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RMI's Global Workplace Standard for Mica Processors (GWS)

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Standard Operating Procedure (SOP) and Methodology

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1. INTRODUCTION

The Responsible Mica Initiative (RMI) was created in 2017 by organizations eager to join forces to tackle the endemic problems that lead to the use of child labour in mica supply chains. Since its inception, RMI has aimed to establish a sustainable, fair and responsible mica supply chain, free of child labour and of unacceptable working conditions.

RMI has grown to an action-driven, impact-oriented coalition for action gathering members across the global mica supply chain and from the NGO world, collaborating with Governments and all other relevant stakeholders.

As part of its actions, the Workplace Standards program is designed to secure and improve workplace conditions in the supply chain for mica collection and processing. As soon as 2017, RMI developed Workplace Standards that include policies and practices that cover environmental management systems, occupational health and safety programs and fair labour practices which include prohibitions on child labour.

The Global Workplace Standard for Mica Processors (GWS) was developed in 2020 and finalized in 2021 in partnership with the Responsible Minerals Initiative. It is based on the initial Workplace Standards developed in 2017 by RMI and on the Minerals Due Diligence Standard developed by the Responsible Minerals Initiative based on its experience with other extractive industries.

From its publication date, March 16, 2021, the GWS becomes the only referent document for the Responsible Mica Initiative, defining the standards to be met by mica processors. Provisions of the standards incorporate elements of global voluntary standards or conventions such as those established by the International Organization for Standardization (ISO), the International Labor Organization (ILO), and the US Occupational, Safety and Health Administration (OSHA), the Organization for Economic Co-operation and Development (OECD). This Assessment Procedure for Mica Processors is to be used in conjunction with the GWS.

1.1 DISCLAIMER

RMI is not a certification body.

Demonstrating compliance with the Global Workplace Standard for Mica Processors does not constitute evidence or certification that a company produces or sources child-labour-free mica or mica free from human rights violations.

Undergoing an audit against the Global Workplace Standard and the present procedure does not result in any formal or material certification but rather serves as part of RMI's continuous improvement and due diligence framework.

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1.2 GLOSSARY

Audit: A formal evaluation of an organization's performance, management systems, processes, against criteria established independent of the audited organization.

Auditee (or Audited company): The organization being audited.

Auditor (or Auditing company): The organization conducting the audit against specific criteria or standard.

Corrective action plan (or CAP): List of time-bounded corrective actions established by the auditing company in partnership with the audited company that aim to correct non-compliances identified during the audit.

Global Workplace Standard for Mica Processors: Set of criteria covering several components (Environment, Social, Occupational Health and Safety, Governance, Due Diligence) established in partnership between the Responsible Mica Initiative and the Responsible Minerals Initiative. It is applicable to all mica processors and exporters in the world.

Ordering member: A RMI member asking for one or several processors to be audited and taking part to the collective audit protocol.

Mica processor (or processing unit): A registered organization that purchases raw mica and processes it into processed mica by grinding, sorting, milling raw material.

Mica exporter: A registered organization that purchases raw or processed mica and exports it abroad. Due to vertical integration, an organization may both process and export mica.

Mica processors and mica exporters *stricto sensu* do exist and fall under the applicability of the Global Workplace Standard for Mica Processors.

Third-party audit: An audit conducted by an auditing company independent of the organization being audited, as well as of the organization ordering the audit.

Fulfilled: The requirement is **completely met**. All necessary evidence demonstrates full conformity with the expected standard or condition, with no gaps or weaknesses identified.

Partially Fulfilled: The requirement is only met in part. Some elements or evidence of compliance are present, but others are missing, incomplete, or not consistently implemented. Improvements are needed to achieve full conformity.

Not fulfilled: The requirement is not met. There is little or no evidence of implementation, or the existing practices do not align with the expected standard. Corrective action is required.

Not applicable: The requirement does not apply to the specific context being audited. It is outside the scope of the activity, process, or entity under review and therefore is not assessed.

