Integrated Management System Manual

Bluebird Holding Limited

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1 IMS SCOPE

1.1 IMS Introduction

Blue Bird Holding Limited (BBHL) is a Fast-Moving Consumer Goods manufacturer and healthcare company focusing on the Ethiopian market. The portfolio of companies includes manufacturing of edible oil, soap and detergent, food products and beverages. Our vision is to improve life and livelihood of the communities by providing world-class products and services for now and future generations. We recognise the escalation of various global sustainability challenges, specifically current and potential risks and impacts from climate change, increasing resource scarcity, and pressure on land, water and forests from economic development carried out in an unsustainable manner. We further acknowledge the impact our operations can have on the environment, our workforce, and the communities in which we operate. BBHL therefore commits to deliver sustainable growth and operate our business in an environmentally sound and sustainable manner, through continuous improvements in environmental and social performance in all our activities, ensuring the safety and rights of our workforce, and the communities in which we operate.

The Integrated Management System (IMS) has been developed in line with requirements from the International Finance Corporation (IFC) Performance Standard 1: Assessment and Management of Environmental and Social Risks and Impacts (PS 1), as well as ISO 14001:2015 Environmental Management Systems and ISO 45001:2018 Occupational Health and Safety Management Systems.

The purpose of the IMS is to provide the framework to enable safety, health and environmental (EHS) and social risks to be understood, and mitigation measures developed, implemented and appropriately managed. Collectively, the IMS will assist BBHL and its operations to comply with relevant authorisations, legal requirements, the IFC Standards and other obligations in a systematic and structured framework. The IMS constitutes a flexible management approach that can readily accommodate the changing needs of BBHL and its operations.

This document therefore intends to:

1.   Clearly identify and define the IMS scope applicable to BBHL and its operations;
2.   Identify and outline the Group level policies, procedures and management plans to be applied at Group and operational level;
3.   Provide guidance and direction for the implementation and operation of the IMS;
4.   Guide Group and site management in assessing and evaluating the effectiveness, suitability and adequacy of the IMS and conformance to the requirements from IFC Performance Standards and the ISO 14001 and ISO 45001 management system standards; and
5.   Provide the framework that enables a dynamic IMS system to be implemented, monitored and improved upon.

The requirements of the IMS is described in this IMS Manual and a series of supporting procedures and plans. These documents shall be implemented and periodically updated as appropriate to ensure that the IMS remains responsive to changing environmental, health and safety, and other social management needs, and taking into considering the needs and expectations of BBHL's stakeholders. The IMS has been developed in a manner that is

commensurate with available resources and the nature of the activities being conducted, and in context of the external and internal factors that impact and influence the company.

This Manual, and the accompanying set of procedures and plans has been developed at Group level shall be applied at site level. The objective of this Group approach is to standardise the requirements across the group to ensure there is consistency in how risks are managed across BBHL's operations, as well as to minimise effort at site level in having to develop their own IMS. However, the sites are expected to develop their own site-specific policies, procedure and plans, aligned to the Group level IMS documents, to ensure site specific risks are managed accordingly, or where additional detail on site specific processes are considered necessary to manage identified risks.

The full list of Group IMS documentation can be found in **GRP-EHS-M-R01 Group IMS Document Register**.

1.2   IMS Scope

The scope of the IMS is defined in Table 1-1. In summary, it includes all BBHL operations, activities and products. Though the geographic boundaries of the sites may be clearly defined, impacts may be associated with our products throughout the full value chain. Considering a life cycle perspective, we therefore ensure that we look beyond our immediate physical boundaries, and aim to work with our contractors, suppliers and customers in so far as we are able to control or exert influence.

Table 1-1: BBHL IMS Scope

Category	Scope

Geographical locations	All BBHL entities, facilities, including manufacturing facilities, head offices, whether owned or leased. The physical boundaries will be defined by the areas on which the facilities operate, owns, leases or uses.
	
	This includes:
	
	• Existing facilities:
	
	   o HCFM 1;
	
	   o HCFM 2;
	
	   o ZAK; and
	
	   o Head Office.
	
	• The acquisition of new facilities or operations.
	
	• Construction of new facilities.
	
	• Decommissioning of old facilities.

Activities	All BBHL activities on-site, as well as off-site activities, for example:

	• logistics, including delivery of products, and receipt of raw materials; • travel for business purposes; and • BBHL related work conducted in the communities.
Products/Services	All products produced and services provided (e.g. customer services) by BBHL.
Business Functions	All business functions have a role in implementing and giving effect to the IMS to ensure it meets its intended outcomes. This includes, for example, EHS, Production, Engineering, Maintenance, Finance, HR, IT, Procurement, and Marketing.
People	All personnel work directly for or on behalf of BBHL or visiting a BBHL operation that may be impacted by our operations, specifically including: • Permanent and temporary employees; • Contractor personnel working on BBHL facilities, or off-site where work is being conducted on behalf of BBHL; and • Visitors to BBHL facilities.
Supply Chain	All primary (first tier) suppliers, or secondary suppliers where the need is identified. The scope extends to the selection and influence of suppliers EHS and social performance.

2 NORMATIVE REFERENCE

The IMS structure and content has been developed to conform to the following local and international requirements, standards and guidelines:

- Ethiopian environmental, health and safety and labour legislation;

- IFC Performance Standards (2012);

- IFC/World Bank Group General EHS Guidelines (2007);

- IFC EHS Guidelines for Vegetable Oil Production and Processing (2015);

- ISO 14001:2015 Environmental Management Systems; and

- ISO 45001:2018 Occupational Health and Safety Management Systems.

3 TERMS AND DEFINITIONS

Term	Definition
BBHL	Blue Bird Holding Limited
CEO	Chief Executive Officer
CFO	Chief Financial Officer
COO	Chief Operating Officer
EPRP	Emergency Preparedness and Response Plan
HAZOP	Hazard and Operability Study
HRMS	Human Resources Management System
IFC	International Finance Corporation
IMS	Integrated Management System
IMS	Integrated Management System
KPI	Key Performance Indicator
NGO	Non-governmental Organisation
OEL	Occupational Exposure Limits
PPE	Personal Protective Equipment
PS	Performance Standard
SEP	Stakeholder Engagement Plan
EHS	Safety, Health and Environmental
SOP	Standard Operating Procedure
STEL	Short-term exposure limit
TWA	Time-weighted average

4 CONTEXT OF ORGANISATION

4.1 Organizational context

To ensure we adequately understand our business, and ensure our IMS is appropriate to the nature and scale of operations, top management at Group and site level considers any relevant external and internal issues that could affect the ability for BBHL to achieve the intended outcomes of our IMS, including our EHS and Social policy commitments associated objectives. This includes the following considerations which are used informs the framework of our IMS:

- Company strategy;

- Organisational structure and internal resources;

- Financial resources;

- Our existing operations and associated risks;

- Investor and other stakeholder requirements;

- The communities in which we operate;

- The environment in which we operate, including local, national and global issues; and

- The resource and facilities of the area and country in which we operate.

The external and internal issues are determined through different methods as defined by top management. This may include the following:

- Periodic management meetings and management reviews;

- Strategy workshops; and

- SWAT/PESTEL or other similar strategic management tools.

Where relevant, the output of these methods are documented, for example in strategy plans or management meeting minutes.

4.2 Understanding the Needs and Expectations of Interested Parties

Through our stakeholder engagement processes (refer to section 8.6) BBHL determines the interested parties that may be impacted by our operations or that have an interest in our operations and identifies their specific needs and expectations. We regularly engage our stakeholders to monitor changes in order to assess changes to be affected in the IMS.

Needs and expectations are given due consideration in the development of the IMS, and from these clearly defined obligations are documented in the **Stakeholder Engagement Plans** (at both Group and Site level).

Key stakeholders of BBHL include:

- Neighbouring and nearby operations and institutions – including business, social, religious, medical facilities (clinics and hospitals) and schools.

- Communities and residential areas;

- Employees;

- Unions/worker representatives;

- Customers;

- Contractors;

- Suppliers;

- Financial institutions (e.g. investors and lenders);

- Government departments and agencies;

- Non-governmental Organisations (NGOs); and

- Media agencies.

4.3 IMS Architecture

BBHL has implement a centralised Group level driven IMS, with many EHSS requirements defined at Group Level, to be implemented at site level. The IMS architecture is explained below and illustrated at a high level in Figure 4-1.

The aim and benefits of this Group driven approach is as follows:

- Standardises the requirements across the group to ensure there is consistency in how risks are managed across BBHL's operations;

- Streamlined approach, enabling each site to focus more on *executing* the IMS requirements through minimising effort required in developing a full standalone IMS at site level. Reduced workload at site level is also important where resources may be constrained or where sites have no dedicated EHS and social resources;

- Sites can be better supported by Group level personnel; and

- Enables easier implementation for new sites/operations or the acquisition of existing sites and operations. Group level procedures can be more easily applied without having to develop new and complete systems at the new site.

Importantly, although the requirements of the IMS have been defined by Group, it is the responsibility of each site to identify, manage, implement controls for, monitor and report on EHS and social matters. Furthermore, it is important to state that the EHS function established at Group level, as well as EHS resources at site level, provide a supporting and advisory function to the operations, and the operating functions therefore have responsibility to manage the EHS and social risks.

Accordingly, the architecture or framework of the IMS has been developed to support this approach. The set of documents that detail BBHL's EHS and social commitments, and describe what shall be implemented at site level, and also by certain Group functions, comprises the following:

- Environmental, Health and Safety and Social Policy;

- Group HR Policies;

- IMS Manual (this document);

- IMS Procedures (referenced in this document); and

- All supporting documents referenced in the Group Policies, Manual and Procedures.

The **Environmental, Health and Safety and Social Policy** sets out the overarching EHS and social commitments. It provides the basis for the development of the IMS; and conversely, the IMS output informs the development of the policy.

The **Group IMS Manual** defines the approach to achieving these commitments, providing the direction, and the system requirements to enable BBHL to achieve its intended EHS and social policy commitments and objectives. The manual also contains certain management and supporting processes necessary to ensure BBHL operates effectively and efficiently.

The Group procedures and policies describe requirements for Group (departments or individual roles), and the requirements and guidance for site to implement. This includes policies and procedures that manage the following aspects of the IMS:

- Safety;
- Health;
- Environment; and
- Community.

Aspects of labour relations are managed through the Human Resources Management System (HRMS) under the HR Department.

The IMS Manual and procedures also make reference to additional supporting documents such as forms, registers etc to be used by site. In some cases, examples are included in the respective procedures (and this Manual) for site to use.

At site level, these Group level procedures shall be implemented. In addition, each site must develop Standard Operating Procedures (SOPs), and develop any required plans, forms, registers, checklists and other supporting documentation to manage site-specific risks. Site SOPs are not required for every activity and process, but should be considered for the following:

- Procedures to manage site specific processes, machinery and equipment;
- Procedures to manage site specific risks and issues that have not been addressed by Group Procedures; and
- Where a Group procedure exists, but additional specific details is considered necessary to enable effective management of a particular risk at site level.

All processes and documents developed for the purpose of managing EHS and social risks at site level must be aligned to the requirements of the IMS, and be controlled in accordance with this Manual.

In accordance with Section 7.4 (Document Control), a full list of Group procedures and supporting documents are included **GRP-EHS-M-R01 Group IMS Document Register**. Site level documents will be maintained in a **Site IMS Document Register**.

GROUP LEVEL

Environmental, Health and Safety and Social Policy

IMS Manual

HRMS (Human Resources Management System)

EHS & Social Procedures

Supporting Documentation and Records

SITE LEVEL

Site A: Procedures

Site B: Procedures

Site C: Procedures

Site A: Supporting Documentation and Records

Site A: Supporting Documentation and Records

Site A: Supporting Documentation and Records

Figure 4-1: IMS Architecture

5 LEADERSHIP

5.1 Leadership and Commitment

In terms of the Environmental, Health and Safety and Social Policy, the CEO shall ensure the policy and management system is implemented and maintained to give full effect to achieving the defined policy commitments.

BBHL's top management at Group and site level shall also commit to putting the policy into practice. At Group level, top management is defined as personnel in executive positions, including members of the board, directors, and heads of departments. At site level, top management refers to personnel with overall accountability to manage the operation, and with reporting lines to the executive level at Group. This includes the Factory Manager, Production Manager, Technical Manager, Human Resources Manager, Quality Manager, Planning and Logistics Manager and EHS Manager/Officer.

At Group level top management demonstrates their commitment through defining policy commitments, making appropriate appointments, assigning responsibilities, developing strategy plans, setting or approving objectives, assessing performance, and ensuring necessary resources are provided. EHS and social responsibilities are delegated to the following roles, and included in personnel balance score cards / Key Performance Indicators to ensure and EHS and social aspects are incorporated into all decision making and advisory processes:

- Chief Executive Officer (CEO);

- Chief Financial Officer (CFO);

- Group EHS Manager:

- Legal Counsel;

- Chief People Officer

- Supply Chain Director

- Chief Growth Officer

- Chief of Staff;

- Other directors, offices, and managers ,where applicable.

EHS and social issues are discussed at the following Group committees and meetings:

- BBHL EHSS Board Sub-committee

At site level, EHS and social accountability is assigned to the Factory Manager and Technical Manager, who works in conjunction with the appropriate Group functions to ensure the IMS is implemented, and necessary resources are made available. Commitment is also demonstrated through the follow means:

- Include EHS and social issues and feedback of EHS and social performance in regular operational meetings;

- Approve objectives;

- Provide resources to enable objectives to be achieved;

- Appoint EHS Managers and EHS Officers;

- Appoint personnel to manage stakeholder engagement;

- Comply to Group and site level IMS Manual and procedures;

- Re-enforce EHS and social requirements; and

- Conduct 'Visible Felt Leadership' inspections, in the form of regular site walkthroughs to identify and raise any EHS and social issues.

5.2 Environmental, Health and Safety, and Social Policy

BBHL's safety, health, environmental and social (EHS and Social) commitments are captured in the EHS and Social Policy (shown below). This policy provides the management framework for establishing BBHL's objectives, which is achieved through implementation of the management system in accordance with the requirements of the ISO14001 environmental management system standard and ISO45001 occupational health and safety management system standard. This policy document applies to all our operations.

The CEO is accountable for approving and executing the policy, ensuring systems are established to give effect to the policy, and that the operations conform to the policy. Each operation is responsible for the implementation and adherence to the policy and to achieve EHS and social objective and performance requirements. The Group EHS Manager and site EHS managers provide support to the operations to achieve policy implementation.

