



INTERNATIONAL CYANIDE
MANAGEMENT INSTITUTE
CYANIDE PRODUCTION
SUMMARY AUDIT REPORT
TEMPLATE
FOR THE
INTERNATIONAL CYANIDE MANAGEMENT CODE
JUNE 2021

INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

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Orica Malaysia

Name of Facility

Signature of Lead Auditor

1-3 Apr. 2026

Date

Page 1 of 17

JUNE 2021

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

PRODUCTION SUMMARY AUDIT REPORT TEMPLATE

Table of Contents

Introduction	iii
Instructions	iii
Operation General Information	1
Operation Location Detail and Description	1
Auditor's Finding	2
Compliance Statement	2
Auditor Information	4
Auditor Attestation	4
Principles and Standards of Practice	5
Principle 1 OPERATIONS	5
Standard of Practice 1.1	5
Standard of Practice 1.2	5
Standard of Practice 1.3	5
Principle 2 WORKER SAFETY	6
Standard of Practice 2.1	6
Standard of Practice 2.2	6
Principle 3 MONITORING	6
Standard of Practice 3.1	6
Principle 4 TRAINING	7
Standard of Practice 4.1	7
Standard of Practice 4.2	7
Principle 5 EMERGENCY RESPONSE	7
Standard of Practice 5.1	7
Standard of Practice 5.2	8
Standard of Practice 5.3	8
Standard of Practice 5.4	8
Standard of Practice 5.5	9
Standard of Practice 5.6	9

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Introduction

This document provides the framework for the information that an auditor must include in the Summary Audit Report prepared for a Cyanide Code Certification Audit conducted for a cyanide production facility and serves as a general template for presenting the required information.

The International Cyanide Management Institute (“ICMI” or “the Institute”) reviews the Summary Audit Report to ensure that it accurately represents the results of the Detailed Audit Findings Report and includes sufficient information to demonstrate the basis for each finding. Once ICMI determines that all documentation required for the Cyanide Code Certification Audit is complete, it posts the Summary Audit Report on the Cyanide Code website.

Instructions

- 1) The basis for the finding and/or statement of deficiencies for each Standard of Practice should be summarized in the Summary Audit Report. The Summary Audit Report is intended to provide a summary of the information included in the Detailed Audit Findings Report prepared for the certification audit; and therefore, should include only information that is presented in the Detailed Audit Findings Report.
- 2) The name of the cyanide production facility, the Lead Auditor’s signature, and the submittal date of the final report must be included at the bottom of each page of the Summary Audit Report.
- 3) An operation that is found in substantial compliance must submit a Corrective Action Plan with the Summary Audit Report.
- 4) The Summary Audit Report, the Detailed Audit Findings Report, and any necessary Corrective Action Plan with all required signatures must be submitted in electronic format to ICMI within 90 days of completion of the site inspection portion of the audit. An electronic copy of a letter from the owner or authorized representative of the audited operation granting ICMI permission to post the Summary Audit Report and Corrective Action Plan (if one is necessary) on the Cyanide Code website must also be submitted, along with both an electronic copy and a hard copy of a completed Auditor Credentials Form. The Lead Auditor’s signature on the Auditor Credentials Form must be certified by notarization or equivalent. Electronic documents should be submitted to the Institute via email at:

audits@cyanidecode.org

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

The hard copy of the notarized Auditor Credentials Form should be sent to:

International Cyanide Management Institute

1400 I Street, NW, Suite 550

Washington, DC 20005, USA

5) The Summary Audit Report should include a description of the operation, identifying the facilities included within the scope of the audit and any new facilities or facilities that have undergone substantial changes since the previous audit (in the case of a recertification audit), and indicating key operational components such as cyanide form(s) produced, packaging and storage, and other site-specific operational features that provide context to the reader ahead of the audit findings. The description of the operation should include sufficient information to describe the scope and complexity of the cyanide production operation being audited.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

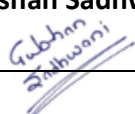
Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Operation General Information

