## Diamond Petrochemicals for Canada Corporation

# Audit Report

RCMS®: Option 2:2023

**Date draft report: 12 Jun, 2026**
**Date final report:**
**Date printed: 06 Jul 2026**
**Reference: 135013451**

**Statement of Confidentiality:**
The content of this report, including all notes taken during audit, will be treated as strictly confidential. No information gained in coherence with the certification process will be provided to any third party, except for mandatory review by Accreditation Bodies for the assessment of Diamond Petrochemicals for Canada Corporation's management system.
AUDITING IS BASED ON A SAMPLE PROCESS OF THE AVAILABLE INFORMATION.

# General information

## Contact details ABS Group Services (Canada) Ltd.

| | |
|---|---|
| Address: | 1701 City Plaza Dr<br>Spring TX<br>77389<br>United States |
| Auditor: | Dana Stojic |
| Phone: | +1 281 673-2800 |
| Email: | certification@eagle.org |
| Website: | www.abs-qe.com |

## Contact details Diamond Petrochemicals for Canada Corporation

| | |
|---|---|
| Address: | 1265 Vidal Street South<br>Sarnia ON<br>N7T 7M2<br>Canada |
| Client's contact person: | Craig Journeay |
| Client's Phone: | +1 226 964-2427 |
| Client's email: | Craig.Journeay@diamondpetrochemicals.com |

## Customer Survey

| Your feedback is important to ABS QE. Please take a moment to complete our customer survey | |
|---|---|
| English | English Survey Form |
| Chinese | Chinese Survey Form |
| Japanese | Japanese Survey Form |
| Spanish | Spanish Survey Form |
| Portuguese | Portuguese Survey Form |

# Audit Summary

## Audit Objectives

| | |
|---|---|
| Audit Objectives | • Verify conformance to the requirements of the standards in scope and the organization's documented (integrated) management system;<br>• Verify if the (integrated) management system meets applicable statutory, regulatory and contractual requirements;<br>• Evaluate that effectiveness of the (integrated) management system to achieve it's specified objectives;<br>• Identify areas of potential improvements. |

| Auditor Comments |
|---|
| Audit Summary and Conclusions<br><br>The audit confirmed that the Responsible Care Management System (RCMS) has been established, implemented and maintained in accordance with the applicable RCMS requirements. Evidence obtained through interviews, document review and field verification demonstrated that the management system is capable of supporting achievement of intended outcomes related to environmental protection, process safety, occupational health and safety, transportation safety, emergency preparedness, stakeholder engagement and continual improvement. Operational controls were observed throughout the BE3 operating area, K1 East and K1 West facilities, storage systems, rail loading operations, utility systems and supporting infrastructure. Personnel demonstrated understanding of their responsibilities and the organization was able to provide objective evidence of implementation of management system processes.<br><br>Corrective actions arising from previous audits were reviewed. Internal Audit results from March 9–10, 2026 identified opportunities related to completion of management review activities, execution of the internal audit program and updating of legacy procedures inherited from previous ownership. Evidence reviewed during this audit confirmed that management review activities were completed, internal audit activities were conducted and a structured document review and update initiative had been established. Corrective actions and follow-up activities reviewed during the audit demonstrated implementation and ongoing progress.<br><br>The internal audit and management review processes were found to be implemented and effective. Internal audit activities identified management system improvement opportunities and provided meaningful inputs into management review and continual improvement activities. Management Review records dated May 20, 2026 demonstrated evaluation of environmental performance, process safety performance, compliance status, transportation activities, emergency preparedness, security performance, stakeholder engagement activities, Responsible Care objectives and improvement opportunities. Management review outputs included establishment of 2026 objectives, assignment of actions and review of management system performance.<br><br>Changes affecting the management system since the previous audit were reviewed. Evidence demonstrated continued integration of assets, processes, procedures and documentation inherited from previous ownership arrangements. Ongoing review and updating of legacy procedures and management system documentation were observed. No significant organizational, operational or scope-related changes were identified that would adversely affect the organization's ability to maintain conformity with RCMS requirements.<br><br>One Minor Nonconformity was identified during the audit relating to hose integrity management and operational control requirements under RCMS Clause 3.2.02. The organization could not demonstrate that a systematic and effective hose integrity management process had been established and consistently implemented for hoses used in operational activities. Opportunities for Improvement were identified related to RCMS objectives and targets, maintenance and mechanical integrity performance monitoring, legacy procedure review, safety-critical equipment identification, lifting equipment inspection controls and housekeeping practices. Aside from the identified nonconformity, the management system was found to be effectively implemented. |

Based on evidence reviewed during the audit, the certification scope remains suitable and appropriate. The scope accurately reflects the organization's activities associated with operation of the olefins production facility, associated storage systems, transportation activities, supporting infrastructure and Responsible Care management processes.

Remote Audit Information and Communication Technology was not utilized as part of this audit. Audit objectives were achieved through onsite interviews, document review and field verification activities.

Evidence of continual improvement and management system maturity was observed through closure of internal audit actions, completion of management review activities, implementation of corrective actions arising from incident investigations, ongoing environmental compliance initiatives, public environmental performance reporting, stakeholder engagement activities, Responsible Care reporting processes and continued development of management system documentation. The organization demonstrated ongoing commitment to Responsible Care principles and continual improvement of environmental, health, safety, security, transportation and process safety performance.

Based on the audit results and objective evidence reviewed, the Responsible Care Management System remains effectively implemented and capable of supporting continued conformity with applicable RCMS requirements and achievement of intended management system outcomes.

CIAC SPECIFIC REPORTING :

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, except as noted in the nonconformities.

Audit team’s conclusions about the effectiveness of the CIAC Other Responsible Care® Requirements 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 implemented and maintained per defined requirements and is deemed capable to achieve expected outputs.

1. Description of Company, Audited Facilities, Process and Scope of Audit - please see corresponding sections of this report.
2. Summary of non-conformances - please see corresponding sections of this report.
3. Summary of opportunities for improvement - please see corresponding sections of this report (SWOT Analysis)

4. Summary of the Evidence Relating to CIAC Other Compliance Obligations

a) The capability of the Other Responsible Care Requirements and commitment to Responsible Care Ethic and Principles to meet applicable requirements and expected outcomes.

Evidence reviewed demonstrated implementation of Responsible Care principles through leadership involvement, stakeholder engagement, process safety activities, environmental performance management, transportation safety controls, emergency preparedness and continual improvement processes. The management system was capable of supporting achievement of intended Responsible Care outcomes.

b) Participation in TRANSCAER activities by the company where it has operations.

The organization maintains transportation emergency preparedness processes and communication interfaces with municipal emergency responders. No specific TRANSCAER participation activities were reviewed during this audit.

c) The development and communication of a worst-case scenario.

Evidence reviewed included Environmental Emergency (E2) planning activities, emergency response documentation and community communication materials. Worst-case emergency scenarios are incorporated into emergency planning, response preparedness and stakeholder communication activities.

d) Participation by company leadership in CIAC Responsible Care activities, committees and submission of annual recommitment letter.

Evidence reviewed confirmed submission of the 2026 Responsible Care Recommitment Letter and participation in Responsible Care reporting activities. Leadership demonstrated involvement in management review, Responsible Care implementation and performance evaluation processes.

e) Evidence the company has provided CIAC with benchmarking data and other required submissions.

CIAC correspondence dated April 23, 2026 confirmed receipt of SHIM, PRIM and TIMS submissions for 2025 together with receipt of the signed 2026 Responsible Care Recommitment Letter. CIAC indicated that NERM and participation requirements would be confirmed separately at year-end.

f) Evidence the company has reviewed its activities against CIAC's Responsible Care Principles and Ethic, and its position on sustainability and corporate responsibility.

Evidence reviewed demonstrated integration of Responsible Care commitments into management review activities, objective setting, stakeholder engagement, environmental performance monitoring, public reporting and continual improvement processes.

g) Evidence of stakeholder/community dialogue including interviews by auditors with local community representatives.

Stakeholder engagement activities included communication with neighbouring facilities, emergency responders, regulatory agencies, community representatives and Aamjiwnaang First Nation. Independent verification was obtained through interviews with James Kostuk, Deputy Fire Chief and Community Emergency Management Coordinator, and Lynn Rosales regarding Indigenous community engagement activities.

h) Evidence that the company promotes Responsible Care by name with internal and external stakeholders and they are aware of the term.

Personnel interviewed demonstrated awareness of Responsible Care commitments and their relationship to environmental protection, process safety, transportation safety, emergency preparedness and stakeholder engagement activities. Responsible Care terminology was observed within management system documentation, reporting activities and stakeholder communications.

i) Engagement with Indigenous communities or groups near production facilities with respect for their unique history, culture and rights.

Evidence reviewed demonstrated ongoing engagement activities with Aamjiwnaang First Nation, including meetings, emergency preparedness communications and stakeholder dialogue. Indigenous community considerations were incorporated into stakeholder engagement and communication processes.

5. Organizational Strengths, Successful (excellent/best) practices to be shared: - please see corresponding sections of this report (SWOT Analysis)
Individuals interviewed external to the organization:
Andrea, Occupational Health / Team Leader, ARLANXEO Inc.; James Kostuk, Deputy Fire Chief & CEMC, City of Sarnia Fire Rescue; Lynn Rosales, Aamjiwnaang First Nation (AFN) Representative; David Thompson, Bio-Chemical Valley

## Effectiveness of the Management System

| **Detailed commentary required for last Surveillance before Renewal Audit and Renewal Audits** |
|---|
| Previous audit report results including nonconformities trends and comments over the 3 years. |
| As this was an initial RCMS certification audit, historical RCMS certification audit trends were not available. Internal Audit results and associated follow-up activities were reviewed and demonstrated implementation of corrective actions, completion of management review activities and ongoing review of legacy procedures. Performance monitoring processes were established and utilized to support continual improvement. |
| The organizations performance history including objectives & targets over the 3 years. |

As this was an initial RCMS certification audit, a three-year history of RCMS objectives and targets was not available for review. The organization established 2026 Responsible Care objectives and targets through its management review and planning processes. Evidence reviewed demonstrated that environmental, process safety, transportation, security and stakeholder engagement performance information is being monitored and utilized to support objective-setting, performance evaluation and continual improvement activities.

