected and working notes taken during in-person interviews and by a telephone interview conducted for *Crisis management and communications planning* at the corporate level; • A summary closing meeting was held at the end of the verification to present preliminary results and to discuss outstanding issues; and, • Report writing.
Was a site visit conducted?	Yes.
Did the facility provide advance notice of the verification to communities of interest?	No.
Number and types of communities of interest interviewed to support the verification	*None.*
Has the facility developed an action plan to address gaps to achieve Level A or Yes on any TSM performance indicators?	No. The facility is scheduled for imminent closure in 2026.

Summary of Findings

Note : Ratings that have been changed by the verification service provider are highlighted in **bold**. The justification for rating changes is provided in *italicized text* in the Comments column of the corresponding changed rating.

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
Biodiversity Conservation Management (2020)		
1. Corporate biodiversity conservation commitment, accountability, and communications	A	The facility has a demonstrated senior management commitment, consistent with the intent of the TSM Mining and Biodiversity Conservation Framework, in place. The commitment has been communicated to relevant employees, contractors, and facility-level Communities of Interest (COI). Roles, responsibilities, and accountabilities for implementation of the commitment are clear, and resources have been assigned to support implementation of the commitment.
		Examples of Evidence Consulted • HSEC Policy (KOD-KID-PLY-00002, Oct. 2024) • KOP-ENV-PRG-00002 Biodiversity Conservation and Land Management Program • Induction training • Job descriptions (JDAPs) and organizational charts • 2024 Environmental department workplan

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
2. Biodiversity conservation planning and implementation	A	Facility-level biodiversity conservation and land management program to manage significant biodiversity aspects is implemented and includes: • The assessment of potential impacts/risks to biodiversity; • The identification of significant biodiversity aspects; • Biodiversity objectives and action plans; • Assigned responsibilities to facility personnel for biodiversity conservation management; • Biodiversity conservation awareness training for relevant personnel; • Consultation with key communities of interest regarding biodiversity conservation management; and, • Implementation of a facility-level biodiversity conservation plan, and regular tracking and reporting of progress towards biodiversity objectives to facility-level senior management.
		Examples of Evidence Consulted • Preliminary risk assessment regarding biodiversity around the Xstrata Copper Kidd Mine and Kidd Metallurgical sites, Timmins Ont., (2009) • Status of potential biodiversity around Kidd Mine and Kidd Metallurgical Sites, Xstrata Copper Canada Division (2009) • Technical memorandum - SARA conservation rankings update • 2024 Environmental department workplan • 2024 Q3 Glencore Corporate Practice (GCP) system reporting _2024-Kidd_Operations • Environmental aspects register 2023 • Kidd operations scorecard 2024 (Nov. status) • KOP ENV TML 00001 - Environmental Training Presentation • Draft articles • Monthly crew meeting

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Deer / moose whistle presentation (April 2024) • World env day presentation (2024) • Exchanges with COI (Timmins fur council, Friends of the Porcupine River, Milkweed patch re-establishment at Porcupine Lake with City of Timmins)
3. Biodiversity conservation reporting	**B**	*The facility had assessed itself at level A for this indicator. However, during the external verification, it was observed that routine public reporting on biodiversity conservation performance specific to Kidd Operations is not conducted.* The facility reports, however, on biodiversity conservation to facility-level senior management on a regular basis.
		Identified Gaps to Achieve Level A • Routine public reporting on biodiversity conservation performance.
		Examples of Evidence Consulted • 2024 Environmental department workplan • Kidd operations scorecard 2024 (Nov. status) • Capital projects process • Biodiversity Sighting's Database (KMN-10-ENV-REC-00001) • Environment, Biodiversity and Landscape Function Engagement Plan (KOP-ENV-SOP-00003) • Glencore 2023 SD report