The policy is reviewed on an annual basis, and updated if necessary, to ensure it remains relevant to the company, is appropriate to the purpose and context of the company, taking into consideration local and global changes that impacts on or is impacted by BBHL's operations, products and services. Where no changes are considered necessary, records of the review conducted shall still be maintained.

The policy is communicated to all personnel, including contractors and visitors, and made available to interested parties on request, and is also placed on the company website.

The policy is displayed at all BBHL facilities, including head office and operational sites, placed in locations visible to employees, contractors and visitors.

Blue Bird Holding Limited (BBHL) is a Fast-Moving Consumer Goods manufacturer and healthcare company focusing on the Ethiopian market. In line with our vision to improve the lives and livelihoods of the communities in which we operate, we recognise the escalation of various global sustainability challenges, specifically current and potential risks and impacts from climate change, increasing resource scarcity, and pressure on land, water and forests from economic development carried out in an unsustainable manner. We acknowledge the impact our operations can have on the environment, our workforce, and the communities in which we operate. In this regard, BBHL is committed to deliver sustainable growth and operate our business in an environmentally sound and sustainable manner, through continual improvements in environmental and social performance in all our activities, ensuring the safety and rights of our workforce, and the communities in which we operate.

BBHL's Environmental, Health and Safety and Social Policy is a management framework for establishing our overarching environmental and social management objectives and commitments. This is achieved through implementation of our management system in accordance with the requirements of the ISO14001 environmental management system standard and ISO45001 occupational health and safety management system standard. This policy document applies to all our operations.

GOVERNANCE

Through the BBHL Integrated Management System, we proactively manage and integrate environmental and social standards across our operations. BBHL adheres to our compliance obligations, including the applicable environmental and social legislation of Ethiopia, as well as to applicable international law and International Standards, including the IFC's Environmental and Social Performance Standards and the World Bank Group Environmental, Health and Safety Guidelines. All new and existing operations are subject to environmental and social assessments to ensure risks can be identified and appropriate levels of control and mitigation applied, and our actions and performance monitored accordingly.

ENVIRONMENT

BBHL recognizes the importance of protecting our environment. BBHL commits to implement environmental management programmes to proactively prevent pollution and minimise our impacts on the environment. Our focus areas include sustainable resource use, waste minimization, energy and water conservation, and reduction of our greenhouse gas emissions.

OCCUPATIONAL HEALTH AND SAFETY

BBHL recognizes the importance of the provision of a safe and healthy work environment to all people working for or on behalf of us. BBHL is fully committed to making every possible effort to eliminate hazards and reduce OH&S risks, in order to prevent injuries and preserve the health of our employees. We engage workers and workers' representatives to ensure we are effective in our approach.

SOCIAL

As a responsible business operator, BBHL values its people, respects human rights and is committed to not involve any form of child labour and forced labour in our operations and supply chain. BBHL provides equal opportunities and has zero-tolerance on any forms of discrimination and harassment. We apply international safeguards to engage with and protect the communities in which we operate.

The Chief Executive Officer shall ensure the policy and management system is implemented and maintained to give full effect to achieving our commitments.

X _____

Signer
Signer's Title

Click or tap to enter a date.

5.3   IMS Organisational Structure

The high level organisational charts below illustrate the management structures responsible for the IMS and management of environmental, health and safety, labour and community issues:

```
                    ┌─────────────────┐
                    │  EHS Director   │
                    └─────────────────┘
           ┌───────────────┼───────────────┐
┌──────────────────┐ ┌──────────────────┐ ┌──────────────────┐
│   HCFM EHS &     │ │  HCFM-Dukem EHS  │ │ ZAK EHS Officer  │
│ Hygiene Officer  │ │     Manager      │ │                  │
└──────────────────┘ └──────────────────┘ └──────────────────┘
```
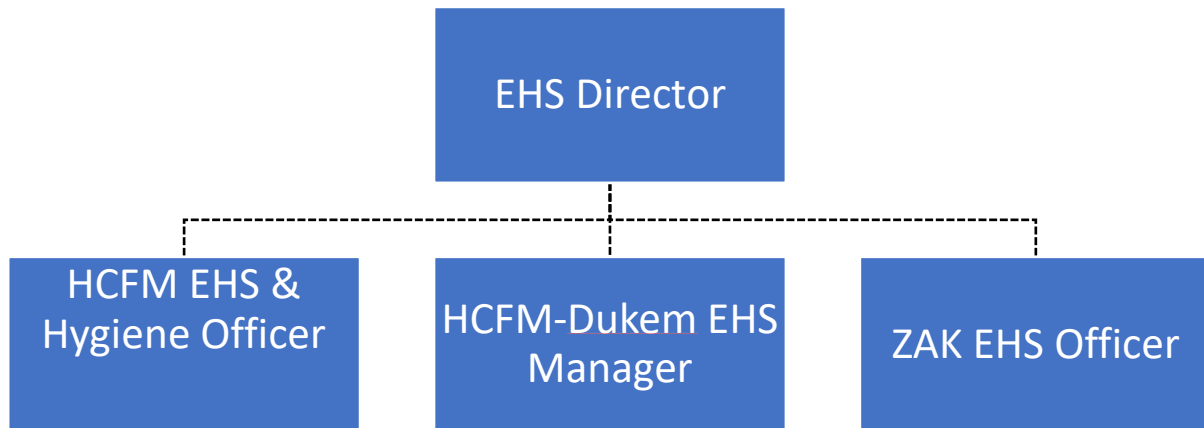
operational reporting to Factory Managers

The organograms identifying the names of personnel currently in these roles are kept updated by the HR departments.

5.4   General Responsibilities

Top management, as identified in Section 5.1 has overall accountability for defining the company objectives and commitments, developing the strategy that underpins the IMS, and gives overall direction to the development of the IMS. Top management ensures that adequate resources are provided, including competent personnel (internal or external), equipment and financial resources to ensure that the IMS is established, implemented, maintained and improved to enhance EHS and social performance.

All employees, including contractors trained in the IMS requirements applicable to their activities, are responsible for adhering to all procedures and requirements of the IMS, taking responsibility for their own safety and wellbeing, as well that of others, and supporting initiatives to achieve the commitments set out in the BBHL EHS and Social Policy. All employees are also responsible for reporting any accident, incidents, unsafe acts and conditions, incorrect practices and any breaches of the IMS requirements.

Supervisors and managers of each area, function or department are responsible for ensuring personnel are made aware of and trained in the requirements of the IMS relevant to their activities, including any changes to the IMS, and are responsible for monitoring conformance of their reports to the IMS.

The EHS department is responsible for providing guidance, knowledge and support to the operations to enable each site to achieve the policy commitments and requirements of the IMS and associated policies and procedures.

Personnel responsible for making changes to the IMS (e.g. new or updated procedures) must ensure that these changes are communicated to personnel that may be impacted by the change, in accordance with the processes outlined in Section 7.3.1 (Internal Communication).

5.5 Individual Roles and Associated Responsibilities

Table 5-1 summarises the main responsibilities for key roles in ensuring that the IMS is implemented and maintained.

Table 5-1 Summary of IMS role and responsibilities

Role	Key responsibilities
CEO	The CEO has overall accountability for implementation of the IMS and associated EHS and social performance at Group level, and that appropriate support is provided to the operations. Specific IMS responsibilities include: • Endorsing the EHS and Social policy; • Ensuring adequate resources are available to enable the effective operation of this IMS, including the appointment of qualified personnel at Group level, specifically including a EHS manager to establish, implement and continually improve the IMS, and HR Manager manage labour issues; • Ensuring that significant EHS and social impacts and major non-conformance receive suitable attention to be appropriately managed; and • Approve communication where necessary to relevant external interested and affected parties.
EHS Director – Group	The EHS Director will oversee all environmental, health and safety aspects at Group Level, providing support to sites as follows: Specific IMS responsibilities include: • Implementation and maintenance of Group level requirements; • Reporting E&S performance to the Group Top Management; • Developing Group IMS objectives, targets, procedures and programmes as required; • Implementation and continual improvement of the IMS; • Monitoring E&S performance; • Assisting with the timely resolution of issues if required; • Demonstrating commitment to the continual improvement of system performance as an example to others; • Providing overall co-ordination of the Group IMS; • Ensuring the Group Risk Register is up to date; • Ensuring the Legal Register is kept up to date; • Understanding the legal requirements pertaining to the sites; • Compile required E&S reports;

	• To identify stakeholders and implement the Group Stakeholder Engagement Plan; and • To liaise with regulatory bodies.
Factory Managers **(site level)**	The Factory Manager has overall accountability for ensuring a site level IMS is established, and resources made available to ensure it is established and maintained. Specific IMS responsibilities include: • Approving the site-specific objectives; • Demonstrating commitment to the continual improvement of system performance as an example to others; and • Ensuring site specific resources are made available.
Technical Managers (site level)	The Technical Manager is responsible for all operational and maintenance aspects of the site are managed in accordance with the site level IMS and requirement/guidance from Group. Specific IMS responsibilities include: • Implementation and continual improvement of the IMS within operational activities; • Approval of the site-specific procedures and programmes, together with the Site EHS Manger; • Assisting with the timely resolution of any observed social and environmental issues; • Ensuring contractors adhere to the IMS where applicable, through the contractor EHS representative; • Ensure specific EHS and social requirements are included within operational activities, programs, procedures and controls; • Liaising with the Site EHS Manager as appropriate; • Demonstrating commitment to the continual improvement of system performance as an example to others; • Reviewing applicable audit and inspection results and ensuring that corrective actions are taken by the relevant parties; • Manage of stakeholder engagements; and • Assist IMS monitoring and measurement activities where applicable.
EHS Officers/Managers – site	The Site EHS Officers and Managers will oversee all environmental, health and safety and social aspects of the site operations to ensure continuing compliance with the IMS. Specific IMS responsibilities include: • Providing overall co-ordination of the IMS at site level; • Reporting EHS and social performance to the site management and Group EHS Director r; • Implementation and continual improvement of the IMS; • Providing input into site objectives, procedures and programmes as required; • Monitoring EHS and social performance; • Assisting with the resolution of EHS and social issues;

	• Demonstrating commitment to the continual improvement of system performance as an example to others; • Ensure that significant EHS and social risks and impacts are identified; • Understanding the legal requirements pertaining to the site and ensuring legal requirements are incorporated into procedures and management plans; • Ensuring that all who work for and on behalf of the site are aware of the relevant EHS and social legal obligations, risks and site requirements; • Assisting with the implementation of IMS programmes and Procedures; • Ensuring that all relevant documentation such as registers, records and other documentation are kept up to date; • Ensuring that all who work for and on behalf of the site are aware of all IMS procedures; • Undertake audits and inspections and report findings to the Technical and Factory Manager; • Manage corrective actions to ensure they are closed out appropriately; • Compile required reports; • Measure and monitor EHS and social performance as required and prepare reports; • Ensuring incidents, accident, and grievances and non-conformances are suitably addressed; • Identifying applicable training requirements for all staff and ensuring that training is undertaken; • To identify stakeholders and implement the site Stakeholder Engagement Plan; • To be present during formal consultation meetings with Regulatory Bodies, Regional Government and local communities. • Scheduling and attending EHS committee meetings and any other relevant EHS meetings; • Monitoring contractor compliance to site requirements; • Conducting training and awareness initiatives; • Demonstrating commitment to the continual improvement of system performance as an example to others.
Contractors	Contractors working for or on behalf of the site will be trained on the applicable IMS requirements relevant to their contracted scope of work/activities. The contractors will be informed of their responsibilities in accordance with the site's Contractor Management Procedure. Specific IMS responsibilities include: • Develop EHS plans and submit to Site EHS Manager for review / comments. This should comprise a EHS Policy, and procedures, work instructions, method statements, risk

	assessments, proof of training and certifications (where required); legal appointments; • Conducting Risk Assessments for all activities; • Complying with relevant national, local and international legal requirements; • Appointing EHS Representative(s) that will enable the contractor to adhere to BBLH requirements; • Abide by the safety tasks, rules and regulations and procedures established for the organization; • Be responsible for EHS management during their work; • Instruct their personnel on all relevant EHS requirements; • Arrange for the availability of appropriate personal protection equipment and ensure appropriate use; • Ensure contractor employees undergo EHS induction training; • Reporting incidents and accidents and non-conformances to the BBHL contract supervisor; and • Provide data related to EHS performance/monitoring (e.g. no. of employees, injury data etc.).
All personnel	• The workforce is responsible for ensuring they and their co-workers are working in a safe manner that is not harmful to themselves, their co-workers or others on site, as well as the receiving environment. • Adhere to all health, safety and environmental procedures and instructions. Including workplace signage; • Use the correct tools and equipment, report any damages or faults to their supervisor; • Use correct personal protective equipment as directed and report any defects to their supervisor; • Keep and maintain tools and assigned equipment under their control in a safe and fully operational state; • Ensure that their work activities do not endanger themselves or others; • Help new employees to become aware of known hazards and to maintain discipline; • Personal hygiene shall be maintained; • Report all incidents / near misses to their supervisor; • Co-operate in maintaining and improving a safe and healthy working environment; and • Actively participate in Toolbox Talks and any other EHS related trainings.

6 PLANNING

6.1 Hazards Identification and Risks Assessment Procedure

6.1.1 Introduction and risk management principles

An understanding of the hazards, risk, impacts and consequences of BBHL's operations is necessary in order that appropriate risk mitigation strategies and controls can be determined and applied, and adequate resources directed accordingly. The purpose of the risk assessment process is to identify and evaluate the EHS and social/community risks and impacts associated with the company, its operations, including all activities, and products over which it has control or influence (e.g. contractors, suppliers and other external parties).

Risk mitigation strategies should be appropriate to the level of risk, through applying the following risk management principles and considerations:

- Risk mitigation strategies should consider the ALARP (As Low As Reasonably Practicable) principle;

- Risk reduction should be based on the following hierarchy of controls, further explained in section 6.1.2 below:

    o **Elimination**: the complete elimination of the hazard by design;

    o **Substitution/minimisation:** replacing the hazard, material or process with a less hazardous one or to significantly reduce the magnitude of the hazard;

    o **Engineering**: design in controls or redesign of the equipment or work process that avoids the need for any human intervention. This can include separation, by e.g. placing a physical barrier on the hazard by guarding or enclosing it;

    o **Administrative**: providing control such as training and procedures; and

    o **Personal Protective Equipment (PPE):** use of appropriate and properly fitted PPE where other controls cannot be implemented effectively.

- Impacts shall consider a Life Cycle Approach - giving consideration to the following:

    o The value chain, from the farm or raw material extraction, to final disposal (i.e. upstream and downstream processes); and

    o The project or equipment life cycle (e.g. for new facilities, plants) – from infrastructure and equipment design; operation and maintenance; and decommissioning.