**SITE SWOT Analysis Overview**

| Diamond Petrochemicals for Canada Corporation (DPCC) Sarnia | |
|---|---|
| Strengths | Environmental Compliance Management - The organization demonstrated a well-developed environmental compliance management program, including systematic management of Environmental Compliance Approval (ECA) requirements, LDAR activities, PCIS reporting, RPRA obligations, E2 requirements, environmental monitoring programs, and regulatory reporting processes.<br>Stakeholder Engagement with Aamjiwnaang First Nation - A proactive stakeholder engagement process with Aamjiwnaang First Nation through regular Environmental Committee meetings, operational updates, maintenance notifications, emissions discussions, and responsiveness to community concerns.<br>Rail Transportation and Product Release Controls - The rail logistics process demonstrated strong operational controls and traceability through the THOMAS logistics system |
| Weaknesses | Operational Controls - The organization could not demonstrate that an effective hose integrity management process had been established and consistently implemented for hoses used in operational activities. |
| Opportunities | Further linkage of RCMS objectives and targets to site-specific Responsible Care risks, operational priorities, and continual improvement initiatives may enhance strategic alignment and facilitate monitoring of planned actions, responsibilities, and target completion dates.<br>Integration of inspection, preventive maintenance, and verification requirements for newly installed lifting equipment into the maintenance management system may further enhance lifecycle management and equipment oversight.<br>Continued focus on housekeeping and worksite organization practices may further enhance control of materials, temporary equipment, and maintenance work areas, supporting safe and efficient operations. |
| Threats | Failure to maintain visibility of safety-critical equipment performance and associated inspection requirements could reduce the organization's ability to proactively identify degradation mechanisms and emerging asset integrity risks.<br>Continued reliance on legacy procedures and inherited documentation may increase the risk of inconsistencies between documented requirements and current organizational responsibilities, ownership structures, and operational arrangements.<br>Limited use of leading maintenance and mechanical integrity performance indicators may reduce early visibility of emerging reliability trends, potentially impacting equipment availability and operational performance. |

## Management system conclusions

The following Management System Conclusions for this audit event:

| | Yes | No | NA |
|---|---|---|---|
| **Audit objectives** | | | |
| Have the audit objectives as defined in the audit plan been achieved? | ◉ | ○ | ○ |
| **Certification Scope** | | | |
| Is the certification scope appropriate and suitable for the audit criteria? | ◉ | ○ | ○ |
| **Context - Issues** | | | |
| Has the organization determined internal and external issues relevant to the management system? | ◉ | ○ | ○ |
| **Context - Interested Parties** | | | |
| Has the organization determined interested parties relevant to the Management System? | ◉ | ○ | ○ |
| **Context - Climate Change** | | | |
| Has the organization determined whether climate change is a relevant issue that affects its ability to achieve intended results? | ◉ | ○ | ○ |
| **Management System Processes** | | | |
| Has the organization determine the processes needed for the MS and the inputs required and outputs expected from these? | ◉ | ○ | ○ |
| **Risks** | | | |
| Has the organization determined the risks and opportunities that need to be addressed? | ◉ | ○ | ○ |
| **Compliance / Legal & Other Requirements** | | | |
| Has the organization identified applicable legal and other requirements? | ◉ | ○ | ○ |
| **Performance Evaluation** | | | |
| Has the organization identified applicable legal and other requirements? | ◉ | ○ | ○ |
| **Internal audits** | | | |
| Internal audits were effectively implemented and in conformance with the requirements of the standard. | ◉ | ○ | ○ |
| **Management Review** | | | |
| Management reviews met all requirements of the Standard and management review process is effectively implemented and maintained. | ◉ | ○ | ○ |
| **Corrective action** | | | |
| Corrective actions were effectively implemented and in conformance with the requirements of the standard. | ◉ | ○ | ○ |
| **Certification documents, marks and logo's** | | | |
| Are the use of certification documents, marks and logos effectively controlled? | ◉ | ○ | ○ |

## Performance History

| Does the review of the performance history and this audit indicate that the organization has: | Yes | No | N/A |
|---|---|---|---|
| Taken actions to effectively address all previously issued ABS-QE nonconformities? (There should be no repetitive nonconformance trends.) | ○ | ○ | ◉ |
| Effectively handled customer and other complaints? | ◉ | ○ | ○ |
| Identified statutory and regulatory requirements? | ◉ | ○ | ○ |
| Demonstrated conformity with the requirements as they relate to legal compliance? | ◉ | ○ | ○ |
| Demonstrated the management of legal compliance based on demonstrated implementation of the system? | ◉ | ○ | ○ |
| Demonstrated that it has achieved compliance with the legal requirements that are applicable to it through its own evaluation of compliance? | ◉ | ○ | ○ |
| Consistently maintained and improved the management system? | ◉ | ○ | ○ |

## Auditor Conclusions and Recommendations

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

- ○ **Approved** - 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.
- ◉ **Approved Subject to Corrective Action** - 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.
- ○ **Certification Review** - 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".

## Followup audit information

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|---|---|
| Is a follow-up audit required? | No |

## Next Tentative Audit

| | |
|---|---|
| Tentative week of next audit. Please select the Monday representing the week. | 01 May, 2029 |
| Next audit type | Surveillance 1 audit |
| Is time needed on the next audit to close nonconformities | No |
| Recommended duration in days | |

# Generic Audit Information

## Audit Data

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|---|---|
| Audit standard: | RCMS®: Option 2:2023 |
| Audit Type: | Stage 2 Audit |
| Audit structure: | Single |

## Audit Team

| **Heather Parker**<br>Technical Reviewer | Site Location |
|---|---|
| | |

| **Dana Stojic**<br>Lead Auditor | Site Location |
|---|---|
| 09 Jun 2026 | **Diamond Petrochemicals for Canada Corporation**<br>1265 Vidal Street South, Sarnia, ON, N7T 7M2, Canada |
| 10 Jun 2026 | **Diamond Petrochemicals for Canada Corporation**<br>1265 Vidal Street South, Sarnia, ON, N7T 7M2, Canada |
| 11 Jun 2026 | **Diamond Petrochemicals for Canada Corporation**<br>1265 Vidal Street South, Sarnia, ON, N7T 7M2, Canada |

## Audit Scopes and Locations

| Certificate | Certificate scope |
|---|---|
| RCMS®: Option 2:2023 | Olefins Plant Operations. Loading/Unloading railcars, monitor process conditions and responding. Maintenance of facility by contractors and DPCC maintenance team. |

| **Diamond Petrochemicals for Canada Corporation** | | |
|---|---|---|
| Standard | Site scope | Campus |
| RCMS®: Option 2:2023 | Olefins Plant Operations. Loading/Unloading railcars, monitor process conditions and responding. Maintenance of facility by contractors and DPCC maintenance team. | No |

## Change(s)

| | |
|---|---|
| Were there any significant changes to the executive management of the organization? | No |
| Does the Apex Certificate match the customers' Certificate? | |

## Audit Results

| Diamond Petrochemicals for Canada Corporation | | | | | | |
|---|---|---|---|---|---|---|
| Current Audit Results: | Total No. of Nonconformities: | 1 | No. of Major N/C's: | - | No. of Minor N/C's: | 1 |

## Overview of Non-conformities

| Site: Diamond Petrochemicals for Canada Corporation | | |
|---|---|---|
| No. | Scheme Ref. and GEN No. | Type |
| 157673635 | Operations, Process Safety & Asset Integrity | Minor |
| **Description of requirements: 3.2.02 – Is there a systematic set of operational controls to manage prioritized risks?**<br><br>Standard(s): RCMS®: Option 2 | | |
| **Non-conformance:** The organization could not demonstrate that a systematic and effective hose integrity management process had been established and consistently implemented for hoses used in operational activities. | | |
| **Evidence:** Field observations identified hoses with outdated inspection tags, faded identification markings and visible signs of deterioration. Personnel indicated that historical hose pressure testing had been discontinued; however, evidence demonstrating alternative integrity verification methods, defined inspection frequencies, replacement criteria, hose inventory controls or documented fitness-for-service requirements was not available during the audit. As a result, the organization could not demonstrate that operational controls were sufficient to systematically verify continued hose integrity and suitability for service. | | |

# Site: Diamond Petrochemicals for Canada Corporation

## Site information

| | |
|---|---|
| Site name: | Diamond Petrochemicals for Canada Corporation |
| Site address: | 1265 Vidal Street South<br>Sarnia ON<br>N7T 7M2<br>Canada |
| Site is Campus site? | No |

## Remote Audit Utilizing ICT Planning and Risk Evaluation Record

| | |
|---|---|
| Audit mode | Non ICT |
| Total audit time days | 3.50 |
| Audit Dates: | 9 Jun 2026, 10 Jun 2026, 11 Jun 2026 |
| IAF/NACE code(s) | 31A - 31A Transport, Cargo Handling and Storage (including Chemicals for OHS) |

## Audit Plan

Audit Plan

| Day 1 - June 9, 2026 | | | |
|---|---|---|---|
| Time | Topic | Interviewees | RCMS clauses |
| 08:00-08:30 | Opening meeting (confirm rail / maintenance windows; escorts) | Senior Mgmt / process owners | 0.5 |
| 08:30-12:00 | Operations Witness #1 - Integrated process walkdown / control room stop: Feed spheres/cavern interface / transfer - extraction unit - product spheres - rail rack walk-by (include noise/containment/emergency equipment locations) | Control room / field ops / Maint / HSE | 3.2; 3.7 |
| 12:00-12:30 | Lunch | - | - |

| | | | |
|---|---|---|---|
| 12:30-14:30 | PHA/Risk basis / MOC (combined): currency/revalidation evidence, prioritized risks (incl abnormal/emergency / transport/rail), linkage to procedures/training | Ops Eng/PS owner / Maint / HSE | 2.1; 2.2; 3.2a; 3.2 |
| 14:30-15:30 | Document and record control (targeted): ops logs, shift handover logs, PTW/LOTO packs, TDG packages, LDAR/PCIS/E2 records | HSE / doc owners | 3.1.1-3.1.3 |
| 15:30-16:00 | Operations Witness #2 - Work control spot-check: active PTW/LOTO or last completed permit pack / field verification | Maint / Ops | 3.2b; 3.4 |
| 16:00-16:30 | Daily summary | DPCC | - |
| | | | |
| Day 2 - June 10, 2026 | (Night shift coverage) | | |
| Time | Topic | Interviewees | RCMS clauses |
| 10:00-11:00 | Product safety / value-chain info flow (SDS, customer handling info, supplier info receipt) | HSE/Reg / Ops | 3.5.1-3.5.2 |
| 11:00 -11:30 | External interview - AFN - Lynn Rosales | AFN rep / DPCC liaison | 2.4; 3.5; 4.5 |
| 11:30-12:00 | Maureen O'Grady - Logistics, TGD, Rail Security, Rail, Site/transport security (rail security plan / access controls / cyber/security awareness integration) | HSE / Env / ops rep/JHSC/union | 2.4; 3.5; 3.6; 4.5 |
| 12:00-12:30 | Working Lunch - Review Audit Trails | - | - |
| 12:30-14:00 | Stakeholder evidence / employee involvement/recognition / comms effectiveness examples; Communications programs evaluation (optional: BASES/Sarnia Lambton Alerts if available) | Rail/Shipping / Ops / HSE | 3.2; 3.4; 3.7 |
| 14:00-14:45 | Incident support - David Thompson; External Interview | HSE/Security / IT awareness (if avail) | 3.2e; 3.4; 4.1 |
| 14:45-15:15 | Senior management interview (governance, resources, RC expectations) | | |
| 15:15 - 16:00 | Operations Witness #4 - Rail rack (TDG controls): live loading if available; otherwise rack verification / last completed loading package | HSE/Env/Ops | 4.5 |
| 16:00 - 17:30 | Operations Witness #3 - Extraction unit live ops (control room / field): operating criteria, alarms, abnormal response, shift handover evidence | | |
| 17:30 - 18:00 | Daily summary | DPCC | - |