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
Climate Change (2021)		
1. Corporate climate change management	A	There is a demonstrated corporate climate change strategy that is supported by defined actions, including integration of the strategy into business planning for existing activities and in considerations for new projects. Board and management structures, accountabilities, responsibilities and reporting processes related to the governance of climate-related risks and opportunities are in place. Material climate-related risks and opportunities and their impact on the company's businesses, strategy and financial planning are identified, assessed and managed. Materials demonstrating the above criteria are publicly reported on an annual basis
		Examples of Evidence Consulted • Glencore 2024-2026 Climate Action Transition Plan (includes targets for 2030 2035 2050 (net zero)) • Corporate Climate Change Task Force • Glencore Energy and Climate change standard • Climate Change Risk Assessment Guideline (June 2021) • Glencore 2021 Climate change report • Glencore 2023 SD report • Glencore ESG Data Book 2023 • Glencore Climate Change Risk Assessment (CCRA) – Transition Risks – Kidd Mine and Metallurgical Site Life of Mine end of 2024
2. Facility climate change management	B	A basic energy use and GHG emissions management system has been established that includes: • A demonstrated senior management commitment to manage energy use and GHG emissions, with assigned responsibility to a department or individual at the facility level;

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Identification and disaggregation of significant sources of energy consumption and GHG emissions; and, • Identification and estimation of significant sources of non-energy GHG emissions. The facility has conducted some analyses related to physical climate impacts and adaptation. The facility has identified one gap required for a level A.
		Identified Gaps to Achieve Level A The facility has not gauged the level of importance of climate change mitigation and adaptation in relation to relevant or affected communities of interest (COI) and engages as appropriate.
		Examples of Evidence Consulted • Kidd ops energy and climate change std implementation plan (2023) • Glencore Climate Change Risk Assessment (CCRA) – Transition Risks – Kidd Mine and Metallurgical Site Life of Mine end of 2024 • Monthly intensity database (energy, GHG, water) • GHG report for 2023 summary Kidd operations • JOB ON 0006 2023 final verification report • NEAP 2024 Q3 Report • Job descriptions (JDAPs) and organizational charts • 2024 Environmental department workplan • Zinc capital expenditure request form
3. Facility performance targets and reporting	C	Energy and/or GHG emissions performance targets have been set. Some public reporting takes place on energy and/or GHG emissions. However, public reporting is not specific to the facility and no plans are in place to resolve this issue. Standard quantification and estimation methodologies are used to convert energy and GHG emissions data

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		into comparable units, including process emissions data. Glencore 2023 SD report Glencore 2024-2026 Climate Action Transition Plan
		Identified Gaps to Achieve Level A Public reporting [of metrics and targets, offsets, and assessment of potential physical climate impacts and plans or actions to manage the associated risks] consists of aggregated reporting for all Glencore facilities and is not conducted at the facility level.
		Examples of Evidence Consulted • Kidd operations 2024 environ targets summary slides • Kidd operations scorecard 2024 (Nov. status) • Glencore 2021 Climate change report • Glencore 2023 SD report • Glencore ESG Data Book 2023 • Glencore group - energy and climate change standard • Glencore procedure - carbon and energy reporting procedure • Kidd ops energy and climate change std implementation plan (2023) • 2024 Environmental department workplan • Glencore 2023 SD report • Glencore 2024-2026 Climate Action Transition Plan
Crisis Management and Communications Planning - CORPORATE (2022)		
1. Crisis Management and Communications Preparedness	No	The CEO has provided approval and support for Crisis Management and Communications Planning. The company has identified credible risks and threats and developed response protocols accordingly. The results of these assessments have been shared within management and operations. A notification mechanism is in place to alert the Corporate Crisis Management Team when needed.

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		A person has been designated and trained to act as a spokesperson to the media. The Crisis Management and Communications Plan document is controlled. The corporate Crisis Management Team and plan is currently being restructured.
		Identified Gaps to Achieve a « Yes » response Restructure of the corporate Crisis Management Team and update, formalization of the corporate crisis management and communications plan.
		Examples of Evidence Consulted • Interview with Glencore Canada's head of Governmental Relations, Corporate Affairs and Communications. • *Note that no Crisis Management and Communications Preparedness self-assessment was provided during the verification*.
2. Review	No	The corporate Crisis Management Team and plan is currently being restructured. The overall crisis management and communications plan will be evaluated once the restructuring of the crisis management team is in place.
		Identified Gaps to Achieve Level A Restructure of the corporate Crisis Management Team and update, formalization of the corporate crisis management and communications plan.
		Examples of Evidence Consulted • Interview with Glencore Canada's head of Governmental Relations, Corporate Affairs and Communications. • *Note that no Crisis Management and Communications Preparedness self-assessment was provided during the verification*.
3. Training	No	Tabletop crisis simulation exercises are not carried out at least once a year.