Name of Production Facility: Transfer Station of Orica Malaysia
Name of Facility Owner: Mr. Gulshan Sadhwani, Director – Orica Malaysia Sdn. Bhd..
Name of Facility Operator: Orica Malaysia Sdn. Bhd.
Name of Responsible Manager: Mr. Reza Rinaldi, manager (Orica Malaysia) & Mr. Musa BIN MA'AMOR, site supervisor
Address: Lot 87968, Jalan Perigi Nenas 8/10, Kawasan Perindustrian Pulau Indah, 42920 Port Klang, Selangor
State / Province:
Country: Malaysia
Telephone: Tel 60 3 7859 8312
Fax: Fax 60 3 7859 8314
Email: musa.maamor@orica.com

Report accepted by the Facility Owner: (Signature) **Gulshan Sadhwani**



Operation Location Detail and Description

Provide a description of the cyanide production operation (see Item 5 in the Instructions, above).

This is the recertificate assessment since the first assessment in 2023. No significant change to this production site since 2023.

Orica Malaysia SDN. BHD. was licensed on 1st Jan. 2022 by the government for business and with license of 'wholesaler' s poisons license'

Production conducts at the address above in an exclusive warehouse that operated by CFA with security guard and CCTV.

Main activity of production:

One transfer plant: operated and managed by Orica. Transfer NaCN from bag to bulk container (sparge isotainer). Whole transferring process is dry process without any additive or reaction processes.

Production type: batch operation by manual (subject to production order)

Production: detail in the TRANSFER PLANT NORMAL OPERATION (OM-WI-TF-001)

Orica Malaysia		1-3 Apr. 2026
Name of Facility	Signature of Lead Auditor	Date

Page 5 of 17 JUNE 2021

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

1. Transfer plant is equipped with automatically control transfer hopper, cranes, hydraulic system and compressed air system.
2. Raw material (one ton) in a double bags and wooden box from the same warehouse operated by CFA
3. Move by electrical fork lifter from storage area to the receiving area for handover to production (operated by Orica); and then lift to transfer hopper with bag filter
4. NaCN transfer to sparge isotainer (27 tons) via enclosure hopper and duct sealed to prevent air and moisture.
5. Transfer completed and sealed then pick up by transportation company to clients.
6. Whole production operated by 2 workers at the same shift with one supervisor, normally 2-3 batches/one day.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Auditor's Finding

This operation is

- ☒ in full compliance
- ☐ in substantial compliance *(see below)
- ☐ not in compliance

with the International Cyanide Management Code.

** The Corrective Action Plan to bring an operation found in substantial compliance into full compliance must be enclosed with this Summary Audit Report. The operation must bring the operation into compliance within one year from the date on which ICMI posts the operation's Summary Audit Report on the Cyanide Code website.*

Compliance Statement

The Summary Audit Report for a recertification audit must include one additional statement that is not required in the Summary Audit Report for an initial certification audit. For an operation found in full compliance with the Code, the report must indicate whether the operation had any compliance issues or significant cyanide incidents since its previous certification and identify where in the report such information can be found.

This operation was found in substantial compliance with the Cyanide Code based on the audit findings discussed in this report under the following Standard(s) of Practice: 2.2.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Auditor Information

Audit Company: Paul Ng

Lead Auditor: Paul Ng

Lead Auditor Email: paul.ng.esg@gmail.com

Names and Signatures of Other Auditors:

Auditor 1: NA

Name (Print/Type)

Signature

Auditor 2: NA

Name (Print/Type)

Signature

Auditor 3: NA

Name (Print/Type)

Signature

Dates of Audit: 1-3 Apr. 2026

Auditor Attestation

I attest that I meet the criteria for knowledge, experience and conflict of interest for a Cyanide Code Certification Audit Lead Auditor, established by the International Cyanide Management Institute and that all members of the audit team meet the applicable criteria established by the International Cyanide Management Institute for Cyanide Code Auditors.

I attest that this Summary Audit Report accurately describes the findings of the certification audit. I further attest that the certification audit was conducted in a professional manner in accordance with the International Cyanide Management Code Cyanide Production Verification Protocol and using standard and accepted practices for health, safety and environmental audits.

Orica Malaysia



1-3 Apr. 2026

Name of Facility

Signature of Lead Auditor

Date

Orica Malaysia



1-3 Apr. 2026

Name of Facility

Signature of Lead Auditor

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Principles and Standards of Practice

Principle 1 | OPERATIONS

Design, construct and operate cyanide production facilities to prevent release of cyanide.