| Day 3 - June 11, 2026 | | | |
|---|---|---|---|
| **Time** | **Topic** | **Interviewees** | **RCMS clauses** |
| 08:00-09:30 | Legal and other requirements (confirm beyond environment: OHSA / TDG/rail security), Compliance evaluation (frequency, status knowledge, actions tracking), Operations Witness #6 - Waste handling and recycling walkdown / 1 manifest/profile trail; External Interview IH (Andrea) | HSE / Safety / Env / Shipping | 2.3 |
| 09:30-11:00 | Operations Witness #5 - Maintenance execution / contractor interface: witness PTW/LOTO/SIMOPS job or last job pack / field verification | HSE / Env / Safety | 4.2 |
| 11:00-12:00 | Commercial partner selection and reassessment (ISNetworld, carriers, waste vendors, LDAR contractor, vac trucks) | Procurement / HSE | 3.8; 4.4; 3.2f-g |
| 12:00-12:30 | Working Lunch - Following Audit Trails | - | - |
| 12:30-13:00 | Incident reviews | Incident command liaison | 3.7; 3.5 |
| 13:00-13:30 | External interview - fire department liaison - James Kostuk | Fire Dept rep | 3.7 |
| 13:30-15:00 | Performance and improvement “close the loop” (combined): LDAR/PCIS / E2 linkage (leak-repair or delay-of-repair trail; fenceline/ambient; drill evidence) PLUS objectives/targets (2.5), monitoring/trending (4.1), CAPA effectiveness (4.6), internal audit evidence (4.3), management review evidence (5.1) | Env / Ops | 3.2c; 3.8; 4.4 |
| 15:00 - 15:30 | Following audit trails / Evidence Consolidation | Env / HSE / Ops / Maint / Senior Mgmt as needed | 3.2c; 4.1; 4.2; 3.7; 2.5; 4.6; 4.3; 5.1 |

| | | | |
|---|---|---|---|
| 15:30-16:00 | Closing Meeting | Auditor / Senior Mgmt / process owners | - |
| **Day 4 - 8 AM -12 PM** | Report Writing | Auditor | - |

| **Please indicate any deviations from the original presented audit plan.** |
|---|
| none |

### Audit Objective

| | |
|---|---|
| Audit Objectives | • Verify conformance to the requirements of the standards in scope and the organization's documented (integrated) management system;<br>• Verify if the (integrated) management system meets applicable statutory, regulatory and contractual requirements;<br>• Evaluate that effectiveness of the (integrated) management system to achieve it's specified objectives;<br>• Identify areas of potential improvements. |

# Processes Audited

### Leadership, Governance & Planning

| | |
|---|---|
| Process sampled | Leadership, Governance & Planning |
| Name of sub-process(es) sampled | Leadership and Responsible Care Commitment, Management System Governance, Risk Assessment and Planning, Legal and Other Requirements Management, Stakeholder Identification, Goals and Objectives Development, Strategic Planning |
| Shift(s) | across all shifts |
| Auditees | Craig Journeay, HSEM Manager / RCMS Coordinator; David Knight, Unit Area Manager / Operations Manager; John Kerr, Operations Supervisor; Wendy Cyr, Environmental Specialist; Koji Osuka, CEO; |
| Inputs | Corporate Responsible Care commitments, regulatory and compliance obligations, stakeholder expectations, environmental and process safety risks, operational performance data, internal audit results, management review inputs and corporate business objectives. |
| Outputs | Site objectives and targets, risk reduction initiatives, compliance activities, stakeholder engagement plans, management review actions and Responsible Care improvement initiatives. |
| Metrics/indicators | Responsible Care objectives and targets, process safety performance indicators, environmental compliance status, completion of management review actions, regulatory reporting performance and stakeholder engagement activities. |

| Key documents reviewed |
|---|

| Doc nr | Rev | Doc name |
|---|---|---|
| SOP-0523 | Rev. 1 (2025-03) | Development of Environmental Objectives, Targets and Expectations |
| Doc nr | Rev | Doc name |
| SOP-0494 | Rev. 1 (2025-03) | Environmental Compliance Approvals |
| Doc nr | Rev | Doc name |
| SOP-0518 | Rev. 1 (2025-03) | Environmental Laws, Regulations and Guidelines |

Description of the process / Evidence gathered and reviewed

**Detailed Process Description**

Leadership, governance and planning activities were evaluated through interviews with Craig Journey (Site Manager / RCMS Management Representative), David Knight (Operations Manager), Wendy Cyr (Environmental Specialist), Lynn Rosales (AFN and Stakeholder Engagement Representative), and review of management system documentation, risk assessments, compliance records, stakeholder engagement activities and management review outputs.

Craig Journey described the site's approach to Responsible Care implementation, management system governance and strategic planning. Evidence reviewed demonstrated that leadership utilizes management review activities, risk assessment outputs, compliance obligations, stakeholder considerations and performance information as inputs to business and Responsible Care planning processes.

Key records reviewed included:
• Management Review Meeting dated May 20, 2026.
• Internal Audit conducted March 9–10, 2026.
• 2026 Site Goals and Objectives.
• Responsible Care planning and performance review materials.
• CIAC correspondence regarding Responsible Care implementation and reporting activities.

The May 20, 2026 Management Review included evaluation of:
• Process safety performance.
• Environmental compliance.
• Transportation activities.
• Emergency preparedness.
• Security performance.
• Stakeholder engagement activities.
• Business performance.

Management Review outputs included establishment of 2026 site objectives and strategic priorities together with assignment of implementation actions and performance expectations.

Risk identification and planning activities were reviewed with David Knight and Wendy Cyr.

The site utilizes environmental risk assessments, operational risk assessments and process safety studies to identify significant risks and prioritize environmental controls, process safety improvements, emergency preparedness initiatives and compliance management activities.

Legal and other requirements management was reviewed with Wendy Cyr.

Wendy Cyr demonstrated the process used to identify, assign, monitor and periodically review regulatory obligations. Evidence reviewed confirmed completion of required reporting activities, permit obligations, environmental submissions and multiple regulatory inspections and compliance reviews conducted during the audit cycle.

Internal audit outputs were reviewed as planning inputs. The Internal Audit conducted March 9–10, 2026 identified opportunities related to completion of management review activities, execution of the internal audit program and updating of legacy procedures inherited from previous ownership. Evidence reviewed during the audit confirmed that management review activities were subsequently completed, internal audit requirements were fulfilled and a structured document review

and update initiative had been established.

Stakeholder identification and planning activities were reviewed with Craig Journey and Lynn Rosales.

Interested parties identified by the organization included:
• Employees.
• Contractors.
• Suppliers.
• Customers.
• Transportation providers.
• Emergency responders.
• Regulatory agencies.
• Neighbouring facilities.
• Community representatives.
• Aamjiwnaang First Nation (AFN).

Lynn Rosales described AFN engagement activities, stakeholder communication processes and community interface programs. Evidence reviewed included AFN engagement records, stakeholder communication materials and planning documentation associated with community outreach activities. Information obtained through these activities is communicated to management and incorporated into planning, management review and objective-setting activities.

External validation of stakeholder and emergency planning interfaces was obtained through an interview with James Kostuk, Deputy Fire Chief and Community Emergency Management Coordinator for the City of Sarnia.

Mr. Kostuk confirmed:
• Diamond Petrochemicals has provided emergency response information and documentation to municipal responders.
• The organization maintains communication regarding emergency planning activities.
• Contact information is periodically reviewed and updated.
• Emergency response documentation is available to municipal responders when required.
• The organization has expressed interest in participation in emergency response exercises.

Review of the 2026 objectives determined that objectives had been established for:
• Operational performance.
• Environmental performance.
• Process safety.
• Security.
• Business performance.

The objectives were reviewed during the May 20, 2026 Management Review and incorporated into site planning activities. Leadership personnel demonstrated awareness of organizational priorities and ongoing initiatives intended to support Responsible Care commitments and continual improvement.

**Evidence Gathered / Reviewed**

• Interviews with Craig Journey (Site Manager / RCMS Management Representative), David Knight (Operations Manager), Wendy Cyr (Environmental Specialist), Lynn Rosales (AFN Representative) and James Kostuk (Deputy Fire Chief and Community Emergency Management Coordinator, City of Sarnia).

• Management Review Meeting records dated May 20, 2026.

• 2026 Site Goals and Objectives.

• SOP-0523 Rev. 1 (2025-03) – Development of Environmental Objectives, Targets and Expectations.

• SOP-0527 Rev. 1 (2026-02) – Environmental Risk Assessment Methodology.

• SOP-0528 Rev. 1 (2025-03) – Site Specific Environmental Risk Assessment.

• HIRA Program records, risk assessments and risk-ranking activities.

• Process Hazard Analysis (PHA) revalidation program records.

• SOP-0494 Rev. 1 (2025-03) – Environmental Compliance Approvals.

• SOP-0518 Rev. 1 (2025-03) – Environmental Laws, Regulations and Guidelines.

• Regulations Summary Table.

• Environmental Compliance Approval No. 1336-BY3TR5 – Annual Written Summary and Declaration (Air and Noise ECA).

• Environmental Compliance Approval No. 5336-BY3NE8 – Industrial Sewage Works.

• Environment and Climate Change Canada Permit No. DA-OR-2026-6517.

• Compliance calendars, reporting schedules and regulatory tracking records.

• Regulatory inspection records and compliance verification activities.

• Stakeholder Identification and Engagement Records.

• AFN Engagement Planning Records.

• E2 Community Presentation Planning Materials.

• Community outreach and stakeholder communication records.

• Internal Audit Report dated March 9–10, 2026.

• Internal audit corrective action and follow-up records.

• CIAC correspondence regarding Responsible Care implementation, recommitment expectations and reporting activities.