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		Examples of Evidence Consulted • Interview with Glencore Canada's head of Governmental Relations, Corporate Affairs and Communications. • *Note that no Crisis Management and Communications Preparedness self-assessment was provided during the verification*.
Crisis Management and Communications Planning - FACILITY (2022)		

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
1. Crisis Management and Communications Preparedness	Yes	Credible threats and risks to the facility have been identified. Protocols have been established to address identified threats and risks. The facility has communicated identified threats and risks to the corporate office. A Facility Crisis Management Team has been established, with defined roles and responsibilities. A notification mechanism is in place to activate the Facility Crisis Management Team in the event of a crisis. A media spokesperson has been assigned and trained or demonstrates equivalent qualifications and competencies. Key media and stakeholder contact information has been prepared and a system is in place for tracking engagement with media and stakeholders. The Facility Crisis Management and Communications Plan has been developed and is a controlled document. All Facility Crisis Management Team members have received the Facility Crisis Management and Communications Plan and key contact information. A physical, virtual, or hybrid crisis control centre has been established and equipped. Mechanisms have been established to alert employees to a crisis and to provide updates. Relevant communities of interest have had the opportunity to engage on the Facility Crisis Management Plan. Annual meetings take place with senior members of the local emergency response authorities (where they exist).
		Examples of Evidence Consulted • Emergency Response Plans - Mine KMN-17-ERP-PLN-10000 and Mill EOP-9114-0117 • Emergency Response Bow-tie analyses

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• KOP-HR-SOP-00015 Media Relations and corporate guidance • PL-200 – Crisis Management Plan • FRM-9114-5204 – Communications Log Sheet • FRM-9114-5203 Telephone Message Sheet • Mock tailings failure at met site (February 2024)
2. Review	Yes	The Facility Crisis Management and Communications Plan is reviewed and updated: • when there is a change of personnel of those associated with implementation of the plan, • when there is a change in business (e.g., a mine expansion), and/or; • at least every two years. The mechanism to notify the Facility Crisis Management Team is tested at least twice per year. Key media and stakeholder contact information is reviewed or updated at least every two years. Mechanisms to alert employees to a crisis and provide updates are tested at least once per year. The Facility Crisis Management Plan is shared with the corporate office. Processes exist to ensure that new Facility Crisis Management Team members are familiarized with the Facility Crisis Management Plan within two months of joining the team.
		Examples of Evidence Consulted • Emergency Response Plans - Mine KMN-17-ERP-PLN-10000 and Mill EOP-9114-0117 • KOP-HR-SOP-00015 Media Relations and corporate guidance • Noodle document control system • Mill and mine alert mechanism tests
3. Training	**No**	*The facility had assessed itself as « Yes » for this indicator. However, during the external verification, it was observed annual tabletop crisis simulations are no longer conducted.*

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		A full crisis simulation is conducted at least every three years. Annual testing of plans is limited to those that are legally required (i.e., mine evacuation, mine rescue call-out, and fire evacuations) and do not require triggering of the crisis management plan.
		Identified Gaps to Achieve a « Yes » response Conduct annual tabletop crisis simulations.
		Examples of Evidence Consulted • Tailings emergency and crisis simulation and post-mortem (February 2024).
Indigenous and Community Relationships (2021)		
1. Community of Interest (COI) Identification	A	A documented process is in place for COI identification at the facility level that can determine a wide range of interests and concerns. The process includes: • A mechanism for COI to self-identify; • Descriptions of relevant attributes for identified COI and a process in place to ensure related information is up to date; and, • Provisions to protect confidentiality, where requested by a COI. COI are reconsidered periodically throughout the facility's life. The facility maintains a record of identified COI, which is regularly reviewed and updated.
		Examples of Evidence Consulted • KOP-HR-SOP-00012 External Stakeholder Identification procedure • KOP-HR-REG-00002 Master Stakeholder List Register (2023) • KOP-HR-FRM-00008 Stakeholder Feedback Form • KMN-04-HR-FRM-00005 Stakeholder Comment Card