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Zero Tolerance criteria: refers to the most serious types of non-compliance that are unacceptable under any circumstances and require immediate corrective action or may lead to suspension or withdrawal of approval or membership.

Major criteria: refers to significant non-compliances that present serious risks to workers, the environment, or business integrity but do not represent an immediate fatality risk. These non-compliances require mid-term corrective action and must be fully resolved within six (6) months following the audit.

Minor criteria: refers to non-compliances that present limited or low-level risks to workers, the environment, or management systems and do not constitute material breaches. These issues typically require long-term corrective action and must be resolved within twelve (12) months following the audit.

2. GLOBAL WORKPLACE STANDARD (GWS) AUDIT PROCEDURES

2.1 MEMBERSHIP AUDITS

When joining RMI, processor members are subject to annual membership audits against the GWS standard as part of their membership requirements. These audits are funded by RMI.

2.1.1 Audit procedure and timeline

The first membership audit takes place one year after joining RMI so that the processor can get up to speed with the GWS requirements and benefit from RMI's support to implement improvement measures where gaps against the requirements are identified.

- The first membership audit is a **full audit**, meaning that auditors evaluate the processor against the full audit grid of the GWS (420 criteria)
- The second membership audit is a **re-audit**, takes place one year after the first membership audit and is conducted against the corrective action plan i.e against the unfulfilled requirements from the first audit.
- The third membership audit is a full audit, takes place one year after the second audit and is conducted against the full audit grid of the GWS (as was the first audit).
- The fourth membership audit is a re-audit takes place one year after the third membership audit and is conducted against the corrective action plan i.e against the unfulfilled requirements from the third audit.

The cycle continues as described above with an alternating between full audits and re-audit. The **validity** of the RMI audit is therefore set for **one year**.

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2.1.2 exception

Processors with an overall compliance score between 90% - 100% with no Zero Tolerance non-compliance are not required to take an annual audit. For processors scoring between 90% - 100% with no Zero Tolerance non-compliance, the audit **validity is set for 2 years**. However, after two years, the processor should take a full audit again.

2.2 COLLECTIVE AUDITS

Every year, RMI supports and funds collective audits of non RMI processors. On an annual basis, RMI collects from downstream members, names of non RMI processors that downstream members would like to see audited. After aggregating the data for overlap, and budget permitting, RMI decides to fund a number of audits of non RMI processors. Audit results are then shared with the entire downstream membership. These audits are ad hoc and no follow up is conducted. RMI reserves the right to decide which processors are selected for collective audits. Downstream members are required to facilitate the communication with identified processors. No audit can be conducted prior to processors' approval.

2.3 OTHER AUDITS

A downstream RMI company may decide to use the GWS outside of RMI's purview. In doing so, the following requirements should be applied:

- For audits of RMI processors: If audits are deemed necessary, outside of the membership audits conducted by RMI based on the procedures described in section 2.1.1 and 2.1.2, we ask downstream members to inform RMI in due course of audit date and reasons.
- For audits of non RMI processors: Downstream companies can decide to use the GWS for any audits outside of the Membership audit cycle without informing RMI:
 - For RMI programmatic countries: a list of accredited auditing agencies and specific auditors (including refresher training status when appropriate) is available on the membership section of the website.
 - For non RMI programmatic countries: RMI can accredit and train auditors on GWS auditing methodology if a critical mass of RMI members and audits is identified and planned for a specific geography. This should be discussed and decided on an ad hoc basis.
- RMI commits to fund yearly membership audits and ad hoc collective audits. Any other audits conducted outside of the purview of the above-mentioned audits should be funded by the ordering company or its business partners.

2.3 AUDIT DURATION

Drawing on its benchmarking and field experience from observing onsite audits, RMI provides auditing companies with specific man-day allocations for conducting specific audits.

As general guidance, the minimum audit duration for mica processing units should be three (3) man-days for 1 auditor or 1,5 man-days for 2 auditors.

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RMI differentiates between the Full GWS audits that is performed against the 416 criteria of the GWS and re-audits that are performed against the Corrective Actions measures only.