- Impacts of the company on the external environment i.e. impacts created as a result of the company's activities, as well as and impacts on the company (i.e. external impacts that affects/can affect the ability of the company to achieve its strategy and objectives – for example climate change, and lack of available resources).

- Identification of opportunities i.e. the positive or beneficial side of risk management in which actions, projects, or programmes that may either reduce current negative risks further, for example through eliminating hazards; or can enhance EHS and social performance further, even if the performance in certain areas are at an acceptable level, and/or improve the operation to enable objectives to be met.

- When determining controls, it is important that they include the following

    o **Prevention controls**: Controls that reduce the **probability of the unwanted event occurring** and prevents the hazard from manifesting (e.g. proper

vehicle maintenance reduces likelihood of a vehicle failure that could result in an accident and injury); and/or

- o **Recovery controls:** Controls that reduce the **severity of the consequence** of the event (e.g. airbags in a vehicle reduces the severity of the injury once the unwanted event has occurred).

Risks should be assessed for all operational areas of the company, and all activities as defined by the scope of the IMS (refer to section 1.2). When conducing risk assessments, the following aspects of the operations activities should therefore be taken into account:

- Routine activities (day-to-day operations and normal work activities);

- Non-routine activities (occasional or unplanned);

- Maintenance activities;

- Emergency conditions;

- Human factors – potential for human failures that impacts the risk and type of controls required. Types of human failures to be considered can be categorised as follows:

  - o *Human error* - unintentional actions or decisions e.g. due to mistakes, lack of knowledge, forgetting or omitting steps); and

  - o *Violations* - intentional failures – deliberately doing the wrong thing, though this can be routine/cultural (everybody does it), situational (time pressure) or exceptional (done in an emergency);

- Activities within the boundary of an operation, as well as outside of the operation, including, for example, transportation and travel risks (of raw materials, product, equipment, and personnel);

- Risks to all people on site – employees, contractors, and visitors;

- Risks to the community, neighbouring facilities and the public;

- Risks and impacts to customers; and

- Risks and impacts of suppliers.

This section should be read in conjunction with section 6.2.2 (Planning Action) which describes the process for developing and applying controls based on different inputs, including the risk assessment process.

6.1.2 Application of the Control Hierarchy

The Control Hierarchy, illustrated in Figure 6-1, comprises an ordered category of controls ranked by those that which are considered more effective at reducing risk, to those that are considered least effective. Typically, controls higher up the hierarchy typically should be considered and decided in the design phase. Those lower down require greater reliance on personnel to apply a control.

As far as may be practicable, the Control Hierarchy should be applied when determining controls while undertaking all levels and types of risk assessments.
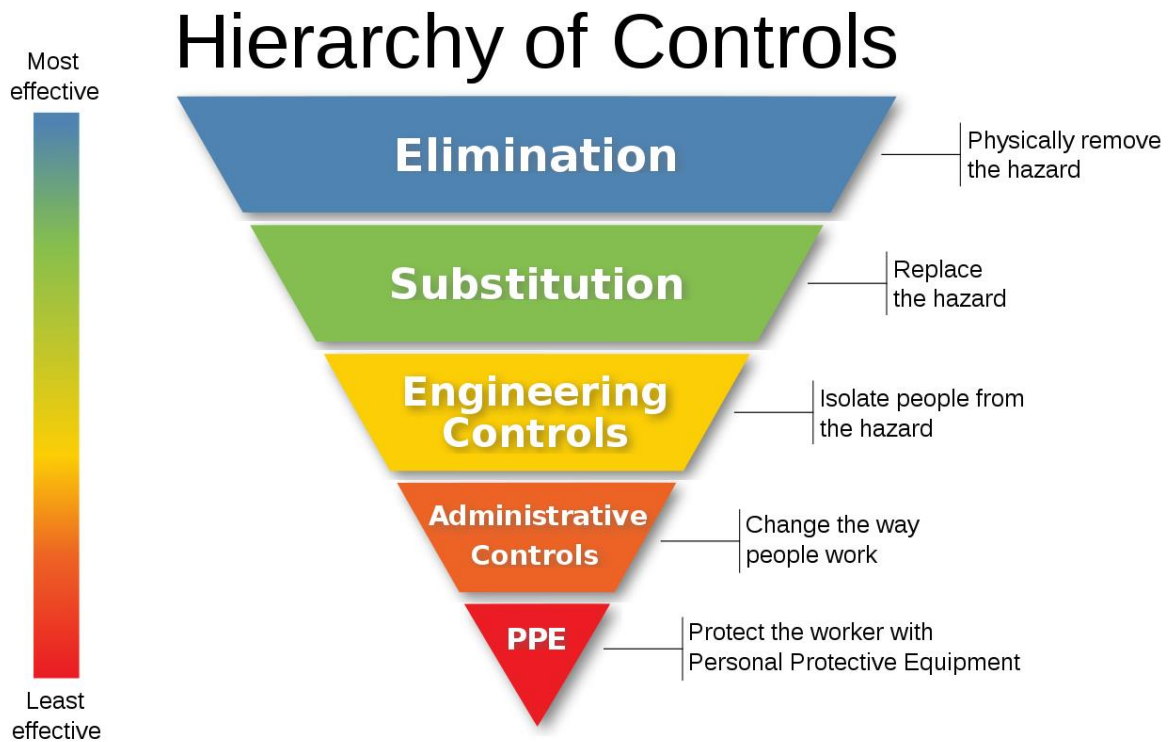
Figure 6-1: The Control Hierarchy

6.1.3 Group Level Risk Assessment

Group shall develop a **Group Level Risk Assessment (GRP-EHS-M-R02)**, similar in format to the site level baseline risk assessment (see section 6.1.5.1 below), to capture the key non manufacturing related risks of the organisation

The risk assessment shall be developed based on a wide range of input, including the following:

- Input from various Group Departments (HR, Technical, Financial, EHS etc.);

- Site, including the site Baseline Risk Assessments (specifically risks identified to be 'high' or 'extreme');

- Internal and external factors that impact and influence the company;

- Group strategy;

- Needs and expectations of interested parties (as identified through stakeholder engagement processes);

- Legal requirements; and

- Requirements of financial institutions (investors, banks).

In addition, Issue Based Risk Assessments (see description in section 6.1.5.2 below) shall also be conducted by Group where required, including the following events (for example):

- Acquisition of land, other businesses (active or not) e.g. conducing a due diligence;

- Closure of a site; and

- Relocation of a site.

6.1.4 Site Level Risk Assessments

A two-tiered approach to conducting risks assessments shall be implemented by all sites, illustrated in Figure 6-2 and detailed below.
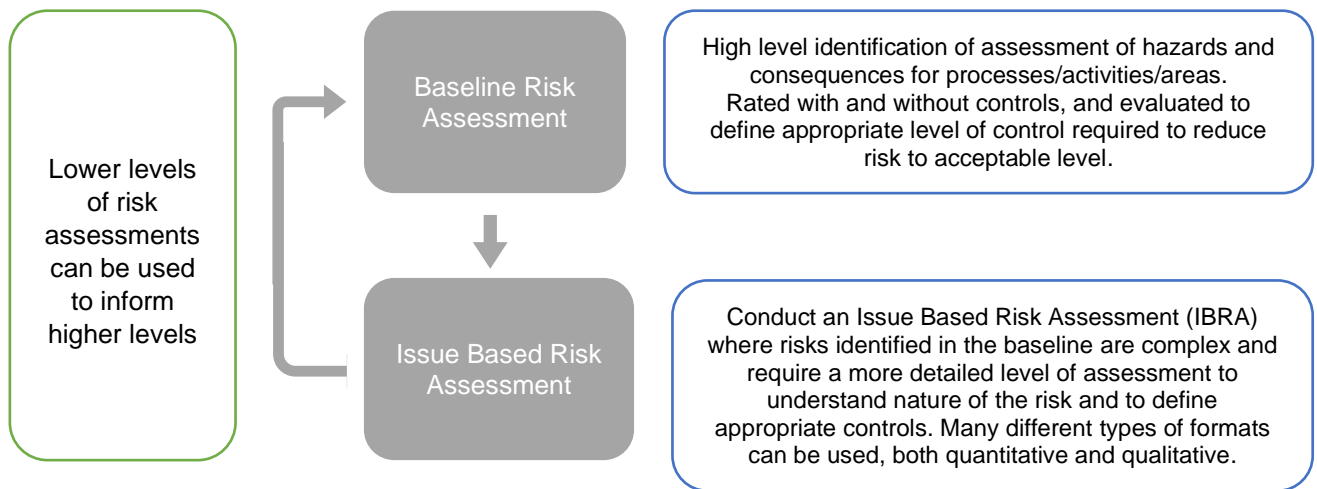
Figure 6-2: Overview of the 3-tiered risk assessment approach applied at site level

6.1.5 Risk Assessment Methodologies

The methodologies for the Baseline Risk Assessments, and Task Level Risk Assessment are described below. As the type of Issue Based Risk Assessment depends on the issue that needs to be assessed, no methodology is prescribed.

6.1.5.1 Baseline Risk Assessment

The Baseline Risk Assessment is a site wide risk assessment aimed at identifying all hazards, aspects and evaluating the risks and impacts. The Baseline Risk Assessment shall be conducted by a team that comprises the technical manager, engineers, supervisors, EHS managers and EHS officers. This enables a range of input and understanding of risks from different sources to be taken into account. Assessments should be undertaken in a workshop setting, applying the process described below. Templates for the baseline risk register, and the associated risk assessment tables can be found as **GRP-EHS-M-R03 Baseline Risk Register Template**.

The steps of the Baseline Risk Assessment Process are outlined as follows:

- **Step 1: List** site areas and activities (such as workplaces, equipment, activities, etc.)

- **Step 2: Identify all hazards/aspects** for each area and activity (e.g. flammable liquids, storage tanks, compressed gasses, water, emissions),

- **Step 3: Analyse the risk** - Determine and describe the event (what can go wrong?) who/what might be harmed or impacted and how. Identify all actual or potential health and safety, environmental, and social consequences, as well as financial, legal and reputational, should the hazard manifest in an unwanted event. Consider:

  - o Likelihood of events and consequences;

  - o Nature and magnitude of consequences; and

  - o Effectiveness of existing controls.

- **Step 4: Assess the risk** – using the criteria in the 5x5 matrix, each risk shall be assessed, in order to provide an input into risk evaluation so that decisions can be made regarding the required controls to implement. This shall be done as a two-step process:

  a) Analyse the **raw** risk – the level of risk before any internal controls are applied. Note that the presence of basic controls inherent in a building or process may be included when evaluating the raw risk – for example walls or spaces that would prevent fire from spreading)

  b) Analyse the **residual** risk – considering all current controls, taking into consideration the reliability and effectiveness of controls.

- **Step 5: Evaluate** the risks and decide on risk treatment options (i.e. controls). Using input from the risk assessment, decisions must be made whether to:

  - o Do nothing (maintain existing controls);

  - o Apply additional controls; and/or

  - o Undertake further analysis (e.g. issue base risk assessment).

The following guidance maybe considered for making decisions based on the risk rating:

- **High risks:** additional controls or improvement of existing controls are required. Additional resources are likely required to control the high risks. Controls that are higher up on the control hierarchy should be properly considered.

- **Medium risks:** additional controls should be considered and implemented where considered feasible, though are not considered priority.

- **Low risks**: do not require any further analysis or mitigation, though additional controls can be applied where limited resources are required.

6.1.5.2 Issue Based Risk Assessments (IBRA)

Issue based risk assessments are conducted where a process, activity, subject or issue is complex, could have multiple risks, and/or where risks are not adequately understood. The objective is to obtain greater understanding and in-depth knowledge on the hazards, risks, and impacts and consequences, in order to determine appropriate controls to minimise the risk.

They should be conducted for high or major risks as determine in the baseline risk assessment, or where the risk level cannot be determined without further assessment.

There is no prescribed format for Issue Based Risk Assessments. Essentially, they can be any assessment, study, review where the nature of the risk (consequence and/or likelihood) is assessed in greater detail using a methodology appropriate for the required purpose. Examples include the following:

- Environmental and social impact assessments (ESIA) e.g. when applying for authorisation as required by law;

- Infrastructure and Equipment Design and Safety Assessments (e.g. Process hazard analysis, Hazard and Operability Study (HAZOP);

- Bowtie Analysis;

- Topic specific risk or impact assessments e.g. occupational health and hygiene assessments (e.g. hazardous substance assessments, ergonomic studies, community health risk assessment, air quality impact assessment, etc.);

- Change management, e.g. risk assessment of a new piece of equipment or new process;

- Suppliers and contractors risk assessments; and

- Assessment of plans, programmes, initiatives as opportunities to improve performance.

6.1.6 Review and Update of Risk Assessments

All risk assessments will be reviewed an updated as considered necessary using input from the following:

- New processes, activities, equipment;

- New risks identified;

- After a near miss, accident or incident;

- Feedback from personnel;

- EHS and social performance results;

- Audits;

- Changes in external factors;

- Changes in internal factors;

- Following stakeholder engagement; and

- Updates to legal requirements and other obligations.

In addition, risk assessments will be reviewed at a minimum according to the following:

- **Baseline Risk Assessment**: Annually; and

- **Issue based Risk Assessment**: Every two years, or as required or recommended, by law, by an external subject matter expert, or internationally accepted norms.

6.2 EHS Compliance Obligations Review and Management Procedure

BBHL operations is committed to complying with all our obligations, including applicable environmental, health, safety and social legislation, as well as to other obligations, for

example conditions of agreements with or commitments made to interested parties, including funders (investors, banks) and customers, for example, as well as any voluntary standards BBHL has adopted.

This procedure describes the following processes to ensure all sites understand and comply with the compliance obligations:

- Accessing up to date requirements;

- Communicating requirements to personnel responsible for compliance;

- Identifying and implementing controls to be incorporated into the IMS to comply to the requirements;

- Monitoring and evaluating compliance status; and

- Reporting on compliance to internal or external parties.

The following process will be applied by all BBHL operations:

6.2.1 Procedure

1. Identification of legal and other requirements

BBHL shall identify the environmental and social (including labour and health and safety) legal requirements appliable to its operations, which shall be documented in a **BBHL Legal Register**. The register may be compiled internally, or by an external service provider. The register shall be prepared at Group level and therefore will be applicable to all operations. Each operation shall review the legal register and determine how it applies to site operations.

A **Register of Other Requirements** shall also be developed, and will include, where relevant, any conditions of agreements with or commitments made to interested parties, as well as any voluntary standards BBHL has adopted, either at Group or site level.

Each operation shall also compile a **Register of Authorisations** based on the **GRP-EHS-M-04 Register of Authorisations Template**, that shall include all permits, licences, certificates required, including the status (required, applied, obtained) and expiry dates.