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• KOP-HR-FRM-00006 Stakeholder Feedback Tracker • KOP-HR-SOP-00007 Communication and Engagement • KOP-HR-PMP-00003 Stakeholder Prioritization and Management Process Map • KOP-HR-SOP-00010 External Stakeholder Feedback and Complaint Resolution • KOP-HR-SOP-00014 Development and Planning of Social and Community Engagement • Stakeholder Engagement Plan for Life of Asset Planning Updated September 16, 2024 • Detailed Engagement Approach - 2024 PowerPoint • Borealis stakeholder management software system
2.Effective COI engagement and dialogue	B	Some engagement processes are in place and occasional dialogue occurs with COI. Some internal reporting on COI engagement and dialogue activities takes place. Formal COI engagement processes, including the provision of assistance to ensure that COI are able to participate in engagement and dialogue processes, are being developed in view of the imminent closure of the facility in 2026.
		Identified Gaps to Achieve Level A • Design and implement documented COI engagement and dialogue processes with input from COI; • Put in place processes to review results from COI engagement with senior management and affected COI at a regular and pre-defined frequency; and, • Publicly report on COI engagement, including the types of engagement that have taken place in the reporting period and the topics/themes of the engagement.
		Examples of Evidence Consulted • KOP-HR-REG-00002 Master Stakeholder List Register (2023)

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Stakeholder Engagement Plan for Life of Asset Planning Updated September 16, 2024 • Detailed Engagement Approach - 2024 PowerPoint • Borealis stakeholder management software system
3. Effective Indigenous Engagement and Dialogue	C	The facilities do not meet all Level B criteria. Indigenous engagement and dialogue processes are being developed in view of the imminent closure of the facility in 2026.

		Identified Gaps to Achieve Level A
		Ensure that senior management demonstrates commitment to Indigenous engagement, consistent with the intent of the TSM Mining and Indigenous Peoples Framework, is in place and includes commitments to:
		• meaningful ongoing engagement;
		• building respectful relationships;
		• obtain the free, prior and informed consent of directly affected Indigenous peoples before proceeding with new projects or expansions where impacts to rights may occur;
		• ensure that Indigenous peoples have equitable access to opportunities related to the facility; and,
		• aim to provide long-term sustainable benefits to affected Indigenous communities.
		Establish processes to engage with directly affected Indigenous communities that:
		• Seek to understand what is important to the community, including:
		  ○ culturally significant sites;
		  ○ how their rights and interests may be affected; and,
		  ○ how to mitigate adverse impacts on those rights and interests.
		• Are informed by local language(s), traditions, customs, Indigenous governance, and engagement processes, where already established by affected Indigenous communities;

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Are designed to build meaningful relationships and respectful engagement towards achieving and maintaining broad ongoing support; and, • Ensure that cultural, spiritual, and/or Indigenous knowledge is sought from local Indigenous communities and organizations and is respectfully applied to inform decisions and practices, where appropriate. Work with directly affected Indigenous communities to identify opportunities for collaboration which could include, but are not limited to, local education, training, employment, business opportunities, revenue opportunities and economic development projects. Aim to reach mutual agreement with directly affected Indigenous communities regarding culturally significant sites impacted by the facility, where they exist. Implement processes to ensure the competency of designated employees and/or to provide training in: • Delegated consultation requirements; • The history, traditions, and rights of affected Indigenous peoples; and, • Intercultural awareness and engagement.
		Examples of Evidence Consulted • Stakeholder Engagement Plan for Life of Asset Planning Updated September 16, 2024 • Detailed Engagement Approach - 2024 PowerPoint • Communications with local first nations regarding Mine 5 and a new site-specific air standard for SO_2 (2022 and 2023)
4. Community Impact and Benefit Management	B	There is demonstrated senior management commitment to identify and mitigate potential and actual adverse impacts related to the facility's activities that directly affect COI and to work to optimize benefits to those communities. Roles and responsibilities for implementing the commitment have been assigned. Actual and potential adverse impacts related to the facility's activities that directly affect COI have been identified by the facility.

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		The facility can demonstrate some efforts to mitigate identified adverse impacts. Some decisions are made related to contributions to the community. The facility does some monitoring of adverse impacts, trends, and management practices. Community impact and benefit management processes are being developed in view of the imminent closure of the facility in 2026.
		Identified Gaps to Achieve Level A Implement processes to engage with COI on the identification, prioritization, and avoidance or mitigation of potential and actual adverse impacts related to the facility's activities that directly affect COI. In prioritizing potential and actual adverse impacts, consider the relevance of the following on COI: • Social adverse impacts that may be attributed to the presence of the facility; • Environmental adverse impacts that may directly affect communities, including those associated with tailings management (as applicable); and, • Adverse impacts related to community safety and health. Ensure that engagement processes include measures to facilitate and encourage the participation of under-represented COI and to determine which COI are most significantly impacted by identified potential and actual adverse impacts. Ensure that action plans for prioritized impacts are informed through engagement with relevant COI and are implemented. Ensure that these plans: • include the identification of relevant objectives or targets; • are tracked, reviewed, and adaptively managed with affected COI; and, • include consideration for how actions aimed at mitigating impacts can also result in optimized benefits for COI. Ensure processes are in place to engage with relevant COI on the identification and prioritization of

