



REPORT

1. Surveillance Audit SANS 16001:2020

BEESHOEK MINE

R385

Postmasburg

Beeshoek

Northern Cape

8420

AUDIT DATE

FROM: 23 – 26 August 2021

REF NO. 483538

DQS INC.

1130 W. Lake Cook Rd, Suite 340, Buffalo Grove, IL 60089, USA



1 Certification recommendation

Thank you for your trustful cooperation during our recent audit of your organization. This report details the audit results including strengths, opportunities, and weaknesses. These results were presented to your management at the closing meeting of the audit. You can use these results to improve the effectiveness of your management system. We look forward to continuing our partnership towards sustainable business success.

In reference to SANS 16001:2020, the audit team recommends to DQS:

- Issuance of the certificate
- Issuance of the certificate as soon as implementation of corrective actions has been demonstrated
- Maintenance of the certificate*
- Maintenance of the certificate as soon as implementation of corrective actions has been demonstrated Not
- applicable, due to extraordinary type of report

Please remember to notify DQS about any significant change to your management system at your earliest convenience. Together we will then coordinate appropriate measures to maintain your current certification.

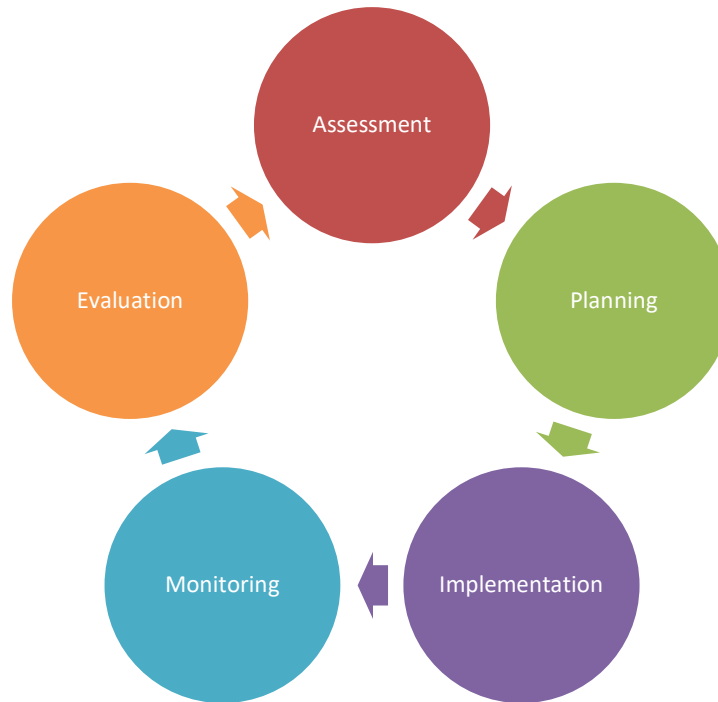
All audit findings are based on a sampling process, targeted towards reliable evidence for effective implementation and compliance of the management system. Where applicable findings and required corrective action plans were or will be agreed upon with the responsible managers or management representatives, steps have been or will be defined to resolve such non-conformity. Further business aspects may exist, positive or negative, which have not been reviewed by the audit team. It is the organization's responsibility to investigate and evaluate the potential impact and scope of findings, thus continuously ensuring full compliance to the applied standard(s).



2 The Management System

2.1 Evaluation

DQS WHDMS (Wellness, Health and Disease Management System) Assessments apply the Assess-Plan-Implement-Monitor-Evaluate or the APIME cycle approach. It can be applied to individual processes, a system or a managed organization.



Assessment	Assess workplace wellness and disease risks
Planning	Prioritize and plan to mitigate the identified risks
Implementation	Implement the plan and system
Monitoring	Monitor the plan and system against success indicators and re-align where necessary
Evaluation	Evaluate that the system demonstrates measurable positive impact and continuously improve on the system.