Audit Type	Number of Workers	Man-days
Full audit (against full list of GWS criteria)	0-150	3
	151-300	4
	301-500	5
	501-1000	6
Re-audit (against corrective action measures only)	Number of Corrective Actions	Man-days
	Less than 20	1
	20-50	1,5
	Above 50	2

2.4 GRADING SYSTEM

The GWS audit is graded using the following grading system:

- ******Advanced** : Overall Compliance score: 90% - 100% with no zero tolerance (ZT)
- *****Performing**: Overall Compliance score: 70% - 89% with no ZT
- ****Intermediate**: 70% - 100% with ZT
- ***Insufficient**: Under 70%

RMI processors are graded yearly on the basis of their audit outcomes.

2.5 DEFINING COMPLIANCE

Compliance is defined on the basis of the grading system in section 2.4 and with regards to specific time bound milestones based on audit cycles:

- After one audit cycle (= 1 full audit + re-audit or 1 full audit as described in section 2.1.2), RMI processors should at least be in the "**Performing**" category.
- At the end of the second audit cycle (= 1 full audit + re-audit or 1 full audit as described in section 2.1.2), RMI processor should be in the "**Advanced**" category

Lack of compliance with the above-mentioned requirements will trigger Board review and may result in membership termination. For more information on membership requirements for sorting sites please see the [Standard Operating Procedure \(SOP\) for RMI Processor/Exporter Membership](#)

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2.6 PROCESSOR MEMBERSHIP REQUIREMENTS RELATED TO COMPLIANCE

Based on the above grading system and time-bound compliance requirements respectively outlined in 2.4 and 2.5, RMI will assess RMI member processors' progress.

If the compliance requirements are not achieved, RMI will submit to the Board a list of processors whose performance is deemed insufficient based on the criteria above.

In doing so, RMI provides all background information to the Board to enable decision making, including external factors that are outside of the processor's control. All the data provided to the Board is anonymized to guarantee impartial decision making.

Ultimately, after review of the evidence provided by RMI, the Board decides whether an RMI processor's membership should be terminated. Should the Board:

- decide to terminate an RMI processor's membership, this will be done with immediate effect and communicated to the processor.
- decide to keep the RMI processor within membership and provide the processor with an additional timeframe to comply with the membership requirements, this should be communicated along with any conditions attached.

3. GWS AUDIT TOOLS

The final audit output that is shared with RMI members encompasses the following documents:

- Audit grid in excel version
- Audit report in PDF version
- Corrective Action Plan in PDF version

The most up to date version of the audit grid is to be found on the RMI website under the Resources section : [Audit-grid-Global-Workplace-Standard-for-Mica-Processors-V-8.0.xlsx](#)

4. GWS AUDIT METHODOLOGY

The audit methodology defines the overall approach, techniques, and criteria used to plan, conduct, and report audits in a consistent and credible manner. It includes the principles guiding auditor behaviour, methods for evidence collection, sampling strategies, interview protocols, and reporting formats. Within the Responsible Mica Initiative (RMI) framework, these elements are detailed in a separate Audit Methodology document, which serves as a technical reference for all accredited auditors and auditing agencies. This dedicated document ensures that all audits are performed in alignment with RMI's standards and verification requirements, promoting transparency, comparability, and reliability across audit results.

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4.1. CRITICALITY LEVELS OF NON -COMPLIANCE

RMI recognises that not all criteria under the Global Workplace Standard for Mica Processors (GWS) carry the same level of criticality.

Each criterion is therefore classified according to its potential impact and urgency into three levels of criticality:

- Zero Tolerance (ZT)
- Major Risk
- Minor Risk

The criticality level assigned to each criterion is specified in the [Audit Grid Template](#).

RMI notes that certain criteria related to legal registration and regulatory compliance may require additional time to fulfil, as these depend on external administrative processes outside the control of the audited company.

In such cases, a case-by-case assessment will be conducted by RMI to determine appropriate corrective measures and timelines.