2. Updates to requirements

The Legal Register shall remain up to date through ensuring access to new or amended legislation. This includes subscription to an update service, access to a government service, periodic reviews of government websites, or appointing an external services provider.

The Group EHS Director - will be responsible for updating the Legal Register as well as ensuring the Register of Other Requirements is updated in the event of new or change to existing obligations.

The Registers shall be reviewed at a minimum on an annual basis and updated accordingly.

3. Communication of and Training in Legal and Other Requirements

The Group EHS Directorwill be responsible for communicating the legal and other requirements, and any changes to the requirements, to the respective site Factory Managers, Technical Managers, EHS Managers and EHS Officers, as well as any head office personnel, and shall provide any necessary support in identifying measures to address the changes.

Where deemed necessary by the Group or Site management, training will be provided on the legal and other requirements for the respective personnel to ensure there is a clear understanding of the requirements as well as consequences of non-compliance.

4. Controls and integration into IMS

Each operation shall determine the applicability of the legal and other requirements to its operations, and establish controls to comply to each requirement. The controls shall be integrated into the IMS. This may include, for example, action plans programmes, training, updated or new procedures and monitoring.

5. Monitoring and evaluating compliance

In accordance with the process described in section 9.2 (Evaluation of Compliance), each site shall implement measures to monitor and evaluate compliance to the legal and other requirements and define measures to take where non-compliance are identified.

6.2.2 Planning Action

Through the identification and assessment of risk and impacts, identification of compliance obligations, and evaluation of compliance to these obligations, each site should have an understanding of the operational aspects that must be managed to ensure all EHS and social risks are mitigated, objectives met, and policy commitments are achieved.

Each site should therefore plan accordingly to ensure that controls or mitigation measures are identified, implemented and their effectiveness monitored and evaluated. These controls should be formalised (for example documenting procedures), to ensure that the controls are explicit and the site can clearly demonstrate the extent to which the controls have been implemented and are considered effective. Numerous sources of information should be used as inputs into the planning process, and numerous and different types of controls may be necessary to mitigate a specific risk.

Figure 6-3 illustrates the high-level process, with additional detailed requirements described below.

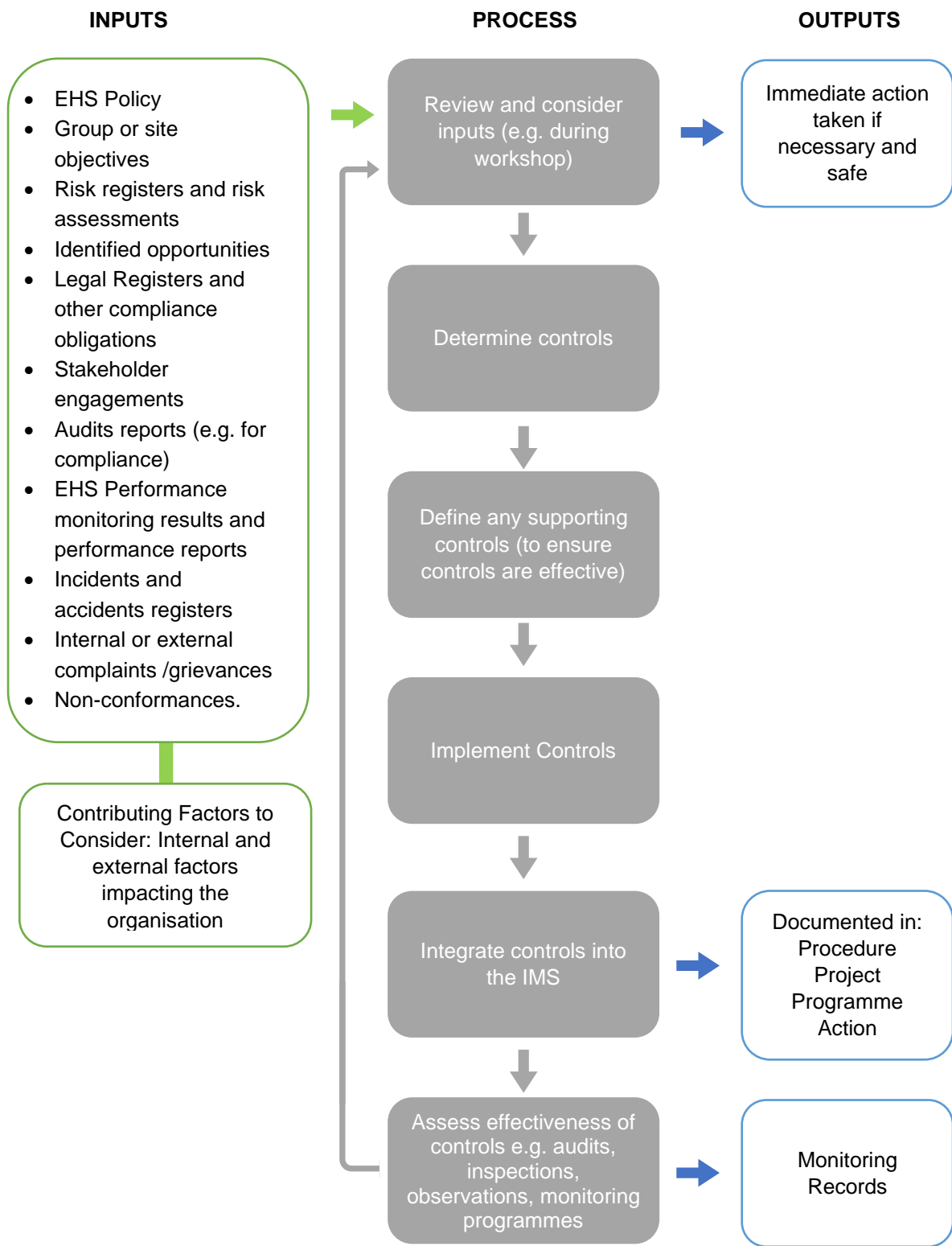| INPUTS	PROCESS	OUTPUTS
• EHS Policy • Group or site objectives • Risk registers and risk assessments • Identified opportunities • Legal Registers and other compliance obligations • Stakeholder engagements • Audits reports (e.g. for compliance) • EHS Performance monitoring results and performance reports • Incidents and accidents registers • Internal or external complaints /grievances • Non-conformances.	Review and consider inputs (e.g. during workshop)	Immediate action taken if necessary and safe
Contributing Factors to Consider: Internal and external factors impacting the organisation	Determine controls Define any supporting controls (to ensure controls are effective) Implement Controls Integrate controls into the IMS	Documented in: Procedure Project Programme Action
	Assess effectiveness of controls e.g. audits, inspections, observations, monitoring programmes	Monitoring Records

Figure 6-3: Planning Action Process Flow

1. **Review inputs** that provide information on the issues, risks, and obligation. Inputs may comprise of the following:

   a. EHS & Social Policy;

   b. Group or site objectives;

   c. Risk registers and risk assessments;

   d. Identified opportunities;

   e. Legal Registers and other compliance obligations;

   f. Stakeholder engagements;

   g. Audits reports (e.g. for compliance);

   h. EHS and social performance monitoring results and performance reports;

   i. Incidents and accidents registers;

   j. Internal or external complaints/grievances; and

   k. Non-conformances.

2. **Determine and define the controls** to mitigate the issue identified in the respective inputs described above. In defining the controls, the following points should be given consideration:

   a. As far as practicable the decisions on the type of controls required should be in accordance with the control hierarchy as explained in Section 6.1.2.

   b. Controls may be *'once off'* e.g. to construct a bund to provide secondary containment for a hazardous substance, or could be *on-going* e.g. using a harness when working at heights.

   c. Controls may be determined by individuals with the appropriate responsibilities, or collaboratively through engaging with other personnel, for example during formal or informal workshops or meetings including routine EHS, departmental or operational meetings.

   d. Internal and external factors should be considered in evaluating options – for example:

      - technological options;

      - financial resources;

      - human resources; and

      - operational and business requirements.

   e. Expert advice from internal or external specialists should be considered.

3. **Supporting Controls** necessary to ensure that the primary controls are effective should also be considered i.e. to ensure that the primary controls remain available, reliable, implemented and used correctly. Supporting controls includes, for example, inspections, maintenance, training of personnel, and appointment of qualified personnel for application of complex controls.

4. **Integrate controls into the IMS** – the control details, specifications and requirements should be defined and documented – this may be in the form of a procedure, programme, or process. For example, where machine guarding is determined to be a required control to protect personnel from moving parts, a procedure on machine guarding should define the requirements in terms of where guarding is required, what type is acceptable, how it should be installed, operated, maintained and inspected. Supporting documentation (e.g. designs of specific guarding) should be kept on file.

5. **Assess control effectiveness** – An assessment of the effectiveness of controls should be routinely and regularly conducted, for example through audits, inspections, observations, and other monitoring programmes.

   Based on the results of monitoring the controls, each site should consider necessary changes to the existing controls that may be required, or identify where new or additional controls are needed.

   Changes to the *inputs* initially used to inform the control should also be taken into account when reviewing controls. This may include, for example, new requirements from Group, new laws, new stakeholders or changes of stakeholder needs, and changes to other internal and external factors impacting the operation and organisation.

6.3   Setting E&S Objectives

6.3.1   Group Level Objectives

Group shall establish EHS and social objectives to be achieved as a Group, in line with the EHS& Social Policy commitments and identified risks and opportunities. Group shall take into consideration the organisational context, compliance obligations, and an understanding the needs and expectations of interested parties, based on input from Group and the operations.

The objectives shall be reviewed and set on an annual basis.

The objectives shall be cascaded to the operational sites and Group departments, where applicable. Group shall provide clear guidance to the operations on the expectations of how each sites' objectives should be set that will result in Group achieving its objectives. For example, should Group required a 20% improvement in water efficiency, Group should work with sites to determine their contribution to this objective i.e. what percentage improvement should be achieved at each site that, in aggregate, will result in the achievement of the Group objective.

6.3.2   Site Level Objectives

Each site shall establish site-specific EHS and social objectives that are aligned to the Group objectives, as well as set additional objectives based on the any site-specific operating conditions and context.

The site objectives shall be reviewed and set on an annual basis.

Where possible the site objectives should be cascaded to department, function or process level. Communication with key personnel within the respective departments, functions or processes shall be conducted to ensure the relevant personnel understands their role contributing to and achieving the site-specific objectives, as well as the Group objectives, where applicable.

6.3.3 SMART Objectives

Where practicable all objectives should be established and defined using the 'SMART' approach as outlined in Figure 6-4 below.

Specific

What is the purpose?

What will be achieved?

Which areas of the business or site or operations does it apply to?

Measurable

Can it be quantified or measured - how much/many?

What is the best way to measure (total amount, ratios, intensity metrics)?

How will I know if I have achieved it?

Is the current amount/status quo known to compare progress?

Achievable

Can this be accomplished? How?

Who will do it?

Are there adequate resources and support available (or can they be acquired)?

Relevant

Is this important to the site / company / group?

Is it applicable?

Why are we doing this?

Is this the right time?

Is this the correct priority?

Time-bound

When must this be achieved by?

When must we start?

Figure 6-4: SMART objectives - questions to consider

Different types of objectives should be considered, which includes both quantitative and qualitative objectives. Examples of these types include:

a. achieve a numerical value (e.g. reduce manual handling incidents by 20%, increase health and safety training by 20%);

b. eliminate hazards (e.g. noise reduction);

c. introduce less hazardous materials in specific products;

d. increase worker satisfaction in relation to safety (e.g. by acting on worker suggestions); and

e. increase awareness of, or competence in, performing work tasks safely.

The SMART approach to objectives should be applied wherever possible. For example, instead of setting an objective to "Reduce Water Consumption", for example, the objective could be better defined as "Recycle 50% of process water by end of the year, against a baseline of the prior year."

6.3.4 Communicating Objectives

Group and site objectives, as may be relevant, shall be communicated to all employees – this may be conducted using any format considered appropriate, for example through intranet and other electronic communication methods; posters, presentations, induction training, and/or morning team meetings.

6.3.5 Planning to Achieve E&S Objectives

Specific actions, beyond applying the existing operating procedures, are likely to be required to achieve established objectives.

Programmes shall therefore be developed for defining the actions required to achieve the respective objectives. The programme shall define the actions, resources required, responsibilities and planned timeframes for completion.

6.3.6 Monitoring and Reporting of Progress of Objectives

The implementation of the programmes and status of defined actions shall be regularly tracked. Indicators shall be defined to be able to monitor progress towards achievement of the objectives, and the monitoring requirements (responsibilities, frequency, etc.) shall be clearly defined.

The monitoring results shall be regularly reviewed to establish whether the site is on track to achieve the objectives, and whether changes to the programme are required.

Progress towards the objectives shall be regularly communicated (minimum on a quarterly basis) by site as follows:

- Group management (through the EHS Director);
- Site management; and
- All site personnel.

7 SUPPORT

7.1 IMS Resources

It is the responsibility of top management – at Group and at Site level – to ensure adequate resources are provided for the establishment, implementation, maintenance and continual improvement of the IMS. This includes people, knowledge, plant/machinery/equipment and financial resources.

Budgets shall take into take into account the requirements of the IMS, including the means needed to achieve the established objectives, meet legal and other requirements, and enhance EHS and social performance.

Positions at Group level shall be created and fulfilled to provide necessary support and guidance to drive the IMS at Group and site level. This shall include personnel responsible for safety, health, environment, labour and human rights, and community matters. At site level positions shall be created and fulfilled to ensure the IMS can be implemented and maintained. This includes the appointment of operational and technical personnel, as well as EHS and social specific positions or responsibilities, for example:

- EHS manager;

- EHS officers;

- EHS representatives; and

- Stakeholder or community liaison officers.

7.2 Training, Capacity and Awareness Management Plan

BBHL ensures that all personnel and contractors are competent to perform work in a safe and responsible manner, according to the Group and site procedures, in order to fulfil its policy commitments and compliance obligations. Competency shall be based on either/or education, training or experience.

Training needs shall be identified across all departments, and a **Training, Capacity and Awareness Management Plan** developed and implemented, in accordance with the process included as Figure 7-1. The training needs identified should include:

- Operational training;

- Training on the IMS and procedures;

- Training required by law; and

- EHS or social management specific training.

Training needs shall be reviewed on an annual basis, or during the year where additional training is identified.

Training may be provided by internal or external resources.

Budgets to support the programme shall be developed and made available by Management.

Measures to evaluate the effectiveness of the training shall be considered in determining competency and training requirements. Examples of how this can be achieved includes:

- Written tests;

- Demonstration during training; and/or

- Observations of personnel performing tasks relevant to the training.

