



CERTIFICATE

This is to certify that



ARLANXEO Holding B.V. Corporate Center

De Haagse Poort Prinses Beatrixlaan 35 2595 AK The Hague Netherlands

with the organizational units/sites as listed in the annex

has implemented and maintains a **Responsible Care**[®], **Environmental**, **Health**, **Safety and Security Management System**.

Scope:

Administration, Development, marketing, manufacturing and distribution of High Performance Synthetic Elastomers (globally) and Raffinate 2, Isobutylene and MTB (Singapore only)

Through an audit, documented in a report, it was verified that the management system fulfills the requirements of the following standard:

RC 14001[®] : 2023

Certificate registration no.31602601 RC23Date of certification2025-04-23Valid until2028-04-23



DQS Inc.



Accredited Body: DQS Inc., 1500 McConnor Parkway, Suite 400, Schaumburg, IL 60173 USA Administrative Office: DQS GmbH, August-Schanz-Straße 21, 60433 Frankfurt am Main, Germany The validity of the certification can only be verified by the QR-code.



American Chemistry Council – Chemistry Industry Association of Canada Responsible Care® Certification/Verification Model

> Proposed Report Template of "other Responsible Care® Commitments"

Submitted by __Christian Stracke, DQS GmbH_ to CIAC Auditor/firm

As part of the _____ RCMS®/RC14001® audit of 2025__ARLANXEO Canada INC, 1265 Vidal Street South Sarnia, Ontario Yr Company/Facility

Audit team's conclusions about the effectiveness of the management system:

- Based on the results of the audit, the audit team determined that the management system was effectively implemented and maintained per defined requirements and is deemed capable to achieve expected outputs.
- X Based on the results of the audit, the audit team determined that the management system was effectively implemented and maintained per defined requirements and is deemed capable to achieve expected outputs, except as noted in the nonconformities.
- Based on the results of the audit, the audit team determined that the management system was not effectively implemented and maintained per defined requirements nor deemed capable to achieve expected outputs. The audit team recommendation is for "Certification Review".

Auc	<u>dit team's conclusions about the effectiveness of the CIAC Other Responsible Care®</u>
Rec	uirements and commitment to Responsible Care® Ethic and Principles:
	Based on the results of the audit, the audit team determined that the CIAC Other Responsible
	Care Requirements and commitment to Responsible Care Ethic and Principles were effectively
X	implemented and maintained per defined requirements and is deemed capable to achieve
	expected outputs.
	Based on the results of the audit, the audit team determined that the CIAC Other Responsible
	Care Requirements and commitment to Responsible Care Ethic and Principles were effectively
	implemented and maintained per defined requirements and is deemed capable to achieve
	expected outputs, except as noted in the nonconformities.
	Based on the results of the audit, the audit team determined that the CIAC Other Responsible
	Care Requirements and commitment to Responsible Care Ethic and Principles were not
	effectively implemented and maintained per defined requirements nor deemed capable to
	achieve expected outputs. The audit team recommendation is for "Certification Review".

A- Description of Company, Audited Facilities, Process and Scope of Audit

Arlanxeo Canada INC is situated in Sarnia, Ontario.

Scope: Manfucturing and distribution of High Performance Synthetic Rubber.

Working in 2 Shifts: 06.00 – 18.00 and 18.00 – 06.00. Headcount is 338.

Primary function of the site is production of synthetic rubber.

The entire Arlanxeo site on the west side of Vidal Street is 60.6 ha (149.66 acres) in size and has been utilized for heavy industrial manufacturing for over 75 years.

The site has many security measures in place, including: 8 gates (three manned, five locked), site wide fencing with the exception of rail right of way managed with inspections and cameras, inspections of site perimeter and all areas every two hours (recorded on the Plant Protection Shift Log, Plant Protection Department Incident Log), security cameras, swipe cards and an extensive training and two year certification program. In the event of an emergency, all employees are trained to call 2222 to the main Security guardhouse who will deploy the Fire Captain or outsite resources as directed . Site Security monitors cameras from the main gate and will notify the on shift Fire Captain (five in total) of alarms for further direction. If assistance is required one PPO will attend the emergency with the Fire Captain and one PPO will remain at the at the main guardhouse to monitor situation. All visitors must enter the site through Security after completion of a safety video and provide identification for issue of a daily badge.