4.1.1 Non-compliances requiring immediate action during the audit

If, during an audit, the audit team encounters a situation that poses an immediate and severe risk, the audit shall be terminated immediately.

The RMI Team must be informed without delay.

The audit report must clearly state the reason for termination and describe the circumstances.

Situations requiring immediate termination include (but are not limited to):

- A severe breach posing an immediate danger to workers or other persons on site;
- A severe breach causing an immediate, significant, and harmful impact on the environment;
- Any attempt to interfere with or falsify the audit process through coercion, fraud, deception, falsification or concealment of documents, denial of access, or deliberate manipulation;
- Denial of access to site areas, documentation, or key personnel by the audited company;
- Any bribe or improper offer made to audit team members;
- Proven falsification of documentation by or with the knowledge of the audited company;
- Deliberate misrepresentation or coercion of the audit team by the audited company.

The audit team may also, based on professional judgement, terminate an audit in other exceptional circumstances that compromise integrity or safety, even if not explicitly listed above.

4.1.2 Zero Tolerance (ZT) Criteria

Non-compliances classified as Zero Tolerance require immediate corrective action, to be completed within 45 days after the audit.

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Examples include:

- Severe breaches that could lead to fatalities or life-threatening conditions for workers or other individuals on site;
- Severe breaches constituting gross violations of human rights;
- Serious environmental breaches that could cause significant and harmful impacts;
- Intentional or systematic violations of legal or code requirements;
- Major non-compliances previously identified that have not been addressed or show no significant improvement.

4.1.3 Major Risk Criteria

Non-compliances classified as Major Risk require mid-term corrective action, to be completed within six months after the audit.

Examples include:

- Material breaches of code items or local law that pose a danger to workers or others on site, but not a fatality risk;
- Breaches involving violations of workers' human rights;
- Breaches posing short- or medium-term environmental risks;
- Recurrent minor non-compliances that remain unaddressed or show insufficient improvement over time.

4.1.4 Minor Risk Criteria

Non-compliances classified as Minor Risk require long-term corrective action, to be completed within twelve months after the audit.

Examples include:

- Isolated or occasional issues that do not indicate systemic problems;
- Issues that pose low or negligible risk to workers or others on site;
- Environmental breaches that could cause long-term (multi-year) impacts if left unaddressed;
- Policy gaps or misunderstandings that do not constitute material non-compliance.

4.2. AUDIT EXECUTION

4.2.1. Opening Meeting

At the start of each on-site audit, the opening meeting is held between the audit team, representing the accredited auditing company, and the audited company's management and relevant personnel.

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Where agreed by the auditee, a representative of the RMI Executive Team may also participate in the opening meeting and, if appropriate, observe the full audit process.

The purpose of the opening meeting is to ensure transparency, mutual understanding, and shared ownership of the audit process. It provides an opportunity to:

- Introduce the RMI audit protocol, including RMI's vision of the audit as a tool for improvement and capacity building rather than compliance alone;
- Explain the key objectives of the audit and how findings will support the audited company's continuous improvement in line with the Global Workplace Standard (GWS) for Mica Processors;
- Present the audited company, including an overview of its operations, key workforce figures, production activities, and any previously identified or known issues;
- Outline the audit scope, methodology, evidence sampling, and reporting process;
- Review and confirm the audit agenda, including site access, interviews, and availability of relevant personnel;
- Ensure that all participants understand and agree to the audit plan.

If an RMI staff is attending the audit, they will introduce the RMI audit protocol and objectives. In their absence, the lead auditor will conduct this introduction using RMI-provided presentation materials.

4.2.2. Triangulation method for evidence collection

The audit team must ensure that all evidence collected during the audit is objective, verifiable, and sufficient to support the findings.

Evidence is collected through three main methods: visual observation, interviews, and document review.

4.2.2.1 Observation Walkthrough

During the on-site observation walkthrough, the audit team systematically visits all areas of the audited facility to directly verify workplace conditions and practices. This includes, but is not limited to, processing and production areas, shipping and loading zones, warehouses, laboratories, offices, worker accommodations, and any other relevant operational or support spaces.