• Responsible Care planning and performance review records.

• Evidence demonstrating integration of environmental, operational and process safety risks into planning and objective-setting activities.

• Evidence demonstrating consideration of employees, contractors, customers, suppliers, transportation providers, emergency responders, regulators, neighbouring facilities, community representatives and Aamjiwnaang First Nation (AFN) within stakeholder planning activities.

• Evidence demonstrating completion of required regulatory reporting, permit obligations, environmental submissions and compliance activities during the audit cycle.

• Evidence demonstrating use of management review outputs, internal audit results, stakeholder inputs, compliance obligations and risk assessment outputs as inputs to governance, planning and continual improvement activities.

Overall, evidence reviewed demonstrated that leadership utilizes risk assessment outputs, compliance obligations, stakeholder considerations, internal audit results, management review outputs, regulatory performance information and Responsible Care commitments as inputs to governance and planning activities. The process was effectively implemented and provided a structured framework for establishing objectives, allocating resources and driving continual improvement across the site.

**Findings**

**Effectiveness**

Leadership demonstrated active involvement in implementation of Responsible Care principles through management review activities, risk assessment processes, compliance management activities and strategic planning. Processes were established for identification of risks, legal obligations and stakeholder requirements, and evidence demonstrated integration of these inputs into management planning activities.

**Opportunities for Improvement**

Consider strengthening the Responsible Care objective-setting process by establishing documented implementation plans, assigned accountability, defined milestones and completion dates, and by strengthening linkage between objectives and

the site's highest Responsible Care risks, including process safety, transportation, mechanical integrity, emergency preparedness and stakeholder engagement.

**Non-Conformities**

- None identified for this process.

## Operations, Process Safety & Asset Integrity

| | |
|---|---|
| Process sampled | Operations, Process Safety & Asset Integrity |
| Name of sub-process(es) sampled | Feedstock Receipt and Transfer, BE3 Extraction Operations, K1 East Operations, K1 West Operations, Cavern Storage Operations, Sphere Storage Operations, Compression Systems, Flare Systems, Cooling Water Systems, Wastewater Management, BIOX Interface, Sampling Activities, Process Hazard Analysis, Management of Change, Pre-Start Safety Review, Leak Detection and Repair, Mechanical Integrity, Hose Management, Pressure Relief Devices, Non-Destructive Testing, Safety Critical Equipment Management |
| Shift(s) | Day and night shift |
| Auditees | Brayden Hackett, Process Operator (night shift); Clay, Joint Health & Safety Committee Representative / Night shift Operator; Courtney , Rail Loading Operator; Craig Journeay, HSEM Manager / RCMS Coordinator; David Knight, Unit Area Manager / Operations Manager; Ian, Maintenance Planner; John , Maintenance Manager; John Kerr, Operations Supervisor; Maureen O'Grady, Rail Logistics Coordinator; Rob , NDT Testing Coordinator; Wendy Cyr, Environmental Specialist; |
| Inputs | Raw C4 feedstock received from NOVA Chemicals, process chemicals, utilities, cooling water, steam, operating procedures, risk assessments, maintenance activities and process safety requirements. |
| Outputs | Refined butadiene products, raffinate streams, wastewater to BIOX treatment, emissions managed through control systems, compliance monitoring records and process performance data. |
| Metrics/indicators | Production performance, process safety performance, LDAR results, equipment reliability, environmental monitoring results, incident rates, maintenance completion and integrity management performance. |

Key documents reviewed

| Doc nr | Rev | Doc name |
|---|---|---|
| Record | 2016-2017 | BE3 PHA Revalidation Report |
| Doc nr | Rev | Doc name |
| 07160 | 2026 | PHA Revalidation – Extraction Unit |
| Doc nr | Rev | Doc name |
| MOC 2026-E02 | 2026-06-05 | TBC Tank Addition |

Description of the process / Evidence gathered and reviewed

**Detailed Process Description**

This process encompasses the operation, monitoring, maintenance, integrity management and process safety controls associated with the DPCC Sarnia Olefins Facility, including the BE3 Unit, K1 East and K1 West process units, brine caverns, product storage spheres, flare systems, compressor systems, loading rack operations, cooling water systems, wastewater collection and BIOX treatment interfaces, environmental control systems, sampling systems, and associated utilities. The process includes process hazard analysis (PHA), management of change (MOC), pre-startup safety reviews (PSSR), mechanical integrity activities, leak detection and repair (LDAR), hose management, pressure relief device (PSV) programs, non-destructive testing (NDT), safety critical equipment management, contractor-supported inspection activities, operating procedures, process monitoring, abnormal operating condition response, startup and shutdown activities, and asset integrity controls designed to ensure safe, reliable and environmentally responsible operation of the facility.

Operations personnel explained that raw C4 feedstock is received from NOVA Chemicals through a dedicated pipeline connection entering the facility through metered transfer points. Feedstock is processed through the BE3 extraction unit where butadiene is separated from raffinate streams and subsequently routed to storage spheres, underground cavern storage and transportation systems.

Field walkthroughs were completed through BE3, compressor systems, flare systems, sphere storage areas and underground cavern systems. Operators described the process flow, control systems, sampling activities and environmental protection measures associated with each area.

Evidence reviewed included:

- BE3 process operations.
- K1 East and K1 West operating areas.
- Underground cavern storage operations.
- Sphere storage systems.
- Compression systems.
- Flare systems.
- Cooling water systems.
- Wastewater management systems.
- BIOX wastewater interface.
- Product sampling systems.

David Knight described the site's process safety management approach and current PHA revalidation activities. Evidence reviewed included PHA revalidation studies for Extraction, Stripping, Finishing, Wash, Aceto, Aceto Storage and Chemicals operating areas. Risk ranking methodologies and significant process hazards were discussed, including pump seal failure scenarios identified during PHA reviews.

Management of Change activities were reviewed through MOC 2026-E02 associated with the TBC Tank Addition project. Supporting evidence included Project MO-2022-005 and PSSR No. 0077. Documentation demonstrated participation by Operations, Engineering, Environmental and Safety personnel and verification of startup readiness requirements prior to implementation.

Control room activities were reviewed with Jason Huff. Alarm management, process monitoring, telemetry systems and operational responses to abnormal conditions were discussed. Extraction tower operations, operating limits and response expectations were reviewed during the walkthrough.

Mechanical integrity activities were reviewed with John Kerr, Ian, Rob and maintenance personnel. Evidence reviewed included:

- Weekly and monthly asset inspections.
- ESD verification activities.
- K1 locked valve inspection records.
- Ultrasonic thickness testing records.
- Safety critical equipment monitoring.
- Pressure relief device verification activities.
- LDAR monitoring records.

The LDAR program was reviewed through examination of CNTRAL database records and field verification of selected components. Components 014400, 016894 and 017295 were sampled and associated monitoring records reviewed. Operators explained leak identification, reporting and repair processes.

Cooling water systems, wastewater management systems and the BIOX treatment interface were reviewed. Operators

demonstrated monitoring activities, environmental controls and process checks used to verify wastewater quality prior to transfer.

Sampling systems were reviewed in multiple operating areas. Personnel explained sample collection practices, PPE requirements and controls identified through PHA reviews. Sample stations, closed-loop sampling arrangements and operator protection measures were observed.

Field observations also included pressure relief devices, flare systems, safety critical instrumentation and sphere storage systems. Selected PSV locations and associated P&IDs were reviewed. Safety critical instrument 14RIT003 and associated operational controls were discussed with operating personnel.

The site maintains a hose integrity management process supported by SOP-1332, manual inspections and laboratory testing performed by NOVA Chemicals. Hose inspection practices, identification methods and integrity verification activities were reviewed with operations supervision and maintenance personnel.

Underground cavern operations were reviewed through discussions regarding brine management, monitoring systems, storage integrity and environmental protection controls. Personnel described monitoring activities intended to verify cavern integrity and prevent environmental releases.

**Product Stewardship and Product Specification Control**

Product stewardship and product specification controls were reviewed through discussions with John Kerr, Operations Supervisor, David Knight and operating personnel responsible for product quality verification and shipment release activities.

Personnel described the controls used to verify incoming and finished product quality, including laboratory testing, Certificate of Analysis (COA) review and specification verification prior to product release. Evidence reviewed included Certificates of Analysis associated with incoming materials and finished product shipments. Product specifications reviewed included critical product quality and product safety parameters such as acetylene concentration (maximum 50 ppm) and vinyl acetylene concentration (maximum 3 ppm).

Personnel explained that product quality parameters are monitored as part of routine operational controls and shipment authorization activities. Discussion included the process used to manage off-specification product, customer waiver requirements and controls intended to prevent shipment of non-conforming material. Personnel indicated that customer waivers are available when appropriate; however, no recent examples requiring customer acceptance of off-specification material were identified.

Additional discussions confirmed that laboratory testing support is provided by NOVA Chemicals and that analytical results are utilized to verify compliance with product specifications and customer requirements prior to release. Evidence reviewed demonstrated integration of product quality verification activities into operational controls, transportation release processes and product stewardship responsibilities.

Overall, operations personnel demonstrated detailed knowledge of process hazards, operating controls, emergency actions, environmental controls and process safety requirements associated with the facility's butadiene production and storage operations.

**Evidence Gathered / Reviewed**

• Field verification conducted throughout the BE3 process area, compressor building, flare systems, cooling water systems, wastewater systems, underground cavern operations, product sphere storage systems, loading rack areas and associated support infrastructure.

• Interviews with operations personnel, control room operators, supervisors and maintenance personnel regarding operational controls, process safety requirements, asset integrity activities and emergency response expectations.

• Site overview drawings identifying:

- BE3 Unit.
- K1 East and K1 West operating areas.
- Product spheres.
- Caverns.

- Loading rack.
- Wastewater systems.
- BIOX interface.
- Flare systems.
- Control rooms.
- Maintenance facilities.
- Utility infrastructure.

• HIRA Coordination Document and Sign-Off associated with TBC tank welding activities involving Josh Scripnick (Operations Lead), John Kerr (Maintenance Lead), Wendy Cyr (Unit/Area Safety Lead), David Knight (Unit Area Manager), Samantha McGuire, Bobby Walsh and Dave Powers.

• HIRA coordination package associated with TBC tank welding activities, including permit acquisition, hot work planning, welding activities and spark watch requirements.

• BE3 PHA Revalidation Report.

• PHA Revalidation – Extraction Unit (07160).

• PHA Revalidation – Stripping Unit (07161).

• PHA Revalidation – Finishing Unit (07162).

• PHA Revalidation – Wash Unit (07163).

• PHA Revalidation – Aceto Unit (07164).

• PHA Revalidation – Aceto Storage (07165).