B- Summary of the evidence relating to:

- the capability of the <u>management system</u> to meet applicable requirements and expected outcomes.
- the internal audit and management review process.

Top management has demonstrated leadership and commitment with respect to the RC 14001 and ISO 9001 Management Systems, as evident in planning (i.e. objectives, action plans, CAPEX), business strategy, budgetary support, and human resource procurement. The organization has established a written Policy which includes all requirements of the Standard. The Policy is documented in:

• ARLANXEO Global HSEQ Management Policy (HSE-HSE-POL-1691 ARLANXEO Global HSEQ Policy – January 2025)

• ARL INC Safety & Health Policy (HSE-HSE-POL-003 ARLANXEO Safety and Health Policy – February 2025).

The Policy statement is posted in production areas and the company intranet site. Roles, Responsibilities and Authorities are documented in the Management System Manual (HSE-HSE-MAN-1664-ARLANXEO (11-26-24, rev 11), with detailed definitions in all IMS procedues and Policies.

Reviewed and verified: Management System Manual (HSE-HSE-MAN-1664-ARLANXEO (11-26-24, rev 11), HSEQ Policy, Safety and Health Policy.

Internal audits are conducted annually by different auditor groups based on a three year cycle. Year one and two audits are conducted by on-site Sarnia auditors with input from an auditor from a sister site. Year three audits are conducted by the Global Head of Management Systems. The last audit was conducted by the Sarnia site team July 22nd to 26th, 2024, resulting in 0 nonconformances and 23 OFIs. The last Corporate audit was conducted May 8th to 12th, 2023, resulting in 0 noncconformances and 45 OFIs. There were no nonconformances identified in the previous DQS audit (3-11-2020). The Management Review is conducted annually with the last being February 4th, 2025. The MR was detailed, well documented and met all requirements of the standards.

C- Summary of the evidence relating to:

- the capability of the <u>Other Responsible Care Requirements and commitment to</u> <u>Responsible Care Ethics and Principles</u> to meet applicable requirements and expected outcomes.
- Observations on public engagement and communication of the Worst Case Scenario
- Summary and observations of off-site meeting with Community Representatives

- Successful (excellent/Best) Practices to be shared
- Opportunities for Improvement identified
- 1) Evidence of participation by leadership in CIAC Responsible Care activities, committees and annual RC recommitment letter.

Evidence:

- Responsible Care Recommitment Letter Jan 10^{th,} 2025
- Five board members for BASES on Listening Tour for all levels of govenment
- BASES members scheduled to meet with local First Nations on April 14th, 2025, to discuss outcome and expectations of First Nations
- 2) Evidence the company has provided CIAC with benchmarking data and other reporting and subcontractor evaluation requirements.

Evidence:

- Information collected on site scorecard
- June 30th, 2024, reporting CIAC 2023 Performannce Surveys (NERM, SHIM, PRIM, TIMS)
- 3) Evidence the company has conducted a Review of Responsible Care Principles and Ethics and its position on sustainability and corporate responsibility.

Evidence:

- Responsible Care Recommitment Letter Jan 10^{th,} 2025
- Responsible Care 2-24-25 presented to ACAP and Safety Committee Feb 26, 25
- 2024 Dec 12 training on Responsible Care training online
- 4) Evidence of stakeholder/Community dialogue

Evidence :

- Full scale exercise inviting the public to attend (including AFN First Nations)
- ACAP quarterly with last being February 24th 2025

5) Indigenous Communities

Evidence:

- Community updates May 2024 (Flare Reduction projects, C10 Replacements, closed cement makeup)
- Five board members for BASES on Listening Tour for all levels of govenment
- BASES members scheduled to meet with local First Nations on April 14th, 2025, to discuss outcome and expectations of First Nations
- 6) Promoting Responsible Care by name. Employee Awareness of Responsible Care
- Company website, training material, documentation, ect.