All training related records, including attendance, certificates and competency evaluation shall be kept on file in accordance with section 7.4 (Document Control).

INPUTS

- Existing Competencies
- Legal Training Requirement
- New employees
- E&S performance monitoring results
- Training Budget

PROCESS

- Assess Training Needs (all departments)
- Develop Training Programme
- Implement Training Programme
- Assess Effectiveness of Training

OUTPUTS

- Training Needs Matrix
- Training Programme & Schedule
- Training Records
- Assessment Records
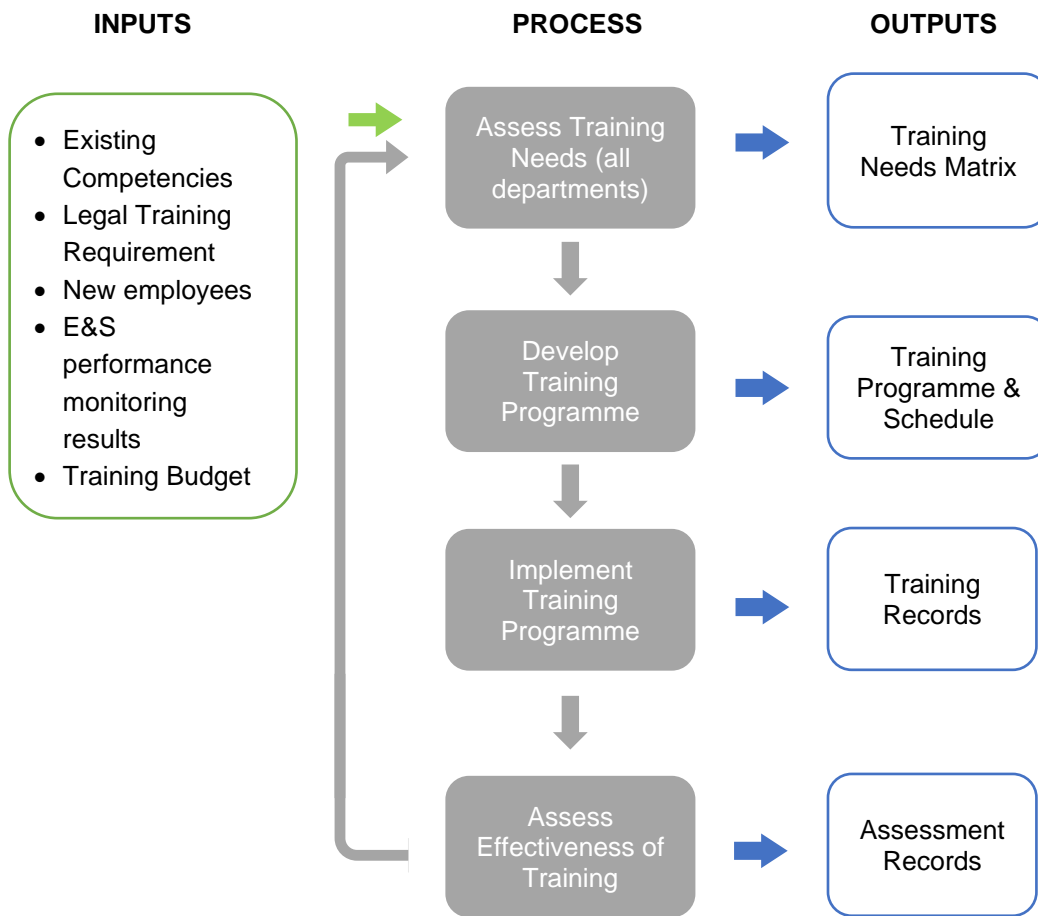
Figure 7-1: Training Process Flow

At a minimum, all **employees and new hires** will receive awareness/induction training that addresses:

- EHS and Social Policy

- EHS and social objectives;

- The IMS Manual and the procedures, programmes and plans applicable to the employee's role;

- Significant regulatory or community stakeholder concerns that must be considered in day-to-day operations; and

- The implications of not conforming with the IMS requirements.

At a minimum, all **contractors** should receive induction training that addresses:

- The EHS and Social Policy

- The IMS Manual and the procedures, programmes and plans applicable to the contractor's role;

- Significant regulatory or community stakeholder concerns that must be considered in contractor's activities; and

- The implications of not conforming with the IMS requirements.

All site **visitors** must be accompanied at all times and are required to complete a brief induction on arrival on site. Visitors must be provided with PPE and ensure that they understand the need to wear PPE and how to use it correctly.

7.3 Communication

7.3.1 Internal Communication

Effective communication is a fundamental tool for a successful IMS. Effective communication is required to ensure that the objectives and targets, performance requirements, procedures and responsibilities are clearly understood at different levels of the organisation. This is implemented through:

- Dissemination of relevant procedures, programmes, management plans, guidelines, objectives, performance, and legal requirements - to personnel and contractors.

- Creating a culture and system that allows and encourages open communication within the organization;

- Ensuring that EHS and social issues are included in the agendas for management meetings; and

- Actively promoting EHS and social awareness by disseminating information such as accident and injury statistics, environmental performance indicators, internal/external grievances, as well as sharing of experience and best practices among staff.

The following formats are typically used for internal communication:

- Meetings (EHS meetings, operational meetings, morning team meetings etc.);

- Intranet;

- Emails and/or newsletters;

- Office notices and posters; and

- Training, and awareness campaigns.

All employees are encouraged to provide feedback on EHS and social topics during the planned meetings as well as through their manager and/or supervisor.

Each site shall maintain documented information as evidence to demonstrate communication activity. This includes e.g. meeting minutes, material prepared for meetings, training/awareness schedules, posters, e-mails, etc., information displayed on noticeboards).

At a minimum, communication to employees, and contractors where applicable, shall include:

- Environmental, Health and Safety and Social Policy;

- Risks relevant to their activities and roles;

- Objectives;

- EHS and social performance;

- HR Policies (refer to the HRMS) as well as employment contract working terms, which shall be provided in a written contract;

- Worker rights under national labour law and any applicable collective agreements, including their rights related to health and safety, as well as hours of work, wages, overtime, compensation, and benefits upon beginning the working relationship and when any material changes occur;

- The grievance mechanism;

- Emergency plans;

- IMS Manual and procedures applicable to each person's role;

- The importance of adhering to the IMS requirements, and as well as consequences of non-compliance;

- Changes to the IMS; and

- Where policies, procedures and supporting documentation can be located.

7.3.2 External Communication

BBHL is committed to maintaining an open dialogue with all relevant stakeholders with particular attention to customers, neighbouring communities, neighbouring businesses, suppliers, funders and Government entities.

In certain instances, BBHL has an obligation to communicate externally with relevant authorities in order to comply with laws and regulations (e.g. submission of reports) or to report incidents. Such communication shall be completed in accordance with the specific regulatory requirements.

Information agreed, and approved by the CEO to be made available to the public is made available on the BBHL website, which includes the Environmental, Health, Safety and Social Policy.

Specific and detailed requests for information about the IMS and/or EHS and social performance, in addition to those provided on the company website, can be provided only if approved by the CEO.

Communication is also received from external parties (i.e. suppliers, individuals, neighbours, etc.) which may be in the form of a general inquiry or a complaint/grievance. The stakeholder engagement processes (refer to section 8.6) provides a mechanism to communicate with interested parties that may be impacted or have an interest in our operations. An **External Communication Plan** (as a component of the **Stakeholder Engagement Plan**) shall be prepared to ensure important communications planned and conducted.

BBHL has developed a complaint/grievance mechanism (section 8.7) to enable any stakeholder to make a complaint or a suggestion about EHS and social issues. The identification and response to grievances/complaints support the development of positive relationships between the BBHL and the communities and other stakeholders that may be impacted by its activities. The grievance process has been designed to ensure that all grievances that are received are acknowledged, logged into a grievance register and a response provided in an agreed timeframe in accordance with section 8.7.

7.4 Document Control Procedure

All documents required for the IMS shall be controlled in line with the following requirements:

- Clearly identifiable;

- Reviewed and approved for suitability and adequacy;

- Current version is in use, and obsolete documents removed;

- Easily retrievable and available for use in hard or electronic copy where needed;

- Protected from loss of confidentiality, improper use, or loss of integrity; and

- Records are retained for a defined period for future reference or legal purposes.

This includes internal and external documents, whether in hard copy or electronic including this IMS Manual, and Group and site level policies, procedures and supporting documentation.

7.4.1 Document Numbering and Identification

Documents prepared by Group or site shall have a unique identification number and descriptive name. The unique identification number will designate whether it is a Group or site document, the function/department, type of document, and document number, using the following nomenclature:

Table 7-1: Document Identification Nomenclature

Level	Function/Department	Document Type	
GRP - Group	EHS – Environmental Health Safety and Social	M	Manual
ZAK - ZAK		P	Policy or Procedure
HCF - HCFM		R	Registers, forms, checklists and other supporting documents*

The function or department is based on the department in which the procedures resides. Typically, the document owner with overall responsibility to ensure the policy and procedure is communicated and implemented will be the head of the respective department.

Multiples of the same document types are sequentially numbered (e.g., GRP-EHS-P01, GRP-EHS-P02, etc.)

Examples of procedure identification and numbering:

- GRP-EHS-M IMS Manual

- GRP-EHS-P01 Hot Work

- GRP-EHS-P02 Waste Management

- ZAK-EHS-P01 Waste Management

*Supporting documents shall include the procedure number in which the document is mandated. Example of supporting document numbering:

- GRP-EHS-P07-R01 Accident and Incident Register

  The 'P07' in the numbering indicates the Accident and Incident Register was mandated for use under procedure GRP-EHS-P07 Accident and Incident Reporting

Group and each site shall retain a **Document Register**, which will list the document reference number, name, version and revision date. The Document register shall be maintained and updated when new documents are developed or existing revised.

The index of Group IMS documents are included in **GRP-EHS-M-R01 Group IMS Document Register**.

7.4.2 Document Structure and Format

Company templates and styles shall be applied to all documents. Manuals and Procedures shall include the following details:

- Document Name;
- Document Number;
- Version No.;
- Date (of latest version);
- Document Approver and Signature; and
- History of Changes Table, including:
    - o Version;
    - o Date of revision;
    - o Author;
    - o Approver; and
    - o Modification details.

Procedures shall adhere to the following structure:

- Cover Page;
- Table of Contents;
- Section 1: Scope and Purpose;
- Section 2: Definitions and Acronyms;
- Section 3: Requirements;
- Section 4: Responsibilities; and
- Annexes.

7.4.3 Document Approval

Only approved documents can be placed within the document management system. Document approval is evidenced by a traceable approval (either electronic or hardcopy) from the most senior functional head relevant to the scope of the documentation.

Procedures shall include an approval section to indicate the name and designation of the approver.

7.4.4 Review

All documents will be reviewed, and revised where necessary, for ongoing suitability and applicability, at a minimum frequency of once every two years. The need for additional updates may also be triggered by events, for example, incidents, audit findings, or changes in legislation.

Changes to documents will be clearly indicated by a change in the version number of the document, and in the version control section in the document. Documentation that has been superseded or is no longer needed is removed from access on the document management system, and placed in an obsolete folder (electronically or hard copy).

7.4.5 Printing of Documentation

All IMS related documents are considered uncontrolled when printed; therefore, the maintenance of documents in printed form, other than for the purpose of short-term use in a particular application, is discouraged. Any printed documents that are placed in physical files, on notice boards and similar areas for display, must be controlled to ensure only the latest versions are displayed.

7.4.6 Documents of External Origin

A variety of additional external documents (e.g. permits, laws, operating manuals, reference standards, reports, etc.) will be applicable to and used by each site to support the management of various site activities.

It is the responsibility of the user of such documents to ensure that the latest version is in use, and is being used as intended in whichever documents reference them. Where practicable site procedures should make clear reference to the specific documents that are in use.

The documents shall also be stored in a manner that is protected, and made available personnel requiring their use.

7.4.7 Document Protection

All electronic documents shall be stored on a dedicated server, or made available on a cloud-based platform. The respective IT departments at Group and Site shall be responsible for ensuring appropriate protection, access control, and backup systems are in place and effective.

Hard copy documents shall be stored in a secure and dedicated location (e.g. medical and employment records within HR offices).

7.4.8 Record Retention Requirements

Records must be legible, identifiable, traceable, readily retrievable, and protected against damage, deterioration, and loss. Minimum retention standards for specific types of records are defined in Table 7-2 below. A stricter site standard will take precedence, or where required by law. It is imperative that all facilities are aware of the legislated document retention requirements.

Table 7-2: Document Retention Periods

Record Type	Retention Period
Medical Surveillance	30 years
Compliance audits	10 years
Incident / Event Reports	10 years
Incident Investigations	10 years
Permits and Licences	20 years (or as long as they remain valid)
Studies, impact assessments, occupational health and hygiene surveys etc.	20 years
Training records	10 years
All other records	5 years, or as defined by each relevant department.

8 OPERATION

8.1 Operational Planning and Control

All Group and site activities carried out by employees and contractors whose tasks may result in significant environmental and social impacts shall be properly controlled in accordance with the risk mitigation strategies and controls identified through the processes described in section 6 (Planning).

Group and site shall develop procedures, programmes and plans that describe the controls that shall be applied at site level.

Group level procedures, including this IMS Manual, provide the requirements and guidance that should be applied at site level. Each site should develop relevant site-specific procedures that are aligned to these Group requirements, unless the Group procedure is

deemed to be adequate to manage the site's unique circumstances without additional detail, in which case the site can adopt the Group procedure as the site procedure.

Operational controls require regular review and updating where necessary, to ensure that they remain suitable and applicable.

This remainder of this section describes the key Group level operational controls. Further procedures and plans may be developed by Group where a need is identified.

Group shall ensure that Group procedures and plans are communicated to site, and appropriate training provided to ensure that the relevant site personnel are aware of and understand the requirements of the Group procedures, in order that the procedure can be implemented effectively and timeously at site.

8.2 Environmental Management

Each site shall develop procedures or plans to manage to address environmental risk areas based on the risk and impacts identified in the site's Baseline Risk Registers as well as identified compliance obligations. The following procedures and plans have been developed by Group, which is documented either in this Manual, or in standalone procedures.

1. Air Quality Management Procedure;

2. Wastewater Management Procedure;

3. Waste Management Procedure;

4. Water Conservation and Monitoring Plan;

5. Energy Conservation and Monitoring Plan;

6. Hazardous Materials Management Plan; and

7. Soil and Groundwater Contamination Prevention Management Procedure.

8.3 Occupational Health and Safety Management

Each site shall develop procedures or plans to manage occupational health and safety hazards and risks identified in the site's **Baseline Risk Register** as well as identified compliance obligations.