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		opportunities to optimize benefits for COI. These could include, but are not limited to, consideration of local procurement and employment. Develop, through engagement with relevant COI, and implement action plans for prioritized opportunities to optimize benefits. Ensure that the action plans include the identification of relevant objectives or targets and that these are tracked, reviewed, and adaptively managed with affected COI. Implement processes to engage with relevant COI on contributions made by the facility to community development initiatives. Publicly communicate contributions. Collect baseline data for prioritized adverse impacts. Establish metrics to track action plan implementation and effectiveness. Review results with affected COI on a regular and pre-determined basis.
		Examples of Evidence Consulted • HSEC Policy (KOD-KID-PLY-00002, Oct. 2024) • Stakeholder Engagement Plan for Life of Asset Planning Updated September 16, 2024 • Detailed Engagement Approach - 2024 PowerPoint • Environmental management and surveillance programs (water quality monitoring, environmental effects monitoring studies, air emissions controls and monitoring, noise studies, etc.) • Capital improvement projects • Community partnership program • Community engagement recognition program

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
5. COI Response Mechanism	A	A response mechanism is in place with a clear process to receive, manage, and respond to COI grievances, comments, and requests, which: • Captures reported incidents, concerns, and feedback; • Assesses and determines which grievances require remedy; • Responds in a timely manner; and, • Is accessible. The facility has a process to track issues and concerns raised by COI, including status, and communicates status updates. COI are proactively and clearly informed on how to access the facility's response mechanism.
		Examples of Evidence Consulted • KOP-HR-FRM-00006 Stakeholder Feedback Tracker • KOP-HR-SOP-00007 Communication and Engagement • KOP-HR-FRM-00008 Stakeholder Feedback • KOP-HR-SOP-00010 External Stakeholder Feedback and Complaint Resolution • Community Feedback line • Community Feedback Email (kcommuncations@glencore-ca.com) • Borealis stakeholder management software system
Preventing of Child and Forced Labour (2019)		
1. Preventing Forced Labour	Yes	There are processes in place that are commensurate to jurisdictional risks to ensure forced labour, including bonded or indentured or involuntary prison labour is not used. Where there is a high risk of forced labour, processes have been put into place to monitor supply chains and relationships with recruitment agencies for human trafficking and forced labour

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		Examples of Evidence Consulted • Glencore Code of Conduct • Glencore Human Rights Policy • Cognibox Contractor Management program • Glencore Kidd contractual Terms and Conditions • Canada and Ontario labour laws – Ontario, Canada is a low-risk jurisdiction
2. Preventing Child Labour	Yes	There are processes in place that are commensurate to jurisdictional risks to ensure that no child under the age of 18 engages in work which by its nature or the circumstances in which it is carried out is likely to jeopardize the health, safety or morals of young persons as defined in national law or regulation. There are processes in place that are commensurate to jurisdictional risks to ensure that no child under the age of 15 is employed. Ontario labour laws prohibit persons to work underground if <18 years old. Workers on surface must be at least 16 years old and cannot be placed in high-risk work situations. Verification of age is conducted through verification of official government documents.
		Examples of Evidence Consulted • Glencore Code of Conduct • Canada and Ontario labour laws • List of employee birth dates
Safety and Health (2020)		
1. Commitments and Accountability	**A**	*The facility had assessed itself at level AAA for this indicator. However, during the external verification, it was observed that:* • *No internal audits have been conducted in the previous 3 years (level AA requirement); and,* • *No external audits have been conducted in the previous 3 years (level AAA requirement).* Commitments [to safety and health] are defined and authorized by the company's senior management and