Before beginning the walkthrough, a short planning discussion is held — either during the opening meeting or separately — to coordinate timing, ensure the tour does not disrupt ongoing work, and confirm that it will be conducted under safe conditions.

The health and safety of the audit team and accompanying personnel take priority at all times. Auditors must wear appropriate personal protective equipment (PPE), such as safety boots, helmets, or protective eyewear. If PPE is not available on site, the audit team proceeds at its own discretion and responsibility and should bring minimum protective gear as a precaution.

The walkthrough must allow auditors unrestricted access to all relevant areas of the facility. In the event that access to any area, documentation, or personnel is denied, or if a serious safety concern arises, the lead auditor—in consultation with the company representative—decides whether the audit should be

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paused, rescheduled, or terminated. Any such incident, including accidents, communication issues, or interruptions, must be clearly documented in the audit notes and reported in the audit report.

Throughout the walkthrough, the audit team observes working conditions, health and safety practices, environmental management, and overall compliance with the Global Workplace Standard for Mica Processors. Observations are factual, objective, and evidence-based, focusing on both strengths and potential non-compliances.

4.2.2.2 Worker and Management interviews

Interviews are a key source of information and an essential means of verifying audit findings, ensuring accuracy, and assessing the real effectiveness of workplace practices. They allow auditors to triangulate evidence between documentation, observation, and worker experience.

The audit team determines the number and composition of interviews to achieve a representative and credible sample of the workforce. As a general rule, the team should conduct at least the greater of 10 interviews or 10% of the total workforce, ensuring adequate representation across gender, job categories, contract types, and shifts.

Sampling Approach

To ensure balance and inclusiveness, interview sampling must be:

- Risk-based and stratified, covering different departments, functions, and worker groups;
- Inclusive of vulnerable groups, such as young workers, women, migrant or seasonal workers, and contract or agency labour;
- Reflective of all shifts, including at least one interview per active shift where applicable;
- Proportionate to workforce size, with an increased sample when higher risks or inconsistencies are identified;
- Documented clearly, with the rationale for selection and the distribution of interviews by category recorded in audit notes.

Where the audit team identifies red flags (e.g., coercion, wage discrepancies, or fear of retaliation), the sample should be expanded in the affected area or category to validate the findings.

Management must not interfere in the interview selection process under any circumstances. The lead auditor is responsible for maintaining control over interview sampling and ensuring neutrality and independence.

Interview Conduct

Interviews must always respect the principles of voluntary participation, anonymity, and confidentiality. Before starting, the interviewer must:

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- Introduce themselves, the auditing company, and explain the purpose of the interview;
- Clarify that the interview is anonymous and confidential, and that no answers will be linked to any individual;
- Reiterate that participation is voluntary, and the interviewee may decline to answer or stop the interview at any time;
- Emphasize that the interview is not an evaluation of the worker or the company, but a way to understand workplace practices and verify information.

Interview Conditions

To ensure comfort, trust, and accuracy:

- Interviews should take place during regular working hours, ideally within the workplace premises;
- They must be held in a private, neutral location, free from management presence or influence;
- They should be conducted in a language understood by the interviewee, with interpreters used if necessary;
- The interviewer should conclude each interview with a brief summary of key points to confirm understanding and accuracy;
- The session should end with a thank-you message, acknowledging the worker's participation.

Interviews may be conducted individually or in small groups (2–4 participants), depending on the context and sensitivity of the topic. Group discussions may be used to encourage openness, while individual interviews remain preferable for sensitive issues.

Stakeholder and Management Interviews

In addition to workers, the audit team shall interview relevant managers, supervisors, and functional leads responsible for key areas such as human resources, payroll, health and safety where existing. Where relevant, worker representatives or trade union delegates should also be interviewed.

These discussions support cross-verification of information, enabling the audit team to assess how policies and management systems are implemented in practice.

Documentation and Confidentiality

The lead auditor must document the number of interviews conducted, the categories of participants (by gender, function, contract type, and shift), and any deviations from the planned sample size or methodology. Interview notes must remain confidential and stored securely; no information should ever identify an individual worker or be shared with management.

