St Ives Gold Mining

International Cyanide Management Code

Corrective Action Plan

GBS Consulting

11 February 2025

Audit Details

Operation:	St Ives Gold Mine (SIGM)
Name of Mine Owner:	Goldfields Australia Limited
Company:	St Ives Gold Mining Company (Pty)
Responsible Person:	Paul Miskell, Processing Manager
Address:	St Ives Gold Mine
	Goldfields Australia
	Durkin Road, Kambalda WA 6442
	AUSTRALIA
Contact Telephone:	+61 8 9088 1791
Email:	Paul.Miskell@goldfields.com
	Goldfields Australia Pty Ltd
	PO Box Z5046, Perth WA 6831
Audit Company:	GBS Consulting Pty Ltd
Primary contact:	Greg Smith
Email:	gregorsmith@internode.on.net
Telephone:	+61 418 971 967
Audit Period Commencement:	23 February 2022
Date(s) of Audit:	
Site Visit:	26 – 30 August 2024 inclusive

Auditor Information

Audit Company: GBS Consulting Pty Ltd
Primary contact: Greg Smith
Email: gregorsmith@internode.on.net

Lead Auditor: Gregory Smith

11 February 25

Signature of Lead Auditor | Date

1. Introduction

In August 2024, SIGM underwent its fourth re-certification audit and was found to be in Substantial Compliance for two standards of practice (4.4 and 7.3) following finalization of the assessment of all relevant data and inspections on 28 November 2024. The development and implementation of a Corrective Action Plan is required as an integral part of any International Cyanide Management Code (Code or ICMC) certification audit of a gold mining operation, where the auditor determines that the operation is in substantial compliance.

The full implementation of the Corrective Action Plan and adequate notification to the International Cyanide Management Institute (ICMI) must be completed within one year of the posting on the Cyanide Code website of the Summary Audit Report of an operation found in Substantial Compliance.

The deficiencies, corrective actions and evidence required to attain Full Compliance are provided in the table below.

St Ives Gold Mine

Name of Mine

Signature of Lead Auditor

11 February 2025

Date

2. Correction Action Plan

<table>
<tr><th>Deficiency</th><th>Corrective Actions to obtain Full Compliance</th><th>Evidence Required</th><th>Proposed Completion Date</th></tr>
<tr><td colspan="4">Standard of Practice: 4.4 Implement measures to protect birds, other wildlife and livestock from adverse effects of cyanide process solutions.

4.4.2 Can the operation demonstrate that the cyanide concentration in open water in Tailings Storage Facilities (TSF), leach facilities and ponds does not exceed 50 mg/l Weak Acid Dissociable (WAD) cyanide?

4.4.3 Is maintaining a WAD cyanide concentration of 50 mg/l or less in open water effective in preventing significant wildlife mortality?</td></tr>
<tr><td>SIGM operates with alternative compliance measures for Standard of Practice 4.4 with hypersalinity providing a protective mechanism against wildlife cyanosis within the Tailings Storage Facilities (TSF) and Process Water Pond. Site specific operating parameters for SIGM are provided in the table below.
<table>
<tr><th>Parameter</th><th>Maximum WAD CN (mg/L)</th><th>WAD CN – 80th percentile (mg/L)</th><th>Minimum TDS (mg/L)</th></tr>
<tr><td>Spigot</td><td>132</td><td>112</td><td>50,000</td></tr>
<tr><td>Supernatant</td><td>65</td><td>N/A</td><td>50,000</td></tr>
<tr><td>Process Water Pond</td><td>65</td><td>N/A</td><td>50,000</td></tr>
</table>
</td><td>Maintain cyanide and salinity operating parameters at the TSF and Process Water Pond for a period of six months from 28 November 2024.</td><td>Provide a spreadsheet and or report containing Weak Acid Dissociable (WAD) cyanide and salinity data that demonstrates compliance with operating parameters at the TSF and Process Water Pond on a daily basis for six months from 28 November 2024.</td><td>28 May 2025</td></tr>
</table>

On eight days the cyanide concentration was above 65 mg/L WAD CN at the Process Water Pond. These exceedances are considered to be a systematic deficiency despite the small number of incidents (eight) as they resulted from a control logic programmed into the Supervisory Control and Data Acquisition (SCADA) system, were not identified at the time and effective remedial actions were not carried out in a suitable time frame Wildlife Monitoring was not conducted at the Process Water Pond (PWP) between 28 September 2023 and 8 March 2024 (150 days) which is a deficiency. This was mostly concurrent with the period that cyanide monitoring was not conducted at the PWP. Wildlife monitoring has been conducted daily since it was recommenced on 9 March 2024 which is a period of approximately 5.5 months to 15 August 2024 (the last date data was provided). The Wildlife Monitoring Spreadsheet does not provide clear details of how long the Process Water Pond was monitored for or if wildlife was observed there.	Maintain Wildlife Observations at the TSF and Process Water Pond for a period of six months from 28 November 2024 and clearly provide monitoring information for the PWP in the Wildlife Monitoring Spreadsheet.	Provide a spreadsheet and or report containing wildlife monitoring data that demonstrates wildlife monitoring has been conducted at the TSF and Process Water Pond on a daily basis for six months from 28 November 2024. Review the Wildlife Monitoring spreadsheet to clarify that the Process Water Pond is Monitored to show the time it was monitored and whether any wildlife was observed at that location.	
Standard of Practice: 7.3 Designate appropriate personnel and commit necessary equipment and resources for emergency response **7.3.1:** Do the cyanide-related elements of the Emergency Response Plan**: g)** Include procedures to inspect emergency response equipment to ensure its availability?			
It was identified during a Gap Audit in December 2022 that the ERT inspection records for 2022 were incomplete and that this was as a deficiency. Many	Conduct all scheduled ERT inspections and retain all documentation	Provide evidence that all inspections scheduled to occur	28 May 2025

hardcopies of equipment inspection records had either been lost or not scanned into the electronic storage system. Gaps within the documented records for Emergency Response Team (ERT) inspections were still evident during 2024.	for a period of six months from 28 November 2024.	within the six-month period from 28 November 2024 have been conducted and documented and that records have been stored in the appropriate location.	