The policy promotes openness with interested parties and reflect a commitment to the Responsible Care® Guiding Principles. (5.2):

Sarnia Communications Plan

2025 Responsible Care 40th Anniversary

Site Wide Town Halls monthly.

Safety Days quarterly

DHSG Contractors ACAP newsletters EPPC Days Family Day OHI Team meetings Team Building Operations, Team building Maintenance BASES Mutual Aid Exercise (new) AFN Engagements (new)

No.	Requirement	Process	Statement	Evaluation
1	7.1	Security	The site has a strong Security program staffed with Arlanxeo employees, 24/7 service, mutual aid participation, detailed shift inspections, monitored security cameras, extensive training and a two year certification program.	Strength
2	6.1.2	Management	Aspects and impacts analysis is used as a well integrated approach to define accurate investments and projects.	Strength
3	8.1, 8.2	Emergency Response Management	Very effective	Strength
4	9.1	Waste water control	Very proactive acting and handling incidents as well as communicating them.	Strength
5	8.1, 8.2	Control Room Butyl Manufacturi ng	Very skilled/competent employees (control room, butyl area, distribution/Supply chain)	Strength

No.	Requirement	Process	Statement	Evaluation*
1	4.3	Scope	The site may benefit from providing a more detailed scope to include a description of products, exclusions and physical address and/or a boundary map to align with the site certificate.	OFI
2	8.1, 8.2	Emergency Response Managemen t	In case of unsafe situations employees could more use the option of the STOP-Policy.	OFI
3	8.1	Emergency Response	Spill response pallet list could be updated (#Dock 503)	OFI

		Managemen t		
4	8.1	Emergency Response Managemen t	Health & Safety Committee Minutes: Risk assessment and mitigating measures of Health & safety topics could be implemented and the system being transferred into a database for more evaluation options for the performance.	OFI
5	8.1	Emergency Response Managemen t	Arlanxeo Sarnia – Distribution/Supply Chain: During the tour of the Distribution/Supply Chain area, it was found that a forklift truck was being used in such an unsafe manner that it slipped several times on the floor, which was damp due to the time of year, both during normal driving, braking and turning. The stop policy has not been followed, but everyone was aware that the situation should be resolved. No documented agreement about HSSEQ requirements with the responsible Pittsburgh function could be shown. No risk based cleaning plan could be presented.	nc
6	8.1	Distribution/ Supply Chain	During a loading process, it was discovered that the ceiling lighting with fluorescent lamps was defective and that the brightness at the loading point was not sufficient for forklift trucks to see the surroundings brightly enough at all times. It could be seen in several places that previous lighting had been replaced with LED lamps, but many of the defective ones had not yet been replaced.	nc
7	6.1.2	Environment al Aspects	Arlanxeo Sarnia – Distribution/Supply Chain: Between warehouse 5 + 6 an accumulation of water (rain, snow) of a size of about 900 m ² had to be detected, where the trucks did cross. The water is not been drained and causes an unsafe situation. The situation has not been evaluated in the environmental aspects analysis. Local controls have not been set yet and there is no SOP which adresses the control.	nc

D- Note that beginning in 2020, new <u>Indigenous Code Elements</u> apply for those facilities located near indigenous communities or where these companies may be significantly impacted by their operations.

See point 5) above: Indigenous Communities

Evidence:

- Community updates May 2024 (Flare Reduction projects, C10 Replacements, closed cement makeup)
- Five board members for BASES on Listening Tour for all levels of govenment
- BASES members scheduled to meet with local First Nations on April 14th, 2025, to discuss outcome and expectations of First Nations

Auditor conclusion Statement:

Arlanxeo's management system is effectively implemented, meeting RC14001 standards. Engagement with indigenous communities and adherence to CIAC requirements demonstrate strong commitment to Responsible Care Principles.

However, continuous improvement is necessary to address identified nonconformities and opportunities for improvement.

Auditor(s): ___Christian Stracke_____

Date: _____March 10th, _____