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4.2.2.3 Document and Record Review

Auditors must review all relevant documentation and records necessary to verify compliance with the Global Workplace Standard (GWS) and applicable legal and regulatory requirements. The objective is to confirm the existence, accuracy, and effective implementation of management systems and workplace practices.

Types of Documents and Records

Documents may include, but are not limited to:

- Company governance documents: policies, objectives, procedures, internal standards, and operating instructions;
- Legal and registration documentation: business licenses, permits, certificates, and statutory filings;
- Human resources and employment records: contracts, personnel files, time and attendance records, payroll and payslips, grievance records, disciplinary measures, and training logs;
- Occupational health and safety records: incident and accident reports, medical logs, risk assessments, fire and evacuation drill reports, and equipment inspection records;
- Environmental management records: waste manifests, emission or effluent data, permits, and environmental monitoring reports;
- Meeting minutes and internal communication records: such as worker committee meetings, safety committees, or grievance follow-ups;
- Performance data and dashboards: internal audits, KPI summaries, monitoring results, and management review outcomes;
- External reports: surveys, buyer audits, NGO assessments, or government inspection findings.

Document Sampling and Review Approach

Document review should be systematic and representative, covering different time periods and categories of workers. The audit team should:

- Examine records from at least the last 12 months, and—where possible—include samples from both peak and low production periods;
- Randomly select a representative sample of worker files and payroll records, ensuring inclusion of various departments, employment types, and genders;
- Review at least 12 weeks of attendance data (covering one peak, one low, and one holiday/weekend period) to identify potential discrepancies or excessive overtime;
- Cross-check consistency between documents (e.g., time sheets vs. payroll, training records vs. safety incidents);
- Validate that records are current, signed, and traceable, and that no evidence of falsification or retrospective modification exists;
- Verify version control of policies and procedures, ensuring that the current versions are implemented across all sites.

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Policy Effectiveness Verification

When reviewing management policies and procedures, auditors must confirm that:

- All relevant workers and managers are aware of and understand the policies;
- Clear implementation processes and accountability mechanisms are in place;
- The policies are practically applied and periodically reviewed for effectiveness;
- Records demonstrate that corrective and preventive actions are documented and tracked to closure.

4.2.2.3 Cross-Verification and Data Integrity

Auditors must cross-verify information obtained from documentation with worker interviews and on-site observations to ensure coherence and accuracy. Any inconsistencies or missing records must be noted and, if significant, raised as a finding.

All reviewed documents and records are treated as confidential. Sensitive or personal data must be handled in accordance with GDPR and RMI's data protection requirements.

4.2.3. Closing meeting

4.2.2.1 Daily Debrief for multi-day audits

For audits extending over more than one day, the lead auditor shall organize a short daily debriefing with site management to ensure transparency and continuous dialogue.

The debrief should:

- Present the main findings and progress made during the day;
- Highlight any limitations, pending verifications, or unresolved questions;
- Outline the plan for the following day, including any areas requiring access, documents to prepare, or workers to interview.

If site management is unavailable for the debrief, the auditor must send a written summary of the day's progress and key points via email, copying the RMI Executive Team for record and oversight.

4.2.2.2 Final Closing Meeting

At the end of the audit, the lead auditor conducts a formal closing meeting with the company's management and, when relevant, a representative of the RMI Team. The closing meeting is a structured opportunity to ensure mutual understanding of findings and next steps.

During the meeting, the audit team will:

- Present the audit findings and preliminary recommendations, distinguishing between Zero Tolerance, Major, and Minor non-compliances;

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- Clarify any points of disagreement, allowing management to provide context or factual evidence. Any unresolved disagreement shall be documented in the audit report;
- Discuss immediate next steps, including the development of a Corrective Action Plan (CAP), timelines for closure, and expected follow-up actions;
- Reiterate the importance of continuous improvement and clarify how the audit outcomes will inform future monitoring and support;
- Provide a comprehensive list of all documents, records, and evidence reviewed during the audit.