In summary we have evaluated your management response aligned to the SANS 16001 system as follows:

ASSESS: The non-occupational risks that impact the workplace

Data capture is conducted in every intervention offered under wellness, health and disease management (clinic, HIV, COVID 19, FAMSA, fatigue, RFA etc). This data is used to assess baseline and ongoing risks.

PLAN: The management system and objectives

Plans are developed and implemented for various interventions. The planning must increase its focus on behaviour change communication (this means how can the mine increase engagement and participation of workers on various campaigns especially for COVID 19 vaccinations).

IMPLEMENT: Processes in operation

The implementation of interventions and campaigns are ongoing, varied and supported by workers and management.

MONITOR: Results and analysis

Monitoring of campaigns is good, however, to move it to best practice; reporting on behaviour change versus attendance is recommended. Double check data that falls outside of the normal trends (is it input error, and if not what is causing this change)?

EVALUATION

Data needs to be evaluated to see how it will add value to the management system. Example if the crude illness rate = 4% what does this mean in real terms (what are the possible direct and indirect costs). Does attendance to a critical peer educator session translate into a measurable behaviour (e.g. COVID 19 Vaccine education = x number of workers vaccinated).



Strengths identified

- S1** Leadership setting an example by communicating their actual vaccination via flashes and photographs.
- S2** Integration of wellness into the mine wide systems. Wellness is increasingly mainstreamed (via fatigue, HR, FAMSA, RFA, Occ Health) and has excellent support from senior management.
- S3** CIR & sick note monitoring is benchmarking trends within the organisation.
- S4** Excellent fatigue monitoring. Detailed reports on operator fatigue data and good linkage into wellness as required by the fatigue process.
- S5** Picking up diabetes post COVID via annual health baseline and post COVID 19 assessments. This is a proactive discovery, as there has only recently been research into this phenomenon. Workers are referred to RFA post COVID (subject to severity of the disease). Unfortunately, there is a high failure rate due to poor lung foundation (as well as diabetes a/a in some cases). Workers are treated and given an opportunity to pass RFA and are supported through this process via the Wellness Centre.
- S6** Psychological assessments have been integrated into annual surveillance. This ensures that psychological wellness is considered during surveillance, that workers who have any problems are referred to FAMSA, and it provides a baseline assessment against which any psychological changes in a worker can be measured.
- S7** Peer Educator flashes have now included call to actions (what to do, where to go, who to see)
- S8** Peer Educator action plan is being implemented in a structured way, with increased focus on measuring and monitoring.
- S9** FAMSA self – referrals numbers are consistent. The workers have trust in the FAMSA service, that they are self-referring. FAMSA has taken on outreach role where FAMSA has engaged with employees and families via home visits. There is evidence of positive outcomes in workplace relationship because of FAMSA interventions.
- S10** Marizaan / FAMSA Education roll-out. Online training e.g. Stress management, emotional intelligence; linked to FAMSA follow-up. Online training provides the knowledge component and FAMSA the attitude and behaviour/skills component and putting knowledge & skills into practice (habit). This is supported by the KASH 4 factors of learning methodology <https://dougdvorak.com/the-4-factors-of-learning/>
- S11** COVID 19 clients (with COVID or quarantined) being followed-up FMASA for psych/social support.