The following Group level procedures and plans have been developed by Group to be applied at all operations. These procedures are documented either in this Manual, or in standalone procedures.

1. Occupational Health and Hygiene Assessments

2. Medical Surveillance and Fitness to Work Procedure

3. Machine Guarding Procedure

4. Electrical Safety Procedure

5. Lock-out/Tag-out Procedure

6. Working at Height Procedure

7. Hot Work Procedure

8. Confined Space Entry Procedure

9. Pressure Vessel Maintenance Procedures

10. Lifting Equipment Operation and Maintenance Procedure

11. Hazardous Substances Management Procedure

12. Asbestos Containing Material Management Procedure

13. Legionella Management and Control Procedure

14. Atmosphere Explosives (ATEX) Management Procedure

15. Construction Procedure

8.4 Community / Public health and safety

Each site shall consider the potential impact to the community, neighbours and the public arising from activities on or associated with the site operations. Identified risk and impact shall be documented in the sites **Baseline Risk Register**. Issue based risk assessments shall be conducted to where necessary to gain a detailed understanding of identified risks.

Examples of risks to consider include:

- Explosions;

- Chemical releases into the atmosphere;

- Chemical or waste releases into water resources;

- Dust;

- Noise;

- Road Travel: Supplier and logistics companies transporting raw materials or finished goods through or near communities to or from the site; and

- Diseases.

Mitigation measures shall be taken to protect external parties, including emergency measures.

Risk and controls shall be communicated to the relevant parties that may be impacted in a consultative manner, and feedback from such parties shall be considered and addressed with the site's IMS.

8.5 Decommissioning

The decommissioning of a plant, equipment, or an entire site shall be subject to a detailed review to ensure associated risks are identified and managed. A decommissioning plan shall be developed informed by a risk assessment.

Considerations for the decommissioning plan may include:

- EHS risks for any demolition work; considering for example:
  - Soil and groundwater testing;
  - Management of chemicals that was in storage/use;
  - Oils and hazardous substances within plant equipment and machinery
  - Removal of asbestos;

- Disposal of wastes – considering re-use and recycling options;

- Isolation (electrical and other energies) of equipment e.g. electrical equipment, pipelines, suspended loads; and

- Barricading off area to prevent unauthorised access.

- Appointment of specialist contractors;

- Permits/Licenses or other approvals required by law;

- Notification to the authorities where required by law, including request for cancellation of licences where applicable; and

- Impacts to personnel, and application of the retrenchment processes, in line with the HR Management System.

The sale of a property or business shall undergo an environmental and social due diligence assessment to identify potential liabilities and issues. An action plan shall be developed to remedy priority identified issues.

8.6 Stakeholder Management

BBHL has adopted a practical and systematic approach to stakeholder engagement to manage the relationship between BBHL and its stakeholders. This aims to meet the goal of establishing a social license to operate; managing the reputational, financial and operational risks associated with the company.

Stakeholder engagement is a continuous activity and is used to:

- Understand the concerns and expectations of people and organisations who have interests in or who may influence BBHL at site or Group level, or who themselves are impacted by its business activities; and

- Address these concerns and expectations to maintain stakeholder trust and maximize company value creation.

The needs and expectations of all stakeholders shall be given due consideration and manged accordingly. Efforts will be made to understand the local community organizations, leaderships and culture, local councillors, and neighbouring/nearby operations, on which a **Stakeholder Engagement Plan (SEP)** will be built.

Where clearly defined obligations are committed these shall be documented in the Stakeholder Engagement Plans (at both Group and Site level).

The following process describes the steps required to establish the SEP. An SEP shall be developed by Group and each site.

8.6.1 Identification and Analysis

The first step identifies all potential stakeholders and collects key information to profile each group such as (i) their geography or location or where they exert influence, (ii) their perceived degree of awareness about BBHL and its activities (iii) their expectations and underlying interests or concerns.

The identification and analysis of stakeholders requires broad knowledge and experience drawn from a number of different sources. Brainstorming sessions can be used to perform this analysis.

Examples of stakeholders are included in section 4.2.

8.6.2 Mapping and Prioritization

Stakeholder mapping is then carried out to establish which stakeholders are the most significant to engage; to ensure that engagement is tailored to each group and to ensure that views and concerns are addressed in an appropriate manner. Each stakeholder or stakeholder group should be mapped on a Stakeholder Mapping Matrix (see example below in Figure 8-1) using the following criteria:

- **Interest -** the level of stakeholder interest in BBHL. This depends on the actual or perceived impacts resulting from activities on each identified stakeholder; and

- **Influence -** the potential stakeholder power/influence on BBHL. Influence can be rated as high, medium, and low:

    o   High: the stakeholder has the ability to influence the reputation and 'license to operate';

    o   Medium: the stakeholder has the ability to influence strategic decision-making processes;

    o   Low: the stakeholder has the ability to influence operational decision-making.

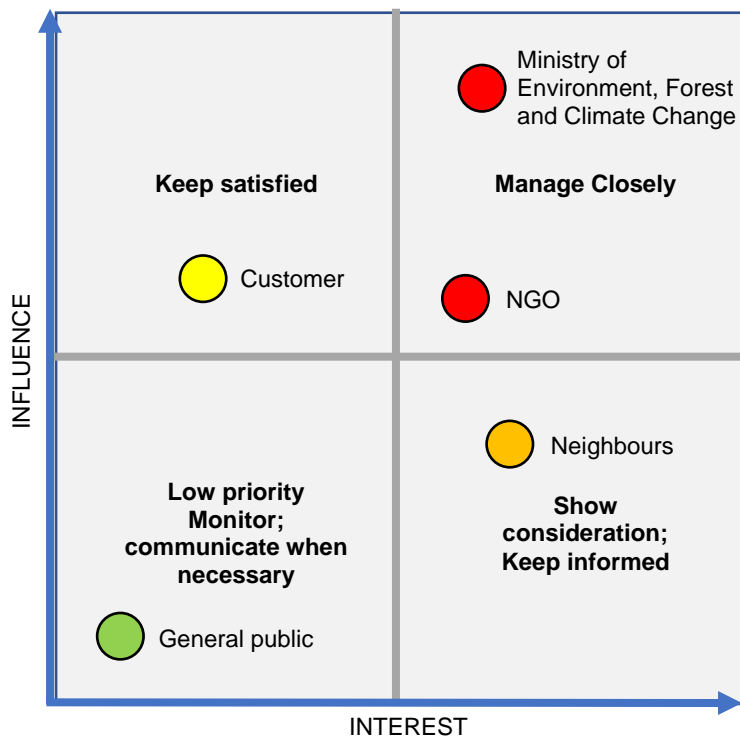The results of the assessment are captured in the Site level **Stakeholder Register**.

Figure 8-1: Stakeholder Mapping Matrix example

8.6.3 Stakeholder Risk Assessment

The potential implications of unaddressed stakeholder expectations are identified, and their consequences or impacts are assessed and captured in the Group or Site Risk Register. As with any other business risks, the potential actions or reactions from stakeholders whose expectations are not, or cannot be met, are analysed according to (i) the probability of occurrence and (ii) the potential severity of impact from a financial and reputational point of view.

8.6.4 Stakeholder Engagement Plan (SEP)

Once the relevance of all identified stakeholders has been assessed, their expectations identified, and any potential risk or opportunity assessed, Group and Site level SEPs are developed.

The SEP should be practical and implementable and focused on engaging with stakeholders who represent higher risks or more significant opportunities (e.g. for value add through CSR) and/or satisfy the expectations from the majority of relevant stakeholders.

8.6.5 Implementation and Monitoring

A set of Key Performance Indicators (KPI's) shall be defined to monitor the performance of the SEP.

The SEP is reviewed periodically (at least annually) or as follows:

- whenever major changes in the operation are decided; or

- after a major event that may represent a severe impact to BBHL and/or the site as communicated or perceived by key stakeholders and/or relative to their expectations.

8.6.6 Internal and External Communication

Communication is a fundamental element in stakeholder management. The processes for engaging and communicating with both internal and external stakeholders shall be managed through processes described in section 7.3 above.

8.7 Grievance Management Procedure

The purpose of the grievance procedure is to identify and solve any dissatisfaction or feelings of injustice of stakeholders, both internal and external. This procedure outlines how stakeholders' grievances or concerns are managed in order to resolve them in an effective manner and to do so as fairly and quickly as reasonably practicable.

The grievance procedure gives transparency on how grievances will be managed internally within BBHL and its operations, which aims to reduce conflict and strengthen relationships with stakeholders.

8.7.1 Procedure

8.7.1.1 Submitting Grievances

External stakeholders are encouraged to lodge grievances in writing, telephonically or verbally directly with either the EHS Manager or Operation Manager. For verbal grievances in person, the stakeholder should as far as possible complete the grievance form with of help the complainant. For grievances by telephone, the EHS Manager or Operation Manager shall register the grievance by completing the **Grievance Register** on behalf of the complainant. The following information is required as a minimum for each grievance:

- Complainant's name and contact details (name and contact details are necessary for interaction around the resolution of the grievance. Anonymous submissions will be permitted, but the party submitting should understand that direct response will not be possible.);

- Date of grievance; and

- Details of grievance.

8.7.1.2 Recording Grievances

The EHS officer at each site shall be responsible for logging grievances on the site's Grievance Register (see **Grievance Register Template**). The following must be recorded for each grievance entered into the register as the information becomes available:

- Grievance case number;

- Date of grievance;

- Complainant's name and contact details;

- Details of grievance, including any history of related grievances / queries (if known);

- Level of grievance (see assessing grievance section below);

- Actions implemented (including dates) and resolutions discussed and agreed with the party(ies) in question;

- Outcome of the actions implemented; and

- Grievance status (open, resolved, unresolved or abandoned).

8.7.1.3 Acknowledging Receipt of Grievances

Receipt of grievances will be formally acknowledged in writing not more than five days from the date it was submitted. The initial response should inform the complainant regarding the timeframe in which a formal response can be expected. A full response should then be provided no later than one calendar month from receipt of the grievance. For level C and D grievances, response times may be longer but this will be assessed on a case by case basis and communicated to complainant.

8.7.1.4 Assessing Grievances

Each grievance must be assessed to determine the type of response required. This will also determine the appropriate individual to manage the response. BBHL has identified four levels of risk associated with grievances which are used to assign responsibility and define the type

of response required. The EHS Manager or Operation Manager should consider these levels when assessing each grievance. Table 8-1 below outlines the four levels and associated detail.

Table 8-1: Grievance Levels

Level	Detail
Level A	• Positive feedback requiring acknowledgement and thanks • Feedback that is not related to BBHL or its operational companies and needs to be directed elsewhere
Level B	• Question or request for information only.
Level C	• Grievance, but it is not related to a recurrent question /request for information • Grievance, but there has been no regulatory breach • Grievance, but there has been no BBHL and/or operational company policy breach • Grievance, but it is not related to death or serious illness or pollution
Level D	• Repeated or widespread grievance • Grievance that is a regulatory breach • Grievance that is a breach of company or site policy or procedure` • Direct accusation of breach of human rights • Grievance related to death or serious illness or pollution

All level C and D grievances require the involvement of the senior management of the site that received the grievance. Level D grievances received by individual operations should be reported within two days to the Group EHS Director, who will liaise with the Group ExCo / Senior Management and decide the most appropriate approach to handle the grievance.

8.7.1.5 Investigating Grievances

Once responsibility of a grievance has been assigned to an individual, it should be investigated and resolved. Where necessary the investigation may require others to be involved.

When resolving any grievance, records of all correspondence must be kept. Any follow up monitoring required must be documented and an implementation plan developed and actioned.

The site's **Grievance Register** must be completed detailing actions and resolutions discussed and agreed with the party(ies) in question, actions implemented (including dates), follow up monitoring requirements and the outcome of the actions implemented.

Individual companies who receive Level D grievances should involve the Group EHS Director in the investigation process.

8.7.1.6   Responding

A response should be provided to the complainant in all cases explaining the action taken or not taken to resolve the complaint. Responses must be provided to the complainant in written form and explained verbally if required. Should the grievance be of level C or D, the response or update may need to be provided directly by senior management and should provide clear information on the proposed final corrective action and detail any related commitments made by both parties.

If the complainant is not happy with the proposal, they are free to seek resolution through a formal external dispute resolution mechanism.

8.7.1.7 Closure

A grievance is closed out when no further action can be or needs to be taken. When closing out any grievance, the following should be ensured:

- The Grievance Register is complete; and

- All documented evidence including written confirmation of the complainants' agreement with the resolution is saved appropriately.

8.7.2 Communication

This Grievance Management Procedure must be available and accessible to all stakeholders, both internal and external. Therefore, once established, the procedure will need to be appropriately communicated and publicised, for example through employee induction and internal meetings as well as meetings and newsletters with external stakeholders. Evidence of this must be documented.

8.8 Security Management

The purpose of security is to protect BBHL's personnel and assets from potential security threats, although security personnel may also be required to have perform additional operational tasks, for example inspection of vehicles delivering goods (including hazardous substances), and recording of public grievances.

Good practice regarding the use of security is based on the concept that providing security and respecting human rights can and should be consistent. This translates into implementation of policies and practices that ensure security provision is carried out responsibly, with any security response being proportional to the threat, to ensure that human rights are not infringed upon.

Each site shall assess the security risk that their operations may have or could create for the public, and ensure that measures are implemented accordingly.

BBHL shall ensure that all security service providers and their employees are appropriately hired, registered, trained and fully aware of their responsibilities towards the site, employees, contractors, visitors, and the public.

BBHL shall ensure that the service provider has a Code of Conduct and/or set of security management procedures that describe the approach in providing security services (or BBHL may develop these where there are none, which shall be agreed to by the security services provider). The Security Code of Conduct and procedures shall be aligned to the Voluntary Principles on Security and Human Rights, including that force shall be used only where strictly necessary and to an extent proportional to the threat. The IFC's *Good Practice*

Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts[1] may also be consulted in this regard.

Security personnel must be trained in the Security Code of Conduct and associated security procedures.

Where security personnel undertake other operational activities, BBHL shall ensure that the security personnel are provided training to understand the risks, procedures, and consequences of departing from the procedures.

8.9 Procurement and Supply Chain Management

Supply chain risk has become a major area of concern, including that in the agribusiness, which includes, for example, suppliers for our edible oil, food and beverage products.