• PHA Revalidation – Chemicals Area (07166).

• Management of Change (MOC 2026-E02) – TBC Tank Addition.

• Management of Change (MO-2022-005) – TBC Tank Addition Project.

• Pre-Start Safety Review (PSSR 0077).

• SOP-0515 Rev. 1 (2025-03) – Leak Detection and Repair.

• SOP-1564 Rev. 1 (2025-03) – 1,3-Butadiene Technical Standard (LDAR).

• SOP-1332 – Hose Inspection and Management Procedure.

• Ultrasonic Thickness Inspection Record (VP364236).

• CNTRAL LDAR Database Components.

• Weekly and Monthly Asset Inspection Records.

• Emergency Shutdown Device (ESD) Verification Records.

• K1 Locked Valve Inspection Records.

• Operator inspection records.

• Mechanical integrity inspection records.

• Maintenance work records and equipment history records.

• Leak Detection and Repair (LDAR) program records.

• Pressure relief device inspection and verification records.

• Safety critical equipment verification activities.

• Sampling system observations and associated operational controls.

• Physical observations of pressure relief devices, flare systems, cooling water systems, wastewater management systems, storage systems and process safety controls.

• Evidence demonstrating implementation of process hazard analysis, management of change, pre-start safety review, leak detection and repair, inspection, testing and mechanical integrity programs throughout the operating units.

**Findings**

**Effectiveness**

Operations, process safety and asset integrity activities were generally well implemented. Personnel demonstrated strong process knowledge, awareness of hazards and understanding of operating controls. PHA, MOC, LDAR, sampling, environmental controls and operational monitoring processes were established and effectively integrated into daily operations.

**Opportunities for Improvement**

Consider continuing the review and update of legacy procedures inherited from previous ownership to ensure references, terminology, facility descriptions and operational controls remain fully aligned with current site conditions.

Consider strengthening incorporation of newly acquired assets into documented preventive maintenance and inspection programs to ensure maintenance expectations, inspection frequencies and fitness-for-service requirements are consistently documented.

**Non-Conformities**

The organization could not demonstrate that an effective inspection and integrity management process was established and consistently implemented for hoses used in operations. Field observations identified hoses with outdated inspection tags, faded identification markings and visible deterioration. Personnel indicated historical pressure testing activities had been discontinued; however, objective evidence demonstrating alternative integrity verification methods, documented inspection frequencies, replacement criteria or fitness-for-service requirements was not available at the time of the audit.

## Support Processes, Competence & Contractors

| | |
|---|---|
| Process sampled | Support Processes, Competence & Contractors |
| Name of sub-process(es) sampled | Document Control, Records Management, Training and Competency Management, Employee Awareness, Occupational Health and Industrial Hygiene Programs, Respiratory Protection Program, Employee Involvement and Accountability, Joint Health and Safety Committee Activities, Contractor Management, Commercial Partner Oversight, Maintenance Planning Support, Fall Protection and Working at Heights Programs |
| Shift(s) | across all shifts |
| Auditees | Andrea, Occupational Health / Team Leader, ARLANXEO Inc.; Clay, Joint Health & Safety Committee Representative / Afernoon Operator; David Knight, Unit Area Manager / Operations Manager; Ian, Maintenance Planner; John , Maintenance Manager; Maureen O'Grady, Rail Logistics Coordinator; Rob , NDT Testing Coordinator; Wendy Cyr, Environmental Specialist; |

| | |
|---|---|
| Inputs | Corporate procedures, training requirements, regulatory obligations, contractor qualification requirements, competency requirements, occupational health requirements, maintenance support requirements and Responsible Care expectations. |
| Outputs | Qualified personnel, completed training records, contractor approvals, occupational health monitoring activities, documented records, safety committee recommendations and contractor performance oversight activities |
| Metrics/indicators | Qualified personnel, completed training records, contractor approvals, occupational health monitoring activities, documented records, safety committee recommendations and contractor performance oversight. activities |

Key documents reviewed

| Doc nr | Rev | Doc name |
|---|---|---|
| SOP-1617 | Rev. 1 (2024-07) | Control of Documented Information |
| Doc nr | Rev | Doc name |
| SOP-0652 | Rev. 1 (2025-03) | Transportation of Dangerous Goods Refresher |

Description of the process / Evidence gathered and reviewed

**Detailed Process Description**

Support processes associated with competency management, occupational health, employee involvement, contractor oversight and document control were evaluated through interviews with operating personnel, maintenance personnel, occupational health representatives and Joint Health and Safety Committee members.

**Document Control and Records Management**

Document control activities were reviewed through SOP-1617 Control of Documented Information and discussions regarding the ongoing update of legacy procedures inherited from previous ownership. Management personnel explained that a structured review process has been initiated to revise historical procedures and align documentation with current Diamond Petrochemicals operations. This initiative was also identified as a corrective action resulting from the March 2026 Internal Audit.

Evidence reviewed included:

- SOP-1617 Control of Documented Information.
- Internal Audit corrective action records.
- Procedure review and update activities.
- Legacy ARLANXEO procedure migration activities.

Management demonstrated awareness of the need to continue updating inherited procedures and integrating them into the current management system.

**Competency, Training and Employee Awareness**

Employee competency and awareness activities were evaluated through interviews with operations personnel and review of qualification records.

Evidence reviewed included:

- TDG qualification records.
- Respirator qualification records.
- Confined space qualification records.
- Forklift qualification records.
- Weekly and monthly inspection records completed by operators.

- Emergency shutdown device verification activities.

Jason Huff demonstrated current qualifications associated with respirator use, confined space activities and forklift operation. During the control room review, he explained alarm management, process monitoring activities and operational response expectations associated with abnormal operating conditions.

Brayden Hackett demonstrated strong knowledge of operating procedures, equipment inspection activities and emergency response requirements. Evidence reviewed included weekly and monthly asset inspection records, K1 locked valve inspection records, emergency shutdown device verification records and fall protection equipment inspection activities. Brayden described how operators identify abnormal conditions, initiate maintenance requests and participate in equipment reliability activities.

Personnel interviewed demonstrated good awareness of site hazards, operating controls, emergency response expectations and Responsible Care responsibilities associated with their work activities.

**Occupational Health and Industrial Hygiene**

Occupational health and industrial hygiene activities were reviewed through discussions with Andrea, Occupational Health Team Leader.

Evidence reviewed and discussed included:

- Occupational health monitoring activities.
- Industrial hygiene exposure assessment programs.
- Respiratory protection requirements.
- Pulmonary function testing activities.
- Noise exposure monitoring programs.
- Chlorine monitoring activities.
- Exposure assessment studies.
- Employee health surveillance activities.
- Industrial hygiene support resources.

Andrea described the organization's approach to evaluating workplace health risks and monitoring employee exposure to occupational hazards. Occupational health considerations are integrated into site safety activities and support ongoing evaluation of worker exposure risks. Evidence discussed included:

- Noise monitoring.
- Respirator qualification.
- Exposure monitoring activities.
- Pulmonary testing.
- Employee health surveillance.
- Industrial hygiene support.

Occupational health monitoring activities are used to evaluate workplace conditions and support employee health protection programs. Exposure monitoring and health surveillance activities provide additional inputs to site risk management and Responsible Care programs.

**Employee Involvement and Accountability**

Employee involvement processes were reviewed through interviews with Clay, Joint Health and Safety Committee Representative.

Clay described the Joint Health and Safety Committee structure consisting of management, maintenance and operations representatives. Committee meetings are conducted twice monthly and include discussion of safety concerns, corrective actions, inspections and employee recommendations.

Evidence reviewed demonstrated active employee participation in identifying hazards and recommending improvements. Clay provided an example involving transfer of dangerous chemicals in totes where employee concerns resulted in management review and installation of additional tanks to reduce risk and improve safety.

This example demonstrated an effective mechanism for employee participation and management response to identified concerns.

**Contractor and Commercial Partner Management**

Contractor management activities were reviewed through interviews with maintenance personnel and examination of contractor work controls.

Evidence reviewed included:

- Lockout / Tagout Permit No. 364291.
- Hot Work Permit No. W098432.
- Confined Space Permit No. 362085.
- Contractor qualification activities.
- Contractor supervision and oversight processes.

Maintenance personnel described the process used to evaluate contractor qualifications, authorize work activities and monitor contractor performance. Contractor activities were observed to be controlled through work permits, lockout/tagout requirements, confined space permits, hot work permits, qualification requirements and supervision by site personnel.

External service providers supporting Responsible Care activities included:

- Aluma – ladder and scaffold inspections.
- Uline / Sentry Fire – harness and fall protection inspections.
- ZEUS – overhead crane inspection services.
- Trane – HVAC inspection and maintenance services.
- Wolverine – maintenance and specialty contractor activities.
- NOVA Chemicals – laboratory testing support.
- Peter Noble Consulting – environmental consulting services.
- Safety-Kleen – hazardous waste management.
- Veolia – waste management services.
- GFL Environmental – waste management services.

Evidence reviewed demonstrated that contractor activities are controlled through qualification processes, permit systems and supervision by site personnel.

**Evidence Gathered / Reviewed**

• Interviews with operations personnel, maintenance personnel, occupational health personnel and Joint Health and Safety Committee (JHSC) representatives regarding competency management, training requirements, occupational health programs, industrial hygiene activities, contractor oversight and employee awareness of safety requirements.

• Interviews with day-shift and afternoon-shift personnel to verify consistent implementation of operational controls, training requirements, inspection activities and safety expectations across shifts.

• SOP-1617 Rev. 1 (2024-07) – Control of Documented Information.

• SOP-0652 Rev. 1 (2025-03) – Transportation of Dangerous Goods Refresher.

• Transportation of Dangerous Goods (TDG) training records.

• Respirator qualification records.

• Forklift qualification records.

• Confined space qualification records.

• Occupational health program records.

• Industrial hygiene exposure assessment and monitoring activities.

• Weekly asset inspection records.

• Monthly asset inspection records.

• Contractor qualification and oversight records.

• Lockout / Tagout Work Permit No. 364291 dated June 10, 2026.

• Hot Work Permit No. W098432.

• Confined Space Work Permit No. 362085.

• Sentry Fire Lanyard Inspection Report No. 17388 dated February 25, 2026.

• Sentry Fire Harness Inspection Report No. 19806 dated May 14, 2026.

• Sentry Fire Fall Protection Inspection Report No. 20379 dated June 1, 2026.

• Fall protection inspection and certification records.

• Contractor orientation, qualification and oversight activities.

• Work permit controls associated with maintenance and contractor activities.

• Occupational health monitoring and employee health support activities.

• Joint Health and Safety Committee participation and workplace inspection activities.