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		are consistent with the general intent of the MAC Safety and Health Framework. There is a process in place to ensure that employees, contractors, and suppliers who work at the facility are aware of the company's safety and health commitments. Accountabilities and responsibilities are understood at all levels.
		Examples of Evidence Consulted • HSEC Policy (KOD-KID-PLY-00002, Oct. 2024) • Fatal Hazard Protocols • Life Saving Behaviours • SafeWork Framework • Manager, Health & Safety JDAP • High Hazard Commitment Letter - KOP-HR-PLY-00002 • Annual HSEC plan • Induction training package for employees and contractors • SWLP training • Supervisory PD days • Safety meetings • Job spot/task observation process • HSEC process for contractors (includes personal meetings for all new employee and contractor hires with the general manager and HS manager)

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
2. Planning and Implementation	**A**	*The facility had assessed itself at level AAA for this indicator. However, during the external verification, it was observed that:* • *No internal audits have been conducted in the previous 3 years (level AA requirement);* • *No external audits have been conducted in the previous 3 years (level AAA requirement); and,* • *The facility's industrial hygiene program is not currently subject to the oversight of a qualified hygienist.* A documented safety and health management system is established, implemented, and maintained and includes: • Objectives and targets, with supporting plans to achieve them; • A hazard identification, risk assessment (HIRA) and control processes; • Identification of high consequence hazards and related critical controls; • An industrial hygiene program; • Defined roles and responsibilities for safety and health management; • Workplace inspections; and, • Maintenance of safety and health records. Resources are assigned to establish, implement, maintain, and improve the safety and health management system and validate effectiveness of controls.
		Examples of Evidence Consulted • SafeWork Framework • CAT/Fatal Hazard Management Plans • CAT/Fatal Hazard Risk process (KOP-RSK-PLN-00013) • CCV risk assessment processes (KOP-RSK-SOP-00004) • Risk Bow-tie process

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Fatal Hazard protocol and programs (12) • SafeWork Permit • Pre-Task Risk Assessments • NRHT / JSA Process • Risk Manager software • SOPs (available through phones via facility WIFI systems at surface and underground) • 2024 HSEC plan • Industrial Hygiene Program (KOP-HYG-PRG-00001) • HS department personnel JDAPs • Workplace inspection process • Kidd safety records system • Leading indicator management program
3. Training, Behaviour and Culture	AAA	The commitment to safety and health is visibly embedded throughout the facility. Facility management visibly demonstrates commitment with one-on-one interactions with employees. Trainers are assessed for effectiveness. A program is developed to support worker mental health and provide assistance when required.
		Examples of Evidence Consulted • Training Matrix • Training program (KOP-TRD-SOP-00005) • Induction training process for employees and contractors • Annual training plans - performance measured monthly • Ellipse record management system • Power BI system (reporting) • Contractor vetting process • Cognibox and link-to-gate for contractors • Internal Common Core Audits

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Feedback mechanism for program improvements • Training Department organization chart and JDAPs • Safety Meeting General Awareness Refreshers • Job Task Observation program • Capital expenditure risk assessment process • Procurement standards • Employee evaluations and annual bonus mechanism • Wellness program (KOP-HR-PRG-00004) • EFAP program • Dialogue Platform
4. Monitoring and Reporting	**B**	*The facility had assessed itself at level AAA for this indicator. However, during the external verification, it was observed that:* • *An HS audit program is no longer in place due to imminent facility closure at the end of 2026 ((level A requirement);* • *Safety and health performance [of the facility] is not communicated to the public on at least an annual basis. Data for all Glencore operations are aggregated (level A requirement);* • *No internal audits have been conducted in the previous 3 years (level AA requirement); and* • *No external audits have been conducted in the previous 3 years (level AAA requirement).* Documented safety and health monitoring and reporting occurs and includes: • performance metrics that are clearly defined, consistently applied, regularly assessed (including against broader industry performance) and internally reported; • trending analysis used to inform decisions and guide continuous improvement; • a monitoring program that includes tracking and internal reporting of leading and lagging indicators, safety and health and industrial hygiene inspection

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		and monitoring, health surveillance, and incident investigation and follow-up; • monitoring that includes a focus on high consequence hazards; • the annual assessment of the adequacy and effectiveness of the safety and health management system and issuance of continual improvement recommendations; • regular management review of safety and health performance; and, • recording and communication of workplace monitoring, inspection, and follow-up action. • Glencore publications
		Identified Gaps to Achieve Level A Implement a safety and health audit program, compliance audits, and management system audits that are conducted in accordance with an audit plan; and, Annual communication of the facility's safety and health performance.
		Examples of Evidence Consulted • 2024 HSEC plan • Power Bi and SQL server management studio data manipulation results • Daily, weekly and monthly reporting to facility management • IH and medical surveillance program - compliance measured monthly with trends analysis • CCV program • Annual HSE self-assessments and reviews • Management safety team meeting (OST meeting). • Annual HS deep dives • Monthly HS meetings