As a responsible business operator BBHL endeavours to works with suppliers who apply similar responsible EHS and social practices within their operations, and ensure that our suppliers have systems in place that identify, avoid, mitigate, and manage EHS and social risks and impacts as a way of conducting sustainable business, importantly including the prevention and management of the following:

- human rights abuses such as hazardous/harmful child labour and forced labour;

- significant safety issues leading to life-threatening situations related to supply chain workers; and

- major environmental issues including conversion of natural and/or critical habitats.

All BBHL sites shall establish a **Supply Chain Management Programme** that aims to understand supplier activities, potential risks, conduct assessments, and select and work with our suppliers to manage and improve their EHS and social performance.

Considering the limitation of site resources, this programme shall prioritise suppliers that meet the following criteria:

- **First tier suppliers** (although requirements can include assessment of how first tier suppliers manage their suppliers);

- **Major suppliers** (those that provided the majority of goods and materials essential for the core business);

- **Suppliers of primary production** (especially but not exclusively food and fibre commodities) that is known to be produced in regions where there is a risk of significant conversion of natural and/or critical habitats; and

- Other operations where there a **high risk of EHS or human rights abuses**.

Suppliers include, for example, suppliers of raw materials and chemicals, and services e.g. transportation of product from the site, and waste management companies for the removal and disposal of wastes generated by the site.

The procedure for developing the **Supply Chain Management Programme** is outlined in the steps below. Further guidance to consider can be found in the IFC's *Good Practice*

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[1] Latest version February 2017, which can be downloaded at:
https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_handbook_securityforces

Handbook: Assessing and Managing Environmental and Social Risks in an Agro-Commodity Supply Chain[2].

8.9.1 Existing suppliers:

1. **Supplier Mapping:**

    Conduct a supply chain mapping process to identify and map out the following:

    - All BBHL first tier suppliers (major, moderate, minor), including along the primary production supply chain; and

    - Where known, major 2nd tier suppliers.

    Suppliers shall be classified as major, moderate or minor as follows:

    - Major: 50% or more of the value of all materials or services supplied;

    - Moderate: 10% up to 50% of the value of all materials or services supplied; and

    - Minor: <10% of the value of all materials or services supplied.

2. **Categorisation**

    All suppliers identified shall be categorised according to the supplier significance/priority, based on their risk, importance and supplier tier, guided by the categorisation examples in Table 8-2 below:

    Table 8-2: Supplier Significance Guide

High	Medium	Low
Major first tier suppliers.	Moderate first tier suppliers in primary production.	All other moderate suppliers. All minor first tier suppliers.
First tier suppliers that have been identified to be of high risk (for human rights abuses, safety issues, or conversion of land).	Second Tier suppliers identified to be of high risk.	Other Second Tier suppliers

3. **Supplier Audits**

    Each site shall establish a **supply chain audit programme** to assess suppliers, including their operations and facilities to ensure significant EHS and social issues are

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[2] The latest version of the *Good Practice Handbook: Assessing and Managing Environmental and Social Risks in an Agro-Commodity Supply Chain* (currently August 2013) can be downloaded at: https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_handbook_agrosupplychains

being managed according to key legal requirements, and the principles of the IFC Performance Standards.

The audit programme shall be desktop based focused on the request for information regarding the suppliers environmental, health and safety and social management system and performance.

The frequency of audits shall be based on their significance (see table above) in accordance with the following:

- High Risk suppliers: minimum every 2 years;

- Medium Risk suppliers: minimum every 4 years;

- Low Risk: no audit required, but can be included in the programme at the site's discretion.

The audits can be conducted using internal or external resources.

Each site shall develop an audit protocol detailing the EHS and social management and performance aspects of the supplier that will be assessed. This shall consider the following:

- EHS and social management systems;

- EHS and social policies;

- EHS and social procedures and programmes;

- Labour / HR policies;

- EHS and social performance;

- Incident and Injury records;

- Legal violations;

- Permits and licences;

- Training programmes;

- Product or company certifications; and

- Members of or involvement in trade or sector organisations.

4. Audit Decision

Based on the audit the site shall conclude one of the following:

1. Supplier EHS and social performance not acceptable – agreement to be cancelled or discontinued;

2. Supplier EHS and social performance not acceptable – supplier required to make agreed improvements, failure of which will result in the agreement to be cancelled or discontinued;

3. Supplier EHS and social performance acceptable but improvement recommended; or

4. Supplier EHS and social performance acceptable.

Findings and recommendations shall be communicated to the supplier. The supplier shall provide a response outlining planned actions and timeframes, which shall be monitored by BBHL to ensure implementation by the supplier.

8.9.2 New Suppliers

Prospective new suppliers shall be required to provide information and supporting documentation related to their EHS and social management and performance prior to being selected and contract agreements signed. This shall include, for example, the items to be audited as listed in the section above (see Step 3 'Supplier Audits')

Formal tenders and Terms of Reference shall detail relevant EHS and social specifications and criteria upon which the supplier selection will be based. The specifications and criteria may be defined for the following:

- The products and services related to the supply agreement; and

- The general supplier operations.

Based upon initial information and documentation received, the site shall determine whether a site-based audit of the supplier is required prior to approval.

Relevant EHS and social specifications shall be documented in the supply agreement.

8.10 Emergency Preparedness and Response

All sites (including operations and head office) are required to develop, maintain and annually review their **Emergency Preparedness and Response Plan** (EPRP). The EPRP should contain a sufficient level of detail to identify and address risks that are commensurate with the activities being undertaken. All employees shall be trained at least annually on the critical elements of the EPRP.

The site EPRP shall:

- Identify the foreseeable emergency events that may arise (i.e. employee injury, fire, industrial action, spill, local community unrest, security threat, weather events, etc.);

- Define the emergency procedures (specific steps) for each type of emergency event including procedures for external stakeholders potentially impacted (e.g. communities, neighbouring facilities, public);

- Indicate the emergency equipment required on site, including fire-fighting equipment, first-aid kits, and spill kits;

- Indicate emergency PPE required;

- Include maps indicating location of assembly points and emergency equipment;

- Define the inspection and servicing regime for emergency equipment to ensure that the emergency equipment is in place, in good condition, accessible and correctly stocked;

- Identify key emergency-related appointments, roles and responsibilities e.g. fire-fighters and first aid personnel;

- Describe training requirements for appointed personnel to ensure they understand their responsibilities, and are knowledgeable and have appropriate experience to respond to emergencies;

- Include the emergency contact details for internal staff and external emergency services, which shall be prominently displayed across the site, and periodically tested; and

- Detail the requirements for periodic drills to evaluate whether the planned responses are effective. Drills shall be conducted at a minimum on an annual basis. Drill reports shall document the drill, identify gaps and actions to remedy the gaps. Actions shall be implemented and tracked to closure.

Sites should consider conducting issue based risk assessments to understand, in detail, the hazards and risks, and pathways and factors that could lead to an emergency event, in order to identify suitable types of controls required for different emergency events.

In developing the plan, the site shall consider the competency, capacity, and other factors (e.g. logistics getting to site) of external emergency response service providers. This includes both public and private service providers, for example police, ambulance, and spill response. Reliability of utilities shall also be considered, for example availability and pressure of water supply for firefighting. The information shall be used to inform the ERPR and on-site capacity, competency, equipment and controls needed to adequately manage an emergency incident.

The EPRP (or key elements) shall be communicated to all relevant on-site and off-site stakeholders that may be impacted by an emergency. This includes employees, contractors, visitors, neighbouring and nearby facilities, communities, and external emergency service providers where relevant. The communication requirements shall be included in the site's **Communication Plan** as described in section 7.3.2 (External Communication). Communication shall not only include informing stakeholders of the ERPR, but to consult and gain input from the respective stakeholders in managing the incidents, insofar as it may impact the stakeholders.

During any emergency incident there is likely to be an element of press / media interest. This may come from the local press / media or in the case of a major incident from the national press / media. This shall be managed in accordance with the **Crisis Response Plan**, developed in terms of the requirements of the **54 Capital Crisis Management Policy (EH-001)**. No employee without proper authority from the CEO should speak directly to the press / media. In all cases, press / media enquiries must be directed to the site Manager.

The ERPR shall be reviewed, and update as necessary as follows:

- At a minimum on an annual basis;

- Following each drill;

- After an emergency incident;

- Where findings or non-conformances are identified though inspections and audits necessitate a change; and

- Where site changes are being planned and implemented e.g. new facilities, processes, structures, or introduction of new chemicals.

8.11 Change Management

Change has the potential to introduce risk. All proposed changes and associated risks and impacts shall be subject to an appropriate level of review, analysis and evaluation prior to acceptance (or rejection) and subsequent implementation.

Examples of types of changes that should be assessed include the following:

- Sites;

- Processes;

- Plant, equipment or machinery;

- Products or services;

- Changes to current controls (new controls can result in new risks);

- Personnel;

- Expectations of stakeholders;

- External events;

- New customers or changes in customer requirements; and

- Legal requirements;

The following steps outline the process that all sites shall implement to manage EHS and Social risks associated with the planned changes:

1. **Identify** the elements of the operation that will be impacted by the change, using the Change Management Checklist (see Table 8-3) as a prompt. Impacts shall be considered for the project life cycle i.e. design, construct/erect/install, operate, and decommission.

2. **Conduct a risk assessment** to identify and evaluate the EHS & social risks and impacts.

3. Determine the required **controls** to be implemented to mitigate identified risks, including consideration of alternative to avoid/eliminate identified risks. Controls should in any event be based on the Control Hierarchy as described in section 6.1.2.

4. Define a plan to **implement the controls**, including updates to the site's IMS which may include updates to procedures, programmes training plan, inspections etc.

5. Plan and conduct a **review** of the change once implemented to assess the following:

   a. whether controls are effective in managing the identified risks; and

   b. whether there are additional risks that had not been initially identified.

6. Develop an action plan to **remedy gaps** identified under step 5.

The risk assessment, controls and review shall be documented.

Table 8-3: Change Management Checklist

Questions for Consideration	Applicable?	State how this is Addressed?
Have impacts been considered for the project cycle (design, construct/erect/install, operate, decommission)?		
Will the change impact on the following resources: • Energy consumption • Water consumption • Material consumption		
Will the change impact on the following emissions and discharges: • Atmospheric emissions • Wastewater quality or quantity • Environmental Noise		
Will new waste types or additional waste volumes be generated? • Is new storage capacity required? • Are authorised waste facilities able to receive the waste (for recycling or disposal)?		
Will new hazardous substances be required? Is new storage capacity required?		
Will land clearance be required?		
Have all laws applicable to the change been identified?		
Will new permits/licences be required or existing ones updated?		
Will changes to the occupational health and hygiene programme be required?		
Will changes to the medical surveillance programme be required?		
Will new types of PPE be required?		
Will the change impact or have the impact neighbours, nearby facilities, or the public?		
Will changes to inspection and maintenance plan be required?		
Will new operational procedures be required?		
Will awareness and training be required?		
Will new personnel need to be hired?		
Will external specialist be required (once off or on an ongoing basis)		
Will additional monitoring be required?		
Will communication (internal or external) be required?		

Questions for Consideration	Applicable?	State how this is Addressed?
Will changes to the emergency plans be required? • New appointments e.g. of first responders • Additional equipment (fire extinguishers, first aid boxes, spill kits) • Assembly points • Evacuation and response procedures		

9 PERFORMANCE EVALUATION

9.1 Performance Monitoring and Reporting Framework

Monitoring and measurement data shall be collected to assess the effectiveness of the IMS at managing and mitigating risks and enhancing EHS and social performance, including the assessment of the level of compliance with legal and other requirements and determining the extent to which objectives are being achieved.

Each site shall establish a **Monitoring Programme** (or programmes) that defines all site specific EHS and social monitoring requirements, using the flow chart in Figure 9-1 as guidance to develop the monitoring programme. The monitoring programme shall include details for the following:

- Parameters to be monitored;

- Sampling locations;

- Limits/targets;

- Monitoring frequency;

- Monitoring equipment calibration requirements (including frequency); and

- Responsibilities for monitoring.

Where necessary, each site shall develop monitoring procedures or work instructions to ensure the monitoring is conducted according to relevant standards, and in a consistent and reliable manner.

Monitoring can be conducted by internal resources, or where specialist expertise is required, by external professional service providers.

Laboratories used should be registered and certified by national regulations or comply to international standards (for example *ISO17025: Testing and Calibration Laboratories*, which enables laboratories to demonstrate that they operate competently and generate valid results).

Monitoring results shall be evaluated, interpreted, and reported to site management, and actions defined where necessary, for example where defined limits are being exceeded.

Input:

Risks
Compliance
obligations
Controls
Objectives and
Targets
Procedures

Outputs

Identify KPIs to be
monitored

Develop Monitoring
Programme: KPI
frequency, location,
sampling method,
equipment, responsibilities

Monitoring
Programme

Conduct Monitoring
according to the
programme

Data

Analyse and interpret
results

Trends, Graphs,
Reports

Communicate results

Reports,
Presentations,
Meeting Minutes

Define Actions (where
required)