Standard of Practice 1.1

Design and construct cyanide production facilities consistent with sound, accepted engineering practices and quality control/quality assurance procedures.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 1.1

Summarize the basis for this Finding/Deficiencies Identified:

The transfer station was commissioned under approved QA/QC controls, supported by start-up authorization, retained design and as-built drawings, contractor-managed construction records, and site inspection evidence, and operation since 2022. The dry-process facility uses epoxy-coated concrete and protected metal surfaces compatible with cyanide service, with containment designed to hold the full in-process inventory. Hydraulic hold controls during power loss, routine inspections, monitored wastewater containment, indoor ventilation, housekeeping, restricted access, and segregated covered storage collectively reduced release risk and supported safe operation.

Standard of Practice 1.2

Develop and implement plans and procedures to operate cyanide production facilities in a manner that prevents accidental releases.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 1.2

Summarize the basis for this Finding/Deficiencies Identified:

The site maintained controlled procedures for warehouse safety, emergency response, environmental management, PPE, air monitoring, decontamination, transfer operations, spill response, packaging, waste disposal, delivery checks, and routine inspections, all sampled during the audit. Procedures were current under revision control, with no significant changes since the previous assessment except approved

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

equipment modifications managed through the change-control process. Sampled records confirmed that design review, risk assessment, installation checks, commissioning, and maintenance were completed for modified equipment. Preventive maintenance covered cranes, hydraulic and compressed air systems, while calibration applied mainly to cyanide gas detection. Operational controls included inspection checklists, limits on bag filling, routine basin sampling, approved waste disposal, and verified packaging and labeling practices.

Standard of Practice 1.3

Inspect cyanide production facilities to ensure their integrity and prevent accidental releases.

The operation is ☒ in full compliance with
☐ in substantial compliance with Standard of Practice 1.3
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

The is a dry process, liquids are unlikely to be present in the production area. In accordance with the General Warehouse Safety Rules and the Monthly Transfer Facility Inspection Checklist, monthly records from 2025 to 2026 were sampled and reviewed for the compressed air system, hydraulic system, hopper and duct to the ISO tank, 30-ton and 3.2-ton cranes, epoxy floor coating, decontamination cabin, and stormwater drain cyanide testing, including water collected from the daily changing shower. Sampled cyanide test results were below standard of internal control and local drinking water limit. Site observations found no deterioration or leakage from the hopper or ducting. All facility units are inspected monthly and, where applicable, routinely checked by external contractors. Inspection and maintenance records for the most recent six months were available, dated, and included test results, inspection record reviewed by the supervisor.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Principle 2 | WORKER SAFETY

Protect workers' health and safety from exposure to cyanide.

Standard of Practice 2.1

Develop and implement procedures to protect facility personnel from exposure to cyanide.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 2.1

Summarize the basis for this Finding/Deficiencies Identified:

Worker protection was governed by documented procedures for emergency response, normal and abnormal operations, maintenance, and warehouse safety. Site observation confirmed that workers followed procedures, used required PPE, and worked in areas marked with warning and hazard signage. Safety briefings and toolbox training were conducted periodically, and records were available. The production area was classified as hazardous and required PPE and personal HCN detectors before entry. Daily production logs showed operations were generally limited to two to three batches per shift to reduce exposure time. Spare PPE was maintained in stock, and routine PPE inspections were conducted. Sampled records confirmed that workers were equipped with personal gas detectors, sampled units were functional, and calibration records were available. A sampled operation confirmed the buddy system, supported by emergency communication equipment. Health surveillance was managed through fitness-for-work requirements, while medical details remained confidential. Clothing change, housekeeping, permit-to-work controls, contractor entry precautions, and access signage were also implemented.