• Evidence of competency verification for equipment operators, confined space entrants, forklift operators and personnel performing regulated activities.

• Evidence of document control, records management and retention practices supporting the Responsible Care Management System.

• Field observations of contractor activities, permit controls, inspection activities and third-party verification programs.

• Review of externally provided services including fall protection inspections, contractor maintenance activities, hazardous waste management, laboratory support services and specialty inspection programs.

• Evidence demonstrating implementation of training, qualification, occupational health, contractor oversight and document control processes supporting operational and Responsible Care objectives.

**Overall Assessment**

Personnel interviewed demonstrated strong knowledge of their responsibilities, operating hazards, training requirements and safety expectations. Occupational health programs, employee involvement activities and contractor management processes were established and generally effective in supporting implementation of the Responsible Care Management System.

**Non-Conformities**

- None identified for this process.

## Transportation, Security, Emergency Preparedness & Community Protection

| | |
|---|---|
| Process sampled | Transportation, Security, Emergency Preparedness & Community Protection |
| Name of sub-process(es) sampled | Rail Logistics and Transportation of Dangerous Goods, Rail Car Loading and Inspection, Transportation Documentation and Product Release, Security Management and Access Control, Emergency Preparedness and Response, Emergency Response Assistance Plan (ERAP), Environmental Emergency (E2) Program, Mutual Aid and Community Emergency Coordination, Community Notification and Protection, Emergency Exercises and Drills, External Emergency Response Interfaces |

| | |
|---|---|
| Shift(s) | across all shifts |
| Auditees | Maureen O'Grady, Rail Logistics Coordinator; Wendy Cyr, Environmental Specialist; James Kostuk, Deputy Fire Chief & CEMC, City of Sarnia Fire Rescue; Craig Journeay, HSEM Manager / RCMS Coordinator; David Knight, Operations Manager; David Thompson, Bio-Chemical Valley Security Supervisor; |
| Inputs | Transportation requirements, customer orders, Transportation of Dangerous Goods (TDG) requirements, Emergency Response Assistance Plans, E2 regulatory requirements, emergency scenarios, security requirements, stakeholder expectations and mutual aid obligations. |
| Outputs | Safe shipment of products, emergency preparedness capability, emergency response plans, trained responders, completed drills and exercises, community notifications, transportation compliance records and security performance results. |
| Metrics/indicators | Transportation incidents, rail loading performance, emergency drill completion, ERAP compliance, E2 program effectiveness, security events, community notifications and emergency response readiness indicators. |

Key documents reviewed

| Doc nr | Rev | Doc name |
|---|---|---|
| SOP-0498 | Rev. 1 (2025-03) | Safe Handling and Transportation of Dangerous Goods |
| Doc nr | Rev | Doc name |
| BROX93551 | current, June 2026 | Railcar Inspection Record |
| Doc nr | Rev | Doc name |
| system reords | current, June 2026 | THOMAS Rail Logistics System Records |

Description of the process / Evidence gathered and reviewed

**Detailed Process Description**

**Rail Logistics and Transportation Management**

Transportation activities were reviewed through interviews with Maureen O'Grady and supporting transportation records.

Maureen described the site's transportation scheduling process, Transportation of Dangerous Goods (TDG) requirements, product release controls and rail logistics management activities. The THOMAS transportation management system is utilized to manage shipment status, railcar tracking, transportation documentation and logistics records.

Evidence reviewed included:

- Railcar BROX93551 inspection records.
- Railcar sealing verification records.
- Railcar checklist documentation.
- Pressure tank inspection records.
- TDG documentation.
- Certificate of Analysis for railcar PRX33935.
- Advice of Shipment records.
- Bill of Lading documentation.
- Rail track inspection records.

Transportation records demonstrated verification of product quality, shipment authorization and completion of transportation inspection requirements prior to product release.

**Rail Loading Operations**

Rail loading activities were reviewed with Courtney and operating personnel.

Personnel demonstrated understanding of:

- Railcar inspection requirements.
- Product verification activities.
- TDG requirements.
- Personal protective equipment requirements.
- Railcar loading procedures.
- Secondary inspection and verification activities.
- Shipment documentation controls.

Courtney described a previous railcar loading incident involving a defective valve that resulted in product release during loading activities. Personnel demonstrated awareness of incident learnings and current inspection controls intended to prevent recurrence.

Transportation Incident Investigation No. 2603-0002, dated February 28, 2026, was reviewed. Evidence demonstrated investigation, corrective action implementation and communication of lessons learned.

Transportation security and rail logistics controls were reviewed through examination of the Railroad Security Plan, Transportation of Dangerous Goods documentation, ERAP records, rail shipment documentation and transportation incident records. Evidence reviewed included railcar documentation, seal verification controls, transportation inspection records, Car PROX shipment records and rail-related corrective actions. Interviews with John Kerr, Operations Supervisor, confirmed implementation of track inspection activities, transportation security controls and rail shipment verification processes. Transportation emergency preparedness was further supported through ERAP planning, emergency response coordination and communication with municipal emergency responders.

**Emergency Preparedness and Response**

Emergency preparedness activities were reviewed through interviews with Dave Thompson and review of emergency response documentation.

Evidence reviewed included:

- Environmental Emergency (E2) Plan Rev. 6.
- Unit Environmental Emergency Plan.
- Spill Prevention and Spill Response Plans.
- Hydrocarbon Release Response Procedures.
- Emergency Reporting Procedures.
- Emergency Responder Requirements.
- Emergency drill schedules.
- Tabletop exercise records.
- ERAP training records.
- Emergency contact information.

Personnel described emergency response scenarios associated with transportation incidents, hydrocarbon releases, fires, environmental releases and community notification requirements.

Emergency drills were conducted throughout 2026 using a rotating shift approach. Evidence demonstrated completion of scheduled emergency preparedness activities and communication of emergency response roles and responsibilities.

Personnel also described the Emergency Response Assistance Plan (ERAP) process used to support transportation emergencies involving dangerous goods. Evidence reviewed included annual ERAP refresher training records and compliance verification documentation.

**Mutual Aid and Chemical Valley Emergency Coordination**

Emergency preparedness activities extend beyond the facility boundary through participation in Chemical Valley emergency coordination initiatives, mutual aid arrangements and BASES notification processes.

Personnel described communication interfaces with neighbouring facilities, municipal responders, contracted emergency

resources and community notification systems intended to support coordinated response during major incidents.

Evidence reviewed demonstrated integration of emergency planning activities with external organizations and consideration of off-site impacts associated with emergency scenarios.

**Security Management and Bio-Chemical Valley Integration**

Security management activities were reviewed through discussions with site personnel, contracted security representatives and emergency preparedness personnel.

Security services are provided through contracted resources operating within the broader Bio-Chemical Valley industrial complex. Personnel described coordination between Diamond Petrochemicals and contracted security providers regarding site access control, visitor management, contractor access, emergency communications and response coordination. Evidence reviewed demonstrated implementation of access control measures, visitor sign-in requirements, contractor authorization processes and communication protocols supporting site security objectives.

The facility operates within the Bio-Chemical Valley industrial network and maintains communication interfaces with neighbouring facilities, municipal emergency responders and external emergency management organizations. Security and emergency preparedness activities are integrated with broader Chemical Valley emergency response and community protection initiatives, including mutual aid arrangements, emergency notification systems and coordinated response activities.

Personnel described how security responsibilities are coordinated with emergency preparedness requirements, transportation activities and community protection programs. Evidence reviewed demonstrated that security performance is periodically reviewed through management processes and forms part of the site's Responsible Care objectives. Integration with municipal responders, neighbouring facilities and external security resources supports the organization's ability to respond effectively to emergency situations and protect employees, contractors, the community and the environment.

**Municipal Emergency Response Interface**

External validation of emergency preparedness activities was obtained through an interview with James Kostuk, Deputy Fire Chief and Community Emergency Management Coordinator for the City of Sarnia.

Mr. Kostuk confirmed:

- Diamond Petrochemicals has provided emergency response information to municipal responders.
- Emergency contact information has been reviewed and updated.
- Emergency planning documentation is available to responders when required.
- The organization has requested participation in future emergency response exercises.
- Communication channels between Diamond Petrochemicals and municipal emergency services are established and maintained.

This interview provided independent verification of external responder engagement and emergency planning coordination.

**Community Protection and Notification**

Community protection activities were reviewed through emergency planning documentation and communication records.

Evidence reviewed included:

- E2 presentation provided to AFN on May 19, 2026.
- BASES notification process.
- Community communication materials.
- Emergency contact information.
- Public notification procedures.

Personnel described processes used to communicate with neighbouring facilities, community stakeholders and emergency response organizations during emergency situations. Community notification requirements are incorporated into emergency response planning activities.

**Security Management**

Security activities were reviewed through discussions with site personnel and contracted security representatives.

Security services are provided through a contracted security organization operating within the Chemical Valley industrial complex. Personnel described coordination between Diamond Petrochemicals and contracted security resources regarding site access, visitor management, contractor access and emergency communications.

Evidence reviewed demonstrated:

- Controlled site access.
- Visitor management requirements.
- Contractor access controls.
- Security communication processes.
- Coordination with emergency responders.
- Perimeter security controls.
- Security performance monitoring activities.

The facility remains integrated within the broader Bio-Chemical Valley security environment, including interfaces with neighbouring facilities and shared emergency response resources. Security performance is periodically reviewed through management processes and forms part of the site's Responsible Care objectives.

**Worst-Case Scenario Communication**

**Evidence Reviewed**

- Environmental Emergency (E2) Plan (SOP-0513)
- Spill Prevention and Contingency Plan
- Spill Response Plan
- ERP documentation
- Emergency response maps
- Impact zone / consequence modelling documentation
- Contact lists for external agencies
- Community notification procedures
- Interviews with:
    - James Kostuk, Sarnia Fire & Rescue
    - Lyn Rosalis, Aamjiwnaang First Nation
    - Environmental Specialist Wendy Cyr

The audit reviewed emergency response planning documentation, including Environmental Emergency (E2) planning, spill response procedures, impact zone mapping and consequence assessment information. Evidence demonstrated that potential impact areas and response expectations were identified and communicated through established emergency planning processes. External stakeholders including emergency responders and Indigenous community representatives were engaged through established communication channels. Interviews confirmed ongoing dialogue regarding emergency preparedness, emergency contact information, emergency exercises and response coordination.

**Evidence Gathered / Reviewed**

• Interviews with Maureen O'Grady, Courtney, operating personnel, emergency response personnel, municipal emergency management representatives and contracted security personnel regarding transportation management, emergency preparedness, community protection and security activities.