The final closing meeting should end on a constructive note, reinforcing RMI's commitment to partnership, transparency, and improvement rather than punitive assessment.

A summary of the closing meeting, including any areas of contention and agreed-upon actions, must be shared in writing with RMI immediately following the audit.

4.2.3 Communication During the Audit

The lead auditor is responsible for maintaining clear, open, and transparent communication with the audited company's management and, where relevant, the RMI Team throughout all stages of the audit.

Communication should be continuous and constructive, ensuring that:

- Both auditors and company representatives have a shared understanding of the audit scope, methodology, and timeline;
- Any emerging issues or information needs are addressed promptly to prevent misunderstandings;
- Requests for clarification or additional documents are specific, time-bound, and respectful of operational constraints;
- Significant or sensitive findings identified during the audit are discussed with management at the earliest appropriate moment.

When formal communication is necessary—such as clarification of evidence, disagreement on findings, or follow-up requests—it shall be done in writing, with the RMI Team copied to ensure transparency and traceability.

All communications, including oral briefings, should be professional, impartial, and fact-based, avoiding any subjective judgments or premature conclusions.

The audit team must also communicate any potential delays, incidents, or deviations from the audit plan to both the auditee and RMI as soon as practicable.

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4.2.4. Emergency Situations

Any auditor or worker has the right and duty to stop work immediately if an imminent danger to health, safety, or the environment is identified during the audit.

In such cases:

- The audit team must immediately inform site management and RMI;
- The lead auditor shall assess whether the audit can safely continue or must be temporarily suspended;
- The event and the company's immediate response must be documented in the audit notes and reflected in the final report;
- Where appropriate, the auditor should recommend immediate containment measures and ensure the site takes prompt corrective action;
- If the situation poses a severe risk to life or integrity (e.g., fatality, active fire, exposure to hazardous substances), the auditor must prioritize safety over audit continuation and initiate emergency escalation to RMI for further decision-making.

All emergency incidents identified during the audit shall be communicated to RMI and may trigger an extraordinary follow-up visit or independent verification.

5. GWS AUDIT SCORING METHODOLOGY

5.1. SCORING METHODOLOGY OVERVIEW

RMI's weighted scoring procedure for the GWS establishes a risk-proportionate assessment framework that systematically differentiates compliance findings based on their actual risk impact and implementation status. The methodology applies predetermined risk weightings to each requirement category (zero tolerance, major and minor risks), ensuring that zero tolerance violations receive appropriate risk weighting relative to minor non-compliances, while simultaneously measuring the degree of risk mitigation achieved through partial implementation. In a nutshell, the scoring methodology used:

- Treats non-compliances differently as different weighting is given to different criticality levels (for more information on the criticality level, please see section 4.1. CRITICALITY LEVELS OF NON – COMPLIANCE)
- Encompasses more nuanced levels of compliance so reflects continuous improvement in a granular way
-

The weighted scoring methodology used to score compliance against the GWS treats non-compliance differently based on:

- A. **Criticality Level** - The importance/risk level of the requirement
- B. **Fulfilment Level** - The degree to which the requirement has been met

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5.2 CRITICALITY AND FULFILMENT LEVELS

5.2.1 Requirement categories

Each category of requirement is given a different weight depending on its criticality. In addition, for each category, full achievement of the requirement yields more points than partial achievement of the requirement.

5.2.1.1 Zero Tolerance (ZT) Requirements

- Scoring:
 - Fulfilled = 5 points
 - Partial = 2.5 points
 - Non-compliance= 0 points
- Maximum scoring possible per ZT requirement= 5 points

5.2.1.2 Major Requirements

- Scoring:
 - Fulfilled = 3 points
 - Partial = 1.5 points
 - Non-compliance= 0 points
- Maximum scoring possible per Major requirement= 3 points

5.2.1.3 Minor Requirements

- Scoring:
 - Fulfilled = 2 points
 - Partial = 1 point
 - Non-compliance= 0 points
- Maximum scoring possible per Minor requirement= 2 points

5.3 SCORING FORMULA

The calculation formula Weighted Overall Compliance Score % = (Total achieved score based on criticality levels and fulfilment level / Total of maximum possible scores by criteria) * 100

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6. GWS CORRECTIVE ACTION PLANS

6.1 CORRECTIVE ACTION PLAN DEVELOPMENT

In addition to completing the audit grid and audit report, the auditing company is responsible for jointly developing a Corrective Action Plan (CAP) with the processor to address any non-compliances identified during the onsite audit. RMI provides a standard CAP template to ensure consistency and completeness.