Worker protection was managed through documented procedures for emergency response, normal and abnormal operations, maintenance, and general warehouse safety. Site observation confirmed that personnel followed operating procedures, used required personal protective equipment, and worked in areas marked with warning, precaution, and hazard communication signage of 'no smoke', eating, drinking, and open flames prohibited. Safety briefings and toolbox training were conducted periodically from 2024 to 2026, with records available for review. The production area was designated as a hazardous area requiring appropriate PPE and personal HCN gas detectors before entry. Daily production records showed operations were generally limited to two to three batches per shift, helping manage exposure duration. Spare PPE, including protective clothing, full-face respiratory protection, powered air-purifying respirators, and filters, was maintained in stock, and PPE condition was routinely checked under a weekly inspection checklist. Sampled records and observation confirmed that workers were

Orica Malaysia		1-3 Apr. 2026
Name of Facility	Signature of Lead Auditor	Date

Page 11 of 17 JUNE 2021

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

equipped with personal cyanide gas detectors, sampled units were functional, and detector calibration was performed at defined intervals with supporting records available. A sampled operation also confirmed implementation of the buddy system, with paired workers using airtight protective clothing and respiratory equipment while carrying out separate transfer tasks. Emergency communication tools, including handheld radios and internal broadcast systems, were available to support paired work and emergency response. Occupational health surveillance was managed through fitness-for-work requirements, while detailed medical information remained confidential. Clothing-change requirements and PPE controls were defined in operating procedures, and housekeeping and changing practices were generally orderly. Before contractors entered the production area, cleaning and permit-to-work controls were applied, and additional protective measures were specified where needed. Hazard and PPE signage was also posted at entry points to control access to the work area.

Standard of Practice 2.2

Develop and implement plans and procedures for rapid and effective response to cyanide exposure.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 2.2

Summarize the basis for this Finding/Deficiencies Identified:

Emergency response procedures addressed cyanide exposure, abnormal operations, decontamination, and medical escalation. Emergency showers, eyewash units, and changing room washing facilities were available near the production area and had been function tested. Non-acidic fire extinguishers were routinely inspected by the authority and checked monthly on site, with sampled records confirming availability and replacement control. The site did not stock antidote because administration was restricted to medical personnel; instead, formal arrangements were in place with the local hospital to provide emergency treatment, oxygen, and antidote support (Kelocyanor Kit (Dicobalt edetate) & CyanoKit (Hydroxocobalamin), and drills confirmed external medical participation and transport readiness. First-aid kits were maintained in office and warehouse areas and checked monthly. SDS, first-aid instructions, and cyanide safety information were available in workforce languages and posted at the workplace. Hazard signage and operational direction markings were in place where applicable. Decontamination requirements applied to workers, contractors, and visitors leaving areas with potential cyanide skin exposure. Drill records confirmed that exposed personnel would be removed to a safe area by workers in full PPE and then

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

transferred for medical care. Crisis management procedures were also in place, and no accidents had been recorded in recent years.

Principle 3 | MONITORING

Ensure that process controls are protective of the environment.

Standard of Practice 3.1

Conduct environmental monitoring to confirm that planned or unplanned releases of cyanide do not result in adverse impacts.

The operation is ☒ in full compliance with
☐ in substantial compliance with Standard of Practice 3.1
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

The facility is in an industrial area and the transfer operation is a dry process, it normally has no direct process-water discharge to the storm sewer or surface water. Routine liquid sources are limited to changing-room shower water and seasonal rainwater. Potential cyanide discharge to the sewer system is monitored under the Monthly Transfer Facility Inspection Checklist through regular sampling of the containment areas, storm drain, and water collected from changing facilities. Sampled records from 2025 to 2026 were reviewed and remained within internal control limits, including shower water results below standard. Water collected in the IBC was tested before discharge using Test kit is 'colorimeter' with test reagent. (Merck Mquant 114798, read as free cyanide)

.Internal numerical criteria for cyanide species were applied, and no recordable accidents, uncontrolled releases, or evidence requiring remedial action were identified during the audit. Bag filters and ventilation were also used, inspected, and replaced as needed to minimize dust and gas emissions.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Principle 4 | TRAINING

Train workers and emergency response personnel to manage cyanide in a safe and environmentally protective manner.

Standard of Practice 4.1

Train employees to operate the facility in a manner that minimizes the potential for cyanide exposures and releases.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 4.1

Summarize the basis for this Finding/Deficiencies Identified:

Training was managed through a matrix defining subjects and refresher frequencies of one to three years for supervisors and operators. Sampled records confirmed annual ERP refreshers and biennial training on normal operations, abnormal operations, and PPE. Training before work assignment was provided, and workers were trained to use PPE and follow operating procedures to prevent unplanned cyanide releases. Refresher training on hazards, work instructions, cyanide handling, and PPE use was also recorded. Training materials included procedures, safety basics, presentations, and on-the-job instruction. Interviews, observation, and sampled assessment records confirmed that training was delivered and understood.