Opportunities for improvement as presented during the feedback meetings

- OFI 1** SWOT Review consider wellness issues e.g. COVID 19 (threat), Vaccine (opportunity), ISO 45003 Psychological health (opportunity) in the workplace
- OFI 2** If an operator gets a 3+ alert within an hour of coming on shift assess if this is a useful early warning system. A random selection of reports by the auditor confirmed that 2 operators who had 3+ alert within an hour of coming onto shift, had multiple alerts thereafter.
- OFI 3** Review research on the use of dark sunglasses as a way of extending circadian rhythm, when coming off night shift into daylight. The dark sunglasses are way of keeping melatonin at a level that has shown evidence to improve sleep once home. (<https://pubmed.ncbi.nlm.nih.gov/23620685/> *Shift work: health, performance and safety problems, traditional countermeasures, and innovative management strategies to reduce circadian misalignment*).
- OFI 4** Ongoing risk assessments to be conducted during every key educational session, e.g. induction, peer education, group sessions, campaigns. Identify both risk and opportunity. Establish understanding, concerns and challenges facing the workers in respect of the educational session conducted. This information provides opportunity to improve understanding and mitigate challenges or concerns.
- OFI 5** Test understanding of flashes and talk topics by asking a question or two – the results of which can be measured by a peer educator or supervisor. This will provide insight into the effectiveness of the flash or talk topic.
- OFI 6** Training of FAMSA on wellness topics e.g. SANS 16001, chronic diseases, fatigue, HIV to add further value and depth to the counselling and referrals if required.
- OFI 7** FAMSA documents need to be backed up onto the S DRIVE, considering confidentiality management or personal data.
- OFI 8** Emergency Preparedness MCOP Annexure D. The MCOP to include blood exposure (which is an injury), psychological injury & bystander exposure (COIDA makes provision for PTSD & HIV infection because of exposure at work). The bystander effect is not investigated at present; however, a bystander (worker) who witnesses and / or assist during an incident may be exposed to blood or psychological injury and should be included in incident management and treatment – technically these bystanders may be injured.
- OFI 9** FAMSA to be included onto internal audit schedule and the FAMSA SLA as well as the Wellness policies/processes to be used as criteria for the audit.



Listing of findings, as presented in the closing meeting

No.	Standard	Requirement (three digits if applicable)	Business Unit & Function	Finding	Rating
1	SANS 16001:2020	Clause 4 Context of organisation	WHDMS	SWOT Review consider wellness issues	2
2	SANS 16001:2020	Clause 5 Requirements for leadership & worker participation	WHDMS	Leadership on vaccines	1
3	SANS 16001:2020	Clause 6 Assessment & planning	WHDMS	3+ alert within an hour assess if this is a useful early warning system? Review research on the use of dark sunglasses as a way of extending circadian rhythm Ongoing risk assessments to be conducted during every key educational session CIR & Sick Note Monitoring benchmarking trends Fatigue monitoring and linking into wellness Picking up diabetes post COVID RFA post COVID opportunity to pass Psychological assessments into annual surveillance	2 1
4	SANS 16001:2020	Clause 7 Support	WHDMS	Test understanding of flashes and talk topics by asking a question or two Training FAMSA on health & disease to add depth to the counselling FAMSA S DRIVE for back ups Peer Education flashes include call to action Peer Education programme methodically implemented FAMSA – high trust & self-referrals consistent	2 1
5	SANS 16001:2020	Clause 8 Operational planning & control	WHDMS	Emergency Preparedness MCOP Annexure D in the MCOP to include blood exposure, psychological injury & bystander exposure	2
6	SANS 16001:2020	Clause 9 Performance evaluation	WHDMS	Include FAMSA onto internal audit process	2
7	SANS 16001:2020	Clause 10 Improvement	WHDMS	Online education roll-out with FAMSA support COVID 19 clients being followed-up psych/social support	1



Rating Key:

- 1 – Best Practice
- 2 – Potential for Improvement
- 3 – Minor Nonconformity
- 4 – Major Nonconformity



3. Audit results

Current scope of registration:

SANS 16001:2020

The top level Management System manual and related management system documentation were reviewed and found to conform to all applicable standard requirements for documentation.

Yes

The management system is effective and fulfils the requirements:

Yes

Number of findings:

None

On site verification of nonconformities needed via follow-up / special audits:

No

The agreed corrective actions of the previous audits are:

Completed as per the action plan

The current registration certificate was reviewed and found to be accurate.

expiration date:

Yes



**The overall system performance for the past certification cycle demonstrates the continued effectiveness of the system.
(two criteria for evaluation)**

The system is functioning well

Internal audits and corrective action records show continued conformance of the management system to selected standards.