• Site overview drawings identifying:

- Rail crossings.
- Loading rack locations.
- Emergency access routes.
- Security interfaces.
- Fence line monitoring locations.

- Product storage areas.
- Control rooms and emergency assembly locations.

• SOP-0498 Rev. 1 (2025-03) – Safe Handling and Transportation of Dangerous Goods.

• SOP-0652 Rev. 1 (2025-03) – Transportation of Dangerous Goods Refresher.

• Railcar Inspection Record BROX93551.

• Certificate of Analysis PRX33935.

• THOMAS Rail Logistics System records.

• Rail track inspection records.

• Advice of Shipment documentation.

• Bill of Lading documentation.

• Railcar sealing verification records.

• Railcar loading checklists.

• TDG documentation and transportation records.

• SOP-0513 Rev. 6 (2026-06) – Environmental Emergency (E2) Plan.

• SOP-0490 Rev. 2 (2026-03) – Unit Environmental Emergency Plan.

• SOP-0288 Rev. 2 (2026-03) – Respond to Spills.

• SOP-0290 Rev. 2 (2026-03) – Respond to Hydrocarbon Release.

• SOP-0753 Rev. 1 (2025-03) – Reporting of Emergencies.

• SOP-0761 Rev. 1 (2025-03) – EERP Responder.

• Emergency drill schedules and drill records.

• Tabletop exercise records.

• ERAP annual refresher training records dated December 9, 2025.

• ERAP Compliance Letter dated March 16, 2026.

• E2 Presentation to Aamjiwnaang First Nation dated May 19, 2026.

• SOP-0672 Rev. 1 (2025-03) – BASES Notifications.

• Community communication and stakeholder notification records.

• Security service agreement and site security process documentation.

• Site access control and visitor management records.

• Contractor access control requirements.

• Emergency communication and notification processes.

• Evidence demonstrating implementation of transportation controls, TDG requirements, emergency preparedness programs, ERAP obligations, community notification processes and security management activities.

• External validation of emergency preparedness and community coordination processes through interview with James Kostuk, Deputy Fire Chief and Community Emergency Management Coordinator, City of Sarnia.

**Overall Assessment**

Transportation, emergency preparedness, security and community protection processes were established and effectively implemented. Personnel demonstrated strong knowledge of transportation requirements, emergency response expectations, community notification responsibilities and security controls. Evidence reviewed demonstrated active coordination with municipal responders, external stakeholders and neighbouring facilities to support protection of employees, the community and the environment.

## Stakeholder Engagement & Responsible Care Dialogue

| | |
|---|---|
| Process sampled | Stakeholder Engagement & Responsible Care Dialogue |
| Name of sub-process(es) sampled | Stakeholder Identification and Analysis, Indigenous Community Engagement, Community Outreach, Responsible Care Dialogue, Public Reporting, Community Notification, Emergency Preparedness Communication, Stakeholder Feedback and Response, External Agency Communication |
| Shift(s) | across all shifts |
| Auditees | Lynn Rosales, AFN Representative; Craig Journey, HSEM Manager / RCMS Management Representative; Dave Thompson, Emergency Response and Community Protection Representative; James Kostuk, Deputy Fire Chief and Community Emergency Management Coordinator, City of Sarnia |
| Inputs | Stakeholder expectations, community concerns, Indigenous community interests, Responsible Care commitments, emergency preparedness information, regulatory requirements, environmental performance information and public reporting requirements. |
| Outputs | Stakeholder engagement activities, community communications, Indigenous community engagement activities, emergency preparedness communications, public reporting, stakeholder feedback, community notifications and improvement actions. |
| Metrics/indicators | Stakeholder engagement activities, AFN interactions, community communication activities, public reporting activities, complaint management activities, community notification activities and stakeholder feedback responses. |

Key documents reviewed

| Doc nr | Rev | Doc name |
|---|---|---|
| SOP-0672 | Rev. 1 (2025-03) | BASES Notifications |
| Doc nr | Rev | Doc name |
| SOP-0834 | Rev. 1 (2025-03) | External Communication Guideline & Contact Information – Spill Incidents |
| Doc nr | Rev | Doc name |
| SOP-0831 | Rev. 1 (2025-03) | Contact Information - Near Neighbours & Area Companies |

Description of the process / Evidence gathered and reviewed

**Detailed Process Description**

Stakeholder engagement and Responsible Care dialogue activities were reviewed through interviews with Craig Journey, Lynn Rosales, Dave Thompson and external stakeholders. Personnel described the organization's approach to identifying interested parties, maintaining dialogue with stakeholders and incorporating stakeholder concerns into Responsible Care

planning and decision-making activities.

The organization has identified a broad range of stakeholders including:

- Employees.
- Contractors.
- Customers.
- Suppliers.
- Transportation providers.
- Regulatory agencies.
- Municipal emergency responders.
- Neighbouring Chemical Valley facilities.
- Community organizations.
- Community residents.
- Aamjiwnaang First Nation (AFN).

Lynn Rosales described the organization's stakeholder engagement process and responsibilities associated with community outreach and Indigenous engagement activities. Evidence reviewed demonstrated ongoing communication and dialogue with AFN representatives and other community stakeholders regarding emergency preparedness, environmental matters and site activities.

Evidence reviewed included:

- AFN engagement records.
- Community communication materials.
- Stakeholder communication records.
- Public reporting information.
- Emergency preparedness communication activities.
- Community notification processes.

An E2 emergency preparedness presentation delivered to AFN on May 19, 2026 was reviewed. The presentation communicated emergency preparedness information, emergency response capabilities, community notification processes, emergency contact pathways and emergency management activities relevant to the facility and surrounding community.

Evidence reviewed demonstrated that engagement activities extended beyond regulatory notification requirements and included opportunities for stakeholder questions, discussion and ongoing dialogue. Personnel explained that stakeholder concerns and questions are communicated internally and considered during planning activities, emergency preparedness reviews and management discussions.

Community communication activities are further supported through BASES notification processes, public reporting mechanisms and emergency preparedness outreach initiatives. Evidence reviewed demonstrated established processes for communicating emergency information and responding to stakeholder inquiries when required.

Public reporting information was reviewed and demonstrated the organization's commitment to communicating environmental, health, safety and Responsible Care-related information to external stakeholders. Communication activities support transparency and provide opportunities for stakeholder awareness of site operations and emergency preparedness programs.

External validation of stakeholder engagement activities was obtained through an interview with James Kostuk, Deputy Fire Chief and Community Emergency Management Coordinator for the City of Sarnia.

Mr. Kostuk confirmed:

- Diamond Petrochemicals has proactively communicated with municipal emergency responders.
- Emergency response information has been provided to external agencies.
- Emergency contact information has been reviewed and updated.
- Communication channels between Diamond Petrochemicals and municipal emergency services are established and maintained.
- The organization has requested participation in future emergency preparedness exercises.
- Municipal responders have access to emergency planning information when required.

The interview provided independent confirmation that Diamond Petrochemicals maintains active communication with external stakeholders and emergency response organizations and supports coordination activities associated with

emergency preparedness and community protection.

**Public Reporting and Community Transparency**

Public reporting activities were reviewed as part of the organization's Responsible Care communication process. Evidence reviewed demonstrated that information regarding environmental, health, safety, emergency preparedness and Responsible Care activities is made available to external stakeholders through public communication mechanisms. Personnel explained that public reporting supports transparency, promotes stakeholder awareness and provides community members with access to information regarding site operations and performance. The public reporting process complements ongoing stakeholder engagement activities and demonstrates the organization's commitment to openness and continuous dialogue consistent with Responsible Care principles.

Stakeholder engagement activities were also supported through communication with neighbouring facilities, regulatory agencies, community organizations and emergency response partners. Personnel described how stakeholder concerns, regulatory interactions and external feedback are communicated internally and considered during planning, management review and continual improvement activities.

The public reporting site contains multiple years of publicly available performance reporting including:

- Fenceline Monitoring Reports
- Ambient Monitoring Reports
- Performance Summary Tables
- Operating Parameter Summary Tables
- Implementation Summary Tables
- Environmental Compliance Approval reporting

covering multiple years from 2021 through 2026.

Examples include:

- 2026 Fenceline Monitoring Report
- 2025 Annual Ambient Monitoring Report
- 2025 Performance Summary Table
- 2025 Operating Parameters Summary Table
- 2025 Implementation Summary Table
- Historical reports from 2021 onward.

Overall, evidence reviewed demonstrated that stakeholder engagement activities extend beyond regulatory compliance and include ongoing dialogue, information sharing, community outreach and Indigenous engagement activities consistent with Responsible Care principles.

**Evidence Gathered / Reviewed**

• Interviews with personnel responsible for stakeholder engagement, community relations, emergency preparedness communications and external communications.

• Stakeholder Identification Records.

• AFN Engagement Records.

• E2 Presentation to Aamjiwnaang First Nation dated May 19, 2026.

• SOP-0672 Rev. 1 (2025-03) – BASES Notifications.

• SOP-0831 Rev. 1 (2025-03) – Contact Information – Near Neighbours & Area Companies.

• SOP-0834 Rev. 1 (2025-03) – External Communication Guideline & Contact Information – Spill Incidents.

• SOP-0521 Rev. 1 (2025-03) – Internal and External Environmental Reports Regulatory and Non-Regulatory.

• Public reporting records and publicly available environmental performance information.

• Complaint and Concern Management Records.

• Agency Communication Records.

• Community notification and stakeholder communication records.

• Records of communication with neighbouring facilities, community organizations, emergency responders and regulatory agencies.

• Documentation supporting engagement with Aamjiwnaang First Nation (AFN).

• Public reporting website content and environmental performance disclosures.

• Annual Ambient Monitoring Reports.

• Fenceline Monitoring Reports.

• Operating Parameter Summary Reports.

• Implementation Summary Reports.

• Performance Summary Reports.

• Community emergency preparedness communication materials.

• Evidence demonstrating implementation of stakeholder identification, stakeholder communication, community notification and external reporting processes.

• Evidence demonstrating management of stakeholder concerns, complaints and external inquiries.

• Evidence demonstrating public communication of environmental performance information consistent with Responsible Care principles.

• External validation of stakeholder communication and emergency preparedness interfaces through interviews with municipal emergency management representatives.

• Evidence demonstrating ongoing communication with community stakeholders, neighbouring facilities, emergency responders, regulatory agencies and Indigenous communities.

**Findings**

**Effectiveness**

The organization demonstrated a mature stakeholder engagement process that includes Indigenous communities, municipal responders, regulatory agencies, neighbouring facilities and community stakeholders. Evidence reviewed demonstrated ongoing communication, consultation and information-sharing activities rather than one-way notification.