All corrective actions must be time-bound, with deadlines defined according to the criticality level of each non-compliance. RMI strongly encourages collaboration between the auditing company and the processor in building the CAP to ensure ownership and feasibility of the proposed actions.

Where possible, the CAP should be translated into a language understandable to the majority of the processor's managers and workers, ensuring clear communication and engagement at all levels. To enhance understanding, the plan should include pictorial materials or visual aids illustrating the findings and corrective actions to be implemented.

The CAP must be accessible to both workers and management, including trade union representatives where applicable. Copies of the CAP are shared with the processor and the RMI Team.

6.2 CORRECTIVE ACTION PLAN FOLLOW UP

The RMI Team assists the processor in identifying key improvement areas and focusing efforts on addressing significant non-compliances based on the corrective action plan.

The processor commits to maintaining regular communication with the RMI Team to report progress on CAP implementation. These regular updates are crucial to enabling RMI to provide structured and tailored support throughout the remediation process.

RMI will conduct **a second party assessment 6 months after the audit has been conducted** to formally review progress.

7. GWS DATA SHARING

7.1 AUDIT DATA

Third Party Audit results are made available through the Tilkal platform, with different levels of data access depending on member supply chain connections.

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Downstream RMI members who are connected to an RMI member processor on the traceability platform will have full visibility into audit-related information, including high-level results, the detailed audit report, and the Corrective Action Plan (CAP).

Downstream RMI members who are not part of an RMI member processor's supply chain will have access only to high-level audit results, without visibility into the detailed compliance findings or the CAP. However, these members will have the option to request access to the full audit report and CAP directly from the relevant RMI member processor, who may choose whether or not to share these documents.

7.2 CAP REVIEW DATA

Corrective Action Plan visits conducted by the RMI at processor sites which occur 6 months after the audit has taken place are also made available on the Tikal platform.

8. AUDITING QUALITY ASSURANCE FRAMEWORK

8.1 AUDITOR ACCREDITATION AND QUALITY ASSURANCE PROCEDURE

The RMI accredits both auditing agencies and individual auditors authorised to conduct assessments under its standards. Accreditation ensures that all auditors operate with consistent technical competence, impartiality, and adherence to RMI's ethical and procedural requirements. The overall framework for auditor quality assurance — including qualification, evaluation, and continuous improvement — is detailed in a dedicated Quality Assurance Procedure document, which defines the criteria and processes that govern the approval and ongoing monitoring of auditors and auditing agencies.

8.2 USE OF RMI ACCREDITED AUDITORS

For all RMI audits conducted against the Global Workplace Standard (GWS), only RMI-accredited auditors are authorized and vetted to perform these assessments. The list of accredited auditors is publicly available on the RMI website and can be accessed [here](#).

For any audits conducted outside the direct oversight of RMI, it is strongly recommended to engage RMI-accredited auditors. Doing so helps ensure the credibility, reliability, and consistency of audit results and aligns the assessment with RMI's established quality and integrity standards.

RMI processor membership ensures that processing units receive structured support in implementing the Global Workplace Standard (GWS) and are included in a regular audit cycle as defined in Section **2.1.1 Audit procedure and timeline** of this document. To maintain efficiency and avoid duplication of efforts, RMI requests that additional audits not be scheduled outside the planned RMI membership audit cycle.



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This approach prevents unnecessary burden on processors, promotes audit alignment, and strengthens the effectiveness of the continuous improvement process.