Yes

In the past certification period, similar findings were identified repeatedly.

No

In the past certification period, the certification was placed under probation or suspension or special audits were performed to address deficiencies.

No



3 Order and audit process data

3.1 Order data

Name of the company: Assmang - Beeshoek Mine Northern Cape
Main address: R385; Postmasburg; Northern Cape; 8420

Ref. No.: Order AZ 483538

number:

Date of audit: 23 – 26 August 2021

Total number of person-days (PD): 4

Date of system analysis: (if applicable)

SIC / IAF / EA / NACE Code: (Primary) **2 (EAC Code) 37**

SIC / IAF / EA / NACE: (Secondary, as applicable)

SIC / IAF / EA / NACE: (Secondary, as applicable)

Exclusions, if applicable None - (please specify)

Number of employees currently covered by registration at main site: 1400

3.2 Management and contact persons

Top Manager at site: Maryke Burger

Telephone: [060 396 5997](tel:0603965997)

E-mail: maryke.burger@assmang.co.za

Management Representative: Johann Posthumus

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E-mail: johann.posthumus@assmang.co.za

Audit Team Leader: Karyn Taylor

Telephone: 083 308 1719

E-mail: karyn@kttaylorconsulting.com

Customer Service of DQS: **Magda Lombard**

Telephone: **011 787.0060**

E-mail: magda.lombard@dqs.co.za



3.3 Audit data

Audited sites and sampling basis

Site: Beeshoek Mine

Ref. No.:AZ 483538

Shifts: 1

Main business/processes at location, please specify: Wellness Centre

	Actual	Number interviewed	In %
Executive managers	6	1	17%
Other employees (incl contractors)	1394	11	0,8%
Total	1400	12	0,86%

Remote Locations and Additional Sites:

No additional sites or remote locations are currently covered by this certification.

Site # site

Address:

Primary Function: What

is the interface?

Audit frequency: Annual 6 Month Other:

Headcount:

Interface audited this time? Yes No

What records/projects were audited?

Changes? Yes No If so, what has changed?

Date Agenda sent to Client: 23 July 2021

Audit sequence: The Audit Plan was maintained

The Audit Plan was altered as follows:



4 Next steps

4.1 Activities of the customer

Corrective actions: N/A

Opportunities for Improvement: Identified improvement potential will be evaluated internally and incorporated into the continual improvement process if deemed beneficial.

4.2 Activities of DQS

Type of next audit: Surveillance audit
 Recertification audit
 Special audit

Next audit data: (non-binding estimate of person days) Planned date for next audit: August 2022 (surveillance)
(week or month, if appropriate)
For 4 person-day(s)
By 1 auditor(s)

Main emphasis will be on the following subjects:

***Awareness and Behaviour Change
Communication 7.3***

Customer requests: Information on
 Quotation for
 Telephone call from Customer Service Representative

Additional remarks: N/A

4.3 Identified need for change

Basic data changed? Yes No



5 Additional documents

For internal use only:

- | | |
|--|------------|
| <input type="checkbox"/> Basic data | Number: |
| <input type="checkbox"/> Basic data –standards [if appropriate] | Number: |
| <input type="checkbox"/> Auditor notes / Audit record | Number: 01 |
| <input type="checkbox"/> Further specific documents for standards
[if appropriate for Medical, Automotive...] | |
| <input type="checkbox"/> List(s) of participants - closing meeting | Number: 01 |
| <input type="checkbox"/> Others | |

Report prepared on	31 August 2021
Lead Auditor:	Karyn Taylor Standard SANS 16001:2020
For integrated audits	Auditor Karyn Taylor Standard 16001:2020

Date 04 September 2021



Technical review on behalf of DQS

Confidentiality

The contents of this report and all information received in association with the audit of the subject company will be maintained in the strictest confidence by the members of the audit team and by DQS, in accordance with prior agreements.

Distribution

DQS
Assmang - Beeshoek Mine