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
5. Performance	AA	Performance targets are set for both leading and lagging indicators. Senior company management reviews performance against facility targets and associated improvement plans. The facility (or company) benchmarks its safety and health performance against its peers.
		Examples of Evidence Consulted • 2024 HSEC plan • Annual HSEC communication letter • Power Bi • Monthly safety meeting presentations • Monthly HSE reports to corporate function • Glencore monthly Zinc HSE report • Annual WSIB reporting
Tailings Management (2022)		

1. Tailings management policy and commitment	A	Using the Table of Conformance (2022 version), an internal audit has been conducted and determined that:
		• The policy and/or commitments are:
		  o in conformance with Version 3.2 of the Tailings Guide;
		  o approved by senior management; and,
		  o endorsed at the governance level.
		• The company has a process in place to ensure that the policy and/or commitments are:
		  o communicated to employees;
		  o understood to a degree appropriate to their roles and responsibilities by employees, contractors, and consultants whose activities may affect tailings management either directly or indirectly; and,
		  o implemented with budget allocation.

		Examples of Evidence Consulted

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Internal Audit – Tailings Management Protocol (Pinchin, 2023) • Glencore level 1, 2 and 3 tailings training
2. Assigned accountability and responsibility for tailings management	A	Using the Table of Conformance (2022 version), an internal audit has been conducted and determined that: • accountability for tailings management has been assigned by the Board or Governance Level to an Accountable Executive Officer; • the Accountable Executive Officer has a direct reporting relationship to the Board, a Board committee, or the Governance Level; • responsibility and authority for tailings management have been delegated in writing to qualified personnel; and, • delegation of responsibility and authority for tailings management is in conformance with Version 3.2 of the Tailings Guide.
		Examples of Evidence Consulted • Internal Audit – Tailings Management Protocol (Pinchin, 2023) • TMA OMS Manual rev. 11 (2024)
3. Tailings management system and emergency preparedness	A	Using the Table of Conformance (2022 version), an internal audit has been conducted and determined that the company has: • developed and implemented a tailings management system that is in conformance with Version 3.2 of the Tailings Guide; • developed an ERP and an EPP for the tailings facility that are both in conformance with the Version 3.2 of Tailings Guide; and, • tested both the ERP and the EPP.
		Examples of Evidence Consulted • Internal Audit – Tailings Management Protocol (Pinchin, 2023)

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• TMA OMS Manual rev. 11 (2024) • Timmins concentrator emergency response plan, rev. 13 • Dam failure emergency preparedness and response plan (KOP ENV PLN 00006) • Environmental emergency test review form 2024 dam failure review form (Oct. 2024) • Tailing Management Area Continual Improvement Program 2024 • Glencore HSEC Assurance Delivery – FINAL DRAFT REPORT- Zinc, Kidd Operations, Tailings Storage Facilities and Dams (May 2024) • Glencore group standard – Tailings storage facility and dam management standard
4. Operation, maintenance, and surveillance	A	Using the Table of Conformance (2022 version), an internal audit has been conducted and determined that an OMS manual has been developed and implemented for the tailings facility that is in conformance with Version 2.1 of the OMS Guide.
		Examples of Evidence Consulted • Internal Audit – Tailings Management Protocol (Pinchin, 2023) • TMA OMS Manual rev. 11 (2024)
5. Annual tailings management review	A	Using the Table of Conformance (2022 version), an internal audit has been conducted and determined that the company conducts reviews of tailings management for the tailings facility: • on an annual basis; and, • in conformance with Version 3.2 of the Tailings Guide.
		Examples of Evidence Consulted • Internal Audit – Tailings Management Protocol (Pinchin, 2023) • 2023 tailings management review and actions • Tailings continual improvement plan