Standard of Practice 4.2

Train employees to respond to cyanide exposures and releases.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 4.2

Summarize the basis for this Finding/Deficiencies Identified:

The training matrix included response to abnormal conditions and cyanide exposure or release. Training and drill records were retained as evidence, including attendance, topics, dates, and evaluation results. Annual ERP refresher training was documented.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Principle 5 | EMERGENCY RESPONSE

Protect communities and the environment through the development of emergency response strategies and capabilities.

Standard of Practice 5.1

Prepare detailed emergency response plans for potential cyanide releases.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 5.1

Summarize the basis for this Finding/Deficiencies Identified:

The emergency response plan defined responsibilities, authority, incident response guidance, emergency contacts, safety data, and site layout. It addressed credible scenarios for the dry-process facility, including spills inside and outside the building, container decontamination, wet cyanide handling, releases to drains or waterways, fire, and transport container rollover. The plan also covered mitigation and prevention, evacuation, first aid, use of hospital-provided antidote support, and release control. Drill records confirmed scenario-based exercises had been conducted and that further combined-scenario drills were planned.

Standard of Practice 5.2

Involve site personnel and stakeholders in the planning process.

The operation is ☒ in full compliance with ☐ in substantial compliance with ☐ not in compliance with Standard of Practice 5.2

Summarize the basis for this Finding/Deficiencies Identified:

Emergency response planning incorporated stakeholder input through a major-hazard assessment and workforce drill review. Publicly available hazard information, response actions, and attendance records supported preparedness. The ERP identified external support roles through an emergency contact list and evacuation flowchart, and it requires review at least every two years with stakeholder consultation. The latest revision was completed in 2025 for the 2025–2027 period.

Standard of Practice 5.3

Designate appropriate personnel and commit necessary equipment and resources for emergency response.

☒ in full compliance with

Orica Malaysia		1-3 Apr. 2026
Name of Facility	Signature of Lead Auditor	Date
Page 15 of 17		JUNE 2021

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

The operation is ☐ in substantial compliance with Standard of Practice 5.3
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

The ERP designated primary and alternate emergency coordinators, defined response teams, duties, training requirements, call-out procedures, 24-hour contacts, external responder roles, and emergency equipment. Sampled records confirmed routine inspection of spill response equipment and breathing apparatus, and key emergency resources were available. Drill reviews from 2024 to 2026 covered fire, transport leakage, and bag leak scenarios, involved external support where required, and recorded lessons learned and improvement actions

Standard of Practice 5.4

Develop procedures for internal and external emergency notification and reporting.

☒ in full compliance with
The operation is ☐ in substantial compliance with Standard of Practice 5.4
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

The ERP included contact lists and notification flowcharts for internal management, regulators, emergency responders, medical facilities, nearby communities, and Code reporting. Written procedures for external notification and significant incident reporting were documented and available.

Standard of Practice 5.5

Incorporate remediation measures and monitoring elements into response plans and account for the additional hazards of using cyanide treatment chemicals.

☒ in full compliance with
The operation is ☐ in substantial compliance with Standard of Practice 5.5
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

The ERP includes recovery, decontamination, debris disposal, alternate water supply, and monitoring measures for credible scenarios such as spills inside or outside the facility, container decontamination, wet cyanide handling, releases to drains or waterways, fire, and transport rollover. For releases to waterways or drains, the plan prohibits chemical treatment and requires monitoring by water pH sampling to assess the extent and effects of the release.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date

PRODUCTION SUMMARY AUDIT REPORT – Orica Malaysia

Standard of Practice 5.6

Periodically evaluate response procedures and capabilities and revise them as needed.

The operation is ☒ in full compliance with
☐ in substantial compliance with Standard of Practice 5.6
☐ not in compliance with

Summarize the basis for this Finding/Deficiencies Identified:

The ERP requires periodic review and revision at least every two years or after site changes. Annual drill planning was established through 2027. A 2025 emergency drill involving transport leakage and external responders was completed, and the ERP was evaluated and updated based on the drill review.

Orica Malaysia

Name of Facility



Signature of Lead Auditor

1-3 Apr. 2026

Date