Action Plan

Update elements of the
IMS (procedures,
additional controls,
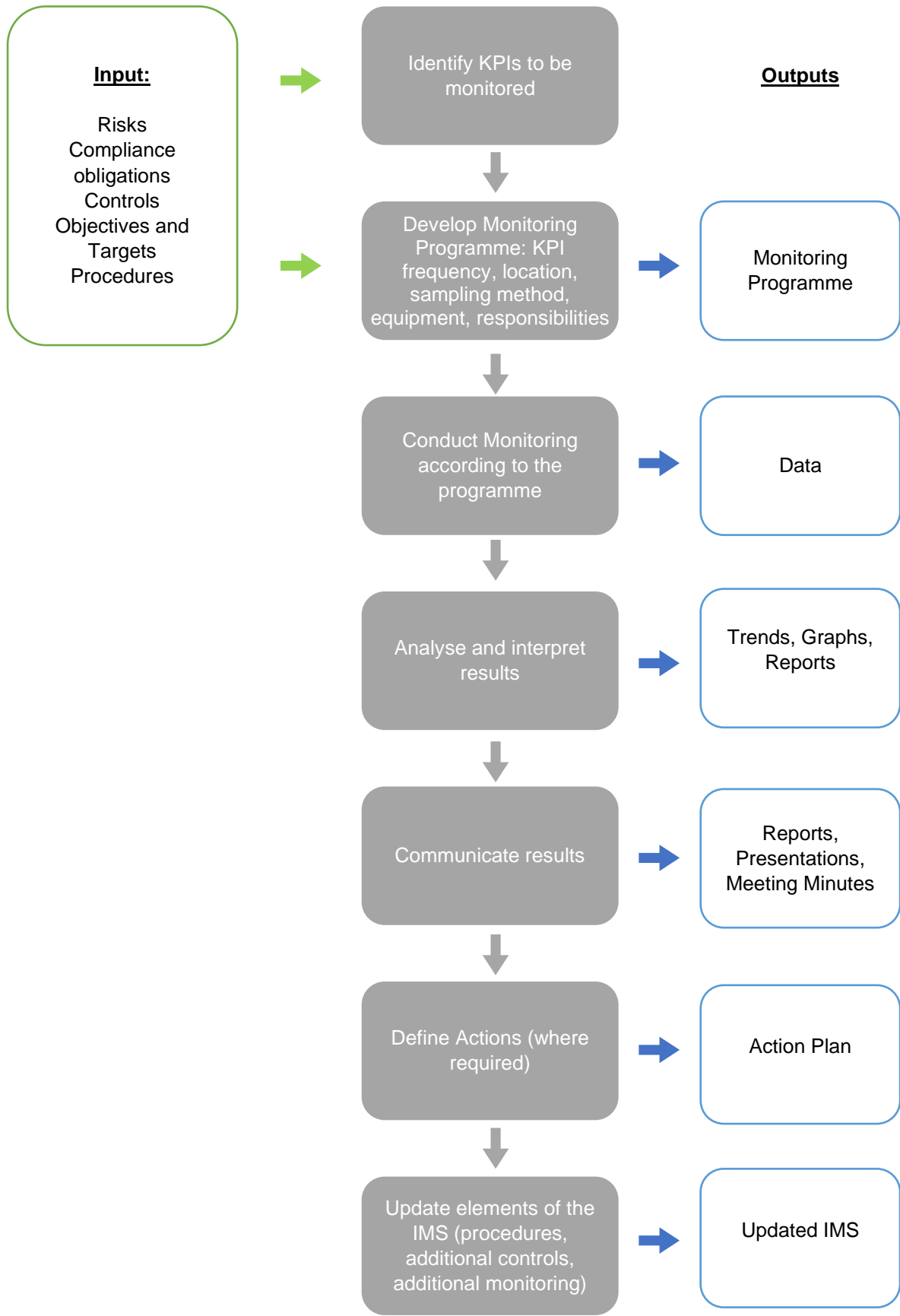additional monitoring)

Updated IMS

Figure 9-1: Process Flow for Performance Monitoring

9.1.1 Reporting to Group

The site management shall report significant events to the Group EHS Director in accordance with the timeframe set in Table 9-1:

Table 9-1: Incident/Accident/Event Reporting Timeframes

Events	Reporting Timeframe
Disabling injuries and fatalities	Immediately (within 6 hours)
Major environmental incidents (major spillages not contained on site)	Immediately (within 6 hours)
Fines, penalties, contravention notices and other legal enforcement by authorities or	24 hours
Major complaints by community and other stakeholders	24 hours
Ongoing exceedances	Monthly

On a monthly basis each site shall report selected KPIs requested by Group. An **EHS and Social Monthly Reporting Template** shall be provided by Group, accompanied by an **EHS and Social Reporting Guideline** that includes the following:

- KPIs to be reported;

- Scope/Boundary of the KPI;

- Definition of the KPI; and

- Method of calculation.

Group shall compile a **Group EHS and Social Report**, used for reporting KPIs from the sites and aggregated for the Group to Group Top Management. The report shall be presented on a minimum quarterly basis.

9.1.2 Monitoring and Measurement Equipment

Monitoring and measurement equipment shall be maintained, inspected and calibrated in accordance with the manufacturer's requirements.

An **Equipment Calibration Register** shall be maintained to identify equipment owned or used by BBHL, including equipment type, serial no., and calibration expiry dates.

Calibration records shall be maintained on file.

9.2 Evaluation of Compliance

Each site shall define measures to monitor compliance of legal requirement and other requirements (as included in the site's **Legal Register** and **Register of Other requirements**) on an ongoing basis to understand the compliance status, and undertake

actions where non-compliances are identified. This may include, for example, inspections, internal audits, and monitoring (e.g. wastewater quality or emissions) to assess compliance.

In addition, a legal compliance audit shall be conducted at least once **every two years** to determine compliance. The audits shall include legal requirements, including conditions of permits and licences, and other requirements that the site has agreed to.

9.2.1   Reporting Non-compliances to Group

Major non-compliances shall be communicated to the Group EHS Director

All compliance audit reports shall be forwarded to the Group EHS Director

9.3   Internal Audit

Each site shall conduct an internal audit of its IMS to evaluate conformance to the site's IMS. The audit shall include assessment of the adherence to the Group requirements (i.e. Group Manual, procedures and plans).

To increase the benefit of conducting audits it is recommended that sites consider the use of resources within other BBHL sites, or use auditors from external service providers, in order to provide a more impartial, independent, and new perspective of the status of the IMS.

9.4   Corporate EHS and Social Audit Programme

Corporate shall develop a Corporate EHSS Audit Programme to audit all BBHL operations against the Group's IMS requirements, including this manual and the Group level procedures and policies. Each site shall be audited on a 2-yearly basis.

An external professional service provider will competencies in auditing of E&S systems shall be appointed.

9.5   EHS and Social Performance Data Verification

Group shall arrange an audit to be undertaken of EHS and social KPI data being reported by the sites to Group. This is to ascertain if data captured and reported is relevant, complete, consistent, transparent and accurate. BBHL is required to include data verification activities within its compliance assurance activities in such a manner that it assesses each KPI on an annual basis.

The Performance Data Verification audit may be included within the scope of internal or external audit described above.

9.6   IMS Management Review

All elements of the IMS shall be reviewed on an annual basis at site level, by site management, and by Top Management at Group level, to ensure its continuing suitability, adequacy and effectiveness. Based on the reviews appropriate steps shall be taken ensure the intent of the policy is being achieved, that procedures, programmes, and plans are being implemented, and are seen to be effective.

The following site level personnel should be considered for inclusion in the review:

- EHS representatives;

- EHS Officer;

- EHS Manager;

- Technical Manager; and

- Operation Manager.

The management review shall include consideration of the following aspects:

- status of actions from previous management reviews;

- changes in the following:
    - o site operations
    - o external and internal factors that are relevant to the IMS;
    - o the needs and expectations of interested parties, including compliance obligations; and
    - o risks and opportunities, aspects and impacts;

- the extent to which established objectives have been achieved;

- information on the organization's EHS and social performance, including trends in:
    - o non-conformities and completion of corrective actions;
    - o monitoring and measurement results;
    - o fulfilment of its compliance obligations;
    - o audit results; and
    - o internal complaints and grievances.

- adequacy of resources;

- stakeholder engagement results, including grievances raised; and

- opportunities for continual improvement.

Material related to these topics should be prepared beforehand to ensure an effective and efficient review.

Individual aspects of the IMS may also be reviewed alone, or more than once a year, where the need arises. Specific aspects of the IMS, for example security management, may be reviewed by the respective relevant departments (e.g. Security), however the EHS Manager should be made aware of these reviews to ensure they are conducted in accordance with the IMS requirements.

Records of the management reviews shall be documented, including actions and responsibilities, and should detail the following:

- conclusions on the continuing suitability, adequacy and effectiveness of the IMS;

- decisions related to any need for changes to the IMS system, including resources;

- continual improvement opportunities;

- actions, if needed, when objectives have not been achieved; and

- any implications for the strategic direction of the organization.

Based on results within these performance reviews, senior management will ensure that the necessary actions are delegated and tracked to completion.

10 IMPROVEMENT

10.1 Incident, Nonconformity and Corrective action

10.1.1 Incidents and Near Misses

Any personnel and contractors with knowledge or observation of an event that has resulted in or has the potential to result in an accident or incident (e.g. injury, spills), including near misses shall take the following steps:

- Stop the harmful/unsafe work activity or condition;

- Immediately take action to correct or mitigate impacts of the harmful/unsafe work activity or condition, if the required actions can be completed in a safe and acceptable manner and within the capabilities of the employee;

- Verbally report the event immediately to the relevant supervisor/manager or EHS Manager or EHS Officer in person or via telephone/radio; and

- Initiate the site's emergency plan, for example calling emergency medical service providers, providing first aid (if trained), applying spill kit measures, raising the alarm.

The sites incident investigation and reporting processes shall be triggered, in accordance with **Accident and Incident Investigating and Reporting Procedure**.

10.1.2 Non-conformances

Where a person identifies an activity, condition or situation that does not adhere to the requirements of the IMS, including Group or site procedure and plans, a non-conformance shall be raised in order that it can be addressed and rectified. Non-conformances identified by contractors shall be reported to the BBHL supervisor, EHS officer or EHS manager who will be responsible for recording the non-conformance.

Non-conformances can be identified through informal or formal methods, which include the following:

- Routine inspections;

- Ad-hoc inspections;

- Internal Audits;

- Compliance Audits;

- Planned Task Observations;

- General observations; and

- Monitoring results/reports.

Upon being informed of the non-conformance, the relevant supervisor, EHS officer or EHS manager shall complete a **Non-Conformance report** and the EHS Manager shall ensure the event is document the event in the **Non-Conformance Register.**

In accordance with the process flow in Figure 10-1, the site's EHS manager, in conjunction with the relevant department head, shall:

- determine the appropriate level of investigation required to identify causes and contributing factors, and identify if similar non-conformances exist or could potentially occur on site;

- identify action to take to prevent the non-conformances from recurring or occurring elsewhere;

- assign individual responsibilities for implementing the defined actions;

- assign a reasonable completion date based on the complexity of the actions required; and

- ensure the actions are planned, executed, verified to be completed, and reviewed for effectiveness, before the non-conformance can be closed.

An event can only be closed once the investigation owner (typically the EHS Manager) has ensured that all corrective actions and/or preventative actions have been effectively completed.

A summary of major incidents and non-conformities will be included in EHS and operational meetings.
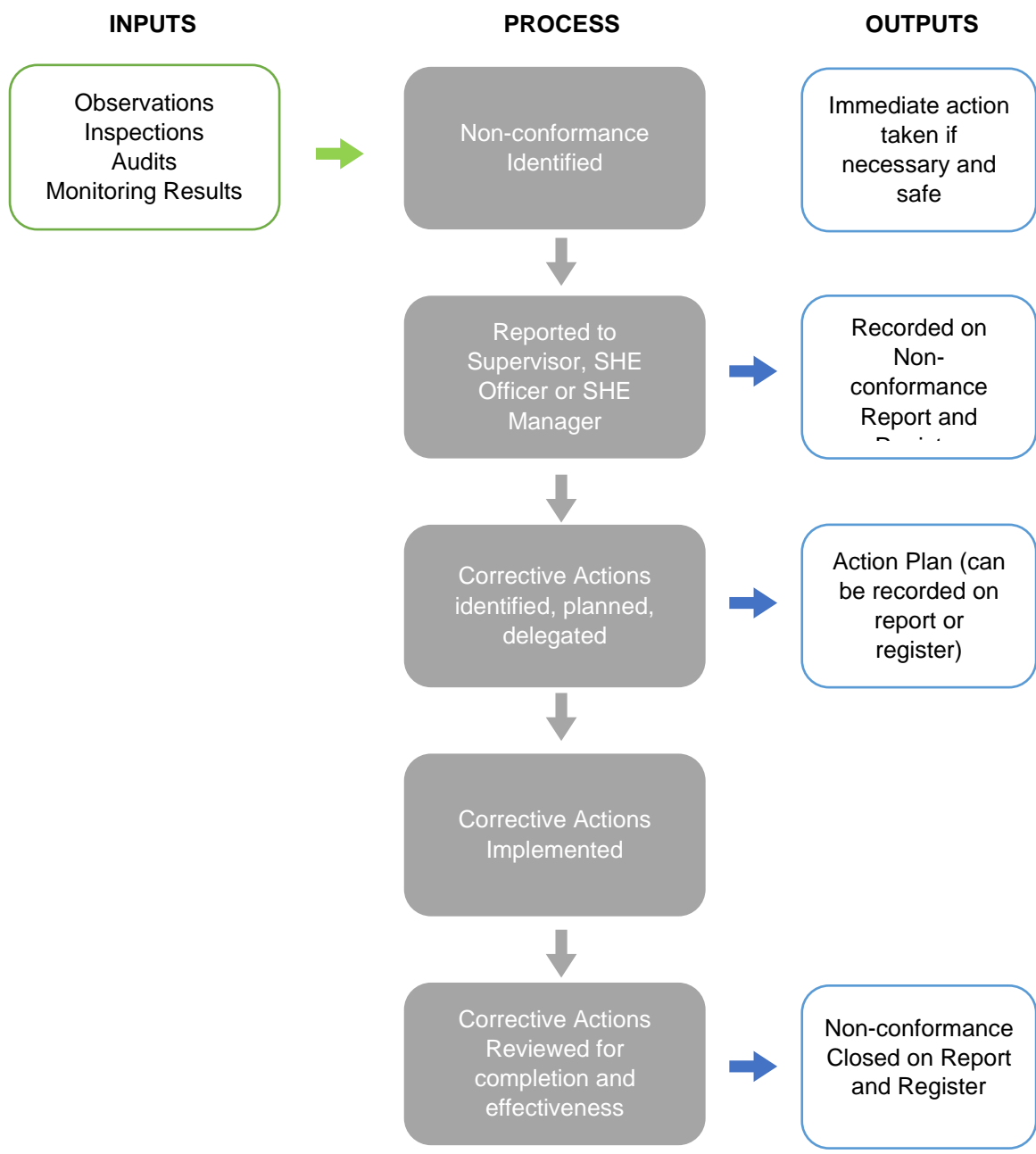
INPUTS	PROCESS	OUTPUTS
Observations Inspections Audits Monitoring Results	Non-conformance Identified	Immediate action taken if necessary and safe
	Reported to Supervisor, SHE Officer or SHE Manager	Recorded on Non-conformance Report and
	Corrective Actions identified, planned, delegated	Action Plan (can be recorded on report or register)
	Corrective Actions Implemented	
	Corrective Actions Reviewed for completion and effectiveness	Non-conformance Closed on Report and Register

Figure 10-1: Process for managing non-conformances

10.2 Continual improvement

BBHL aims to enhance EHS and social performance across the group, through continual improvements in managing the risks, and identification and implementation of opportunities. This will be achieved through adhering to the requirements set out in this manual and accompanying procedures, and includes the following:

- Identifying initiatives to improve performance e.g. new technologies, or additional training;

- Setting ambitious but achievable objectives, and ensuring resources are made available to enable the objectives to be achieved;

- Benchmarking performance against other similar operations;

- Implementation of good practice standards; and

- Implementing suggestions from workers and other interested parties.

Importantly, the assessment of improvement shall be based on systematic data collection and analysis. The monitoring of performance as described Section 9 shall be used to assess whether the sites and company are improving performance.