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
Water Stewardship (2018)		
1. Water Governance	A	A demonstrated senior management commitment to water stewardship that is consistent with the TSM Water Stewardship Framework is in place. Commitments to water stewardship have been communicated to relevant employees, contractors, and water-related, facility-level COI. Roles, responsibilities and accountabilities for operational water management and watershed-scale planning are defined.
		Examples of Evidence Consulted • HSEC Policy KOD-KID-PLY-00002 (Oct. 2024) • Water stewardship program (KOP-ENV-PRGS-00003) • Water management program (KMN-08-OP-PRG-00009) • 2024 Environmental department workplan • Environmental incident response and reporting procedure (KOP ENV SOP0005) Ver. 17. • Training matrix • Cognibox induction training
2. Operational Water Management	A	A systematic approach to operational water management has been established and implemented, including: • A site-wide water balance that is updated at a pre-defined frequency and incorporates monitoring data; • A water monitoring program that addresses surface water and groundwater, including both water quality and water quantity parameters and is informed by identified risks; • Implemented controls based on identified risks; • Response and contingency plans for water-related risks and incidents; and,

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Training for relevant employees and contractors that is in accordance with their roles and responsibilities.
		Examples of Evidence Consulted • Water stewardship program (KOP-ENV-PRGS-00003) • Water management program (KMN-08-OP-PRG-00009) • Environmental aspects register (2023) • 2024 Environmental department workplan • Pi system data • Site meeting daily reports • 2021 TMA water balance block flow diagram (Kidd Ops and mine) – Based on 2006 hydrological model by Golder • Preliminary risk assessment form (KOP-MTE-FRM-00003) – completed when a change occurs which may have an impact on the water balance • Pi system data • 2024 Compliance Monitoring and Reporting Calendar • Timmins concentrator emergency response plan, rev. 13

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Dam failure emergency preparedness and response plan (KOP ENV PLN 00006) • Environmental emergency test review form 2024 dam failure review form (Oct. 2024) • Training matrix • Cognibox induction training

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
3. Watershed-scale Planning	AAA	Engagement has taken place to better understand how relevant COI in the watershed use water resources. The facility participates, either directly or indirectly, in watershed governance fora or groups where they exist. Regular assessments of how operational water management practices contribute to cumulative effects in the watershed are in place. Through engagement with relevant COI, water-related risks and opportunities in the watershed have been identified and prioritized. The facility communicates with relevant COI to help them understand how operational water management practices address the priority watershed-related risks. For priority risks beyond the control of the facility, the facility participates in watershed governance fora, where they exist, to evaluate and develop collaborative response options. The facility is involved in initiatives occurring in the facility's watershed (i.e., watershed planning).
		Examples of Evidence Consulted • Watershed based resource management strategy (Oct. 2024)

Criterion	Score	Summary of Findings, Identified Gaps, and Examples of Evidence Consulted
		• Matagami regional conservation authority- Integrated watershed management committee meeting minutes (Nov. 2024) • PTTW renewal (2021-22) – No concerns raised subsequent to consultations • Environmental effects monitoring studies (2021 and 2024) • Mattagami Region Conservation Authority 2024-28 strategic plan
4. Water Reporting and Performance	AA	Progress of actions to achieve objective(s) or target(s) is regularly tracked and reported to facility-level senior management. Public reporting on water includes performance relative to established objectives or targets. 1Water-related objectives or targets have been met in the reporting year, or corrective actions have been identified and are being implemented. 2. A system or process is in place for the independent verification of the accuracy of public reporting on water. *Kidd Operations Public Reports (2023)*
		Examples of Evidence Consulted • Kidd operations 2024 environ targets summary slides • Kidd operations scorecard 2024 (Nov. status) • Quarterly and annual GCP variance report • 2024 Q3 Glencore Corporate Practice (GCP) system reporting _2024-Kidd_Operations

Statement of Verification

Statement of Verification	
The external verification was conducted in accordance with the *Terms of Reference for Verifiers* and, accordingly, consisted primarily of interviews, data analysis, and examination (on a sample basis) of other evidence relevant to management's	☒ The external verification was conducted in accordance with the *Terms of Reference for Verifiers*.

assertion of conformance to the requirements of the TSM performance indicators.	
The scores indicated in this report are verified as being accurate based on the evidence reviewed during the external verification of this facility.	☒ The scores in this report are considered accurate based on this verification.
Limitations	Communities of interest we not interviewed as part of the external verification as the facility was recently notified of imminent closure in 2026 and is currently reviewing stakeholder management in view of this.
Has an additional assurance statement been provided by the verifier?	No other assurance statement has been provided by the verifier
Date of statement of verification	December 31st, 2024
Signature of lead verifier