Independent interviews confirmed that Diamond Petrochemicals maintains active communication with emergency response organizations and community stakeholders and has established mechanisms for incorporating stakeholder input into planning, emergency preparedness and Responsible Care activities.

**Non-Conformities**

- None identified for this process.

## Performance Evaluation, Improvement & Management Review

| | |
|---|---|
| Process sampled | Performance Evaluation, Improvement & Management Review |
| Name of sub-process(es) sampled | Performance Monitoring, Environmental Monitoring, Compliance Evaluation, Regulatory Reporting, Incident Investigation, Corrective Action Management, Internal Audit Program, Management Review, Continual Improvement, Performance Metrics and Reporting |

| | |
|---|---|
| Shift(s) | across all shifts |
| Auditees | Craig Journeay, HSEM Manager / RCMS Coordinator; David Knight, Operations Manager; John Kerr, Operations Supervisor; Wendy Cyr, Environmental Specialist; Koji Osuka, CEO; |
| Inputs | Operational performance data, environmental monitoring results, regulatory requirements, incident investigations, audit findings, stakeholder feedback, management system performance information, compliance evaluations and Responsible Care objectives. |
| Outputs | Compliance evaluations, incident investigations, corrective actions, management review outputs, performance reports, improvement initiatives, updated objectives and management system improvements. |
| Metrics/indicators | Environmental compliance performance, LDAR performance, fence-line monitoring results, incident statistics, audit completion, corrective action closure, Responsible Care objectives, regulatory reporting performance, process safety indicators and environmental performance metrics. |

Key documents reviewed

| Doc nr | Rev | Doc name |
|---|---|---|
| Record | 2026-03-09, 2026-03-10 | Internal Audit Report |
| Doc nr | Rev | Doc name |
| Record | 2026-05-20 | Management Review Meeting |
| Doc nr | Rev | Doc name |
| Record | 2026 | 2026 Site Goals and Objectives |

Description of the process / Evidence gathered and reviewed

**Detailed Process Description**

Performance evaluation and continual improvement activities were reviewed through interviews with Craig Journey, Wendy Cyr, David Knight, Lynn Rosales and Andrea, together with examination of monitoring records, compliance evaluations, incident investigations, internal audit outputs, management review activities, Responsible Care performance reporting records and public reporting information.

Environmental Monitoring and Performance Evaluation

Environmental monitoring and performance evaluation activities were reviewed with Wendy Cyr.

Evidence reviewed included:

• LDAR monitoring activities and component tracking records.
• Fence-line monitoring results.
• Ambient monitoring reports.
• Environmental reporting records.
• Regulatory submissions.
• Compliance tracking records.
• Environmental performance indicators.
• Air emissions monitoring activities.
• Wastewater compliance monitoring activities.
• Operating Parameter Summary Reports.
• Implementation Summary Reports.

• Performance Summary Reports.
• Public reporting website information.
• Publicly available environmental performance reports.

Wendy Cyr demonstrated the site's compliance calendar and environmental performance tracking process used to manage reporting obligations, permit requirements, inspections, regulatory submissions and public reporting commitments. Monitoring information is periodically reviewed to evaluate environmental performance, identify trends, support management review activities and identify improvement opportunities.

The LDAR program was reviewed through monitoring records, component tracking and performance reporting activities. Fence-line monitoring results, ambient monitoring reports and public environmental performance reports were reviewed as part of the site's environmental monitoring and performance evaluation process. Evidence demonstrated ongoing collection, analysis and public communication of environmental performance information consistent with Responsible Care principles.

**Compliance Evaluation**

Compliance evaluation activities were reviewed through examination of environmental approvals, reporting obligations, regulatory inspections, compliance tracking records, permit requirements and Responsible Care reporting activities.

Evidence reviewed included:

• Environmental Compliance Approval 1336-BY3TR5.
• Environmental Compliance Approval 5336-BY3NE8.
• Environment and Climate Change Canada Permit DA-OR-2026-6517.
• Annual Written Summary and Declaration.
• Regulatory reporting records.
• Compliance calendar.
• Environmental inspection activities.
• CIAC Compliance Letter dated April 23, 2026.
• (SHIM reporting confirmation, PRIM reporting confirmation, TIMS reporting confirmation, Responsible Care Recommitment Letter acknowledgement)

Wendy Cyr demonstrated the process used to identify, monitor and periodically evaluate compliance obligations. Evidence reviewed confirmed completion of required reporting activities, permit obligations, environmental submissions, Responsible Care reporting activities and environmental inspections during the audit cycle.

The compliance calendar is used to assign responsibilities, monitor due dates and verify completion of regulatory requirements. Multiple regulatory inspections and compliance reviews were completed during the audit cycle and incorporated into ongoing performance evaluation activities.

**Incident Investigation and Corrective Actions**

Incident investigation activities were reviewed through examination of transportation incidents, environmental incidents, corrective action records and follow-up activities.

Evidence reviewed included:

• Transportation Incident 2603-0002 (February 28, 2026).
• Environmental Incident IE2507-001 (July 14, 2025).
• Environmental Incident IE2602-0002 (February 13, 2026).
• Corrective action implementation records.
• Incident follow-up activities.
• Internal audit action tracking records.

Investigation records demonstrated documented review of events, identification of contributing causes, implementation of corrective actions and verification of follow-up activities.

Environmental Incident Investigations IE2507-001 and IE2602-0002 were reviewed and demonstrated implementation of corrective actions and incorporation of lessons learned into environmental management activities.

Transportation Incident 2603-0002 was reviewed together with associated corrective actions and operational improvements. Evidence demonstrated communication of incident learnings and implementation of actions intended to prevent recurrence.

Performance statistics reviewed during the audit included occupational health and safety, environmental, transportation and process safety performance metrics, including one recordable injury, eleven near misses and two environmental incidents. Personnel demonstrated awareness of incident reporting requirements, corrective action processes and management review expectations.

**Internal Audit Program**

The Internal Audit completed March 9–10, 2026 was reviewed.

The audit identified opportunities associated with:

• Completion of management review activities.
• Execution of internal audit requirements.
• Updating of legacy procedures inherited from previous ownership.

Evidence reviewed during the audit confirmed that management subsequently addressed these issues through completion of the management review process, execution of the audit program and initiation of a structured procedure review and update project.

Internal audit outputs were incorporated into management review activities, corrective action processes and continual improvement initiatives. The audit demonstrated effective use of internal audits as a mechanism for identifying management system improvement opportunities.

**Management Review**

Management Review records dated May 20, 2026 were reviewed.

Inputs to the review included:

• Environmental performance.
• Compliance status.
• Incident investigations.
• Internal audit results.
• Transportation performance.
• Emergency preparedness activities.
• Stakeholder engagement activities.
• AFN engagement activities.
• Process safety performance.
• Security performance.
• Responsible Care objectives.
• Responsible Care reporting activities.
• Public reporting commitments.

Outputs from the review included:

• Establishment of 2026 Responsible Care objectives.
• Assignment of action items.
• Review of compliance performance.
• Review of incident trends.
• Review of stakeholder engagement activities.
• Review of Responsible Care initiatives.
• Identification of improvement opportunities.
• Review of performance reporting activities.

Evidence reviewed demonstrated ongoing collection, analysis and public reporting of environmental and operational

performance information, including fence-line monitoring, ambient monitoring, operating parameter reporting and performance summary reporting. Multiple years of performance information were maintained and made publicly available through the organization's public reporting process, supporting performance evaluation, transparency and continual improvement activities.

Management review activities demonstrated active leadership involvement in evaluating management system performance, reviewing Responsible Care commitments and establishing priorities for the upcoming year.

The review also demonstrated closure of management system issues identified during the March 2026 Internal Audit through completion of the required management review process, execution of the audit program and establishment of new objectives and action plans.

**Industry Benchmarking and Responsible Care Performance Reporting**

Evidence reviewed included:

• CIAC Compliance Letter dated April 23, 2026.
• SHIM, PRIM, TIMS  submissions (2025).
• Responsible Care Recommitment Letter (2026).
• Public performance reporting activities.

CIAC correspondence confirmed receipt of required SHIM, PRIM and TIMS submissions for 2025 together with receipt of the signed 2026 Responsible Care Recommitment Letter. Participatory requirements and NERM reporting activities were scheduled for separate year-end confirmation by CIAC.

Historical correspondence between DPCC and CIAC was also reviewed and confirmed that annual recommitment requirements were not mandatory while the site was progressing through initial RCMS implementation and certification activities. Following implementation of the Responsible Care Management System, evidence demonstrated participation in applicable Responsible Care reporting and commitment activities.

The site participates in Responsible Care performance reporting and industry benchmarking activities. Environmental, occupational health and safety, process safety and transportation performance information is collected and reported through established corporate and industry reporting processes to support benchmarking, performance evaluation and continual improvement.

**Continual Improvement**

Performance information obtained through monitoring activities, compliance evaluations, incident investigations, stakeholder feedback, internal audits, management review activities, public reporting and Responsible Care reporting processes is used to support continual improvement.

Examples reviewed during the audit included:

• Closure of internal audit actions.
• Ongoing legacy procedure updates.
• Environmental compliance improvements.
• Emergency preparedness enhancements.
• Objective-setting initiatives.
• Incident corrective actions.
• Stakeholder engagement improvements.
• Performance reporting enhancements.

Evidence reviewed demonstrated that the organization utilizes monitoring, compliance evaluation, incident investigation, internal auditing, management review and Responsible Care reporting processes to identify opportunities for improvement and support implementation of Responsible Care commitments.

**Evidence Gathered / Reviewed**

• Interviews with Craig Journey, Wendy Cyr, David Knight, Lynn Rosales and Andrea regarding performance evaluation, compliance management, monitoring activities, incident management, management review and continual improvement

processes.

• Internal Audit Report dated March 9–10, 2026.

• Internal Audit Corrective Action Tracker.

• Management Review Meeting dated May 20, 2026.

• 2026 Site Goals and Objectives.

• Transportation Incident Investigation 2603-0002 dated February 28, 2026.

• Environmental Incident Investigation IE2507-001 dated July 14, 2025.

• Environmental Incident Investigation IE2602-0002 dated February 13, 2026.

• SOP-0518 Rev. 1 (2025-03) – Environmental Laws, Regulations and Guidelines.

• SOP-0521 Rev. 1 (2025-03) – Internal and External Environmental Reports Regulatory and Non-Regulatory.

• Compliance Calendar.

• Environmental Compliance Approval 1336-BY3TR5 – Annual Written Summary and Declaration.

• Environmental Compliance Approval 5336-BY3NE8 – Industrial Sewage Works Approval.

• Environment and Climate Change Canada Permit DA-OR-2026-6517.

• SOP-0515 Rev. 1 (2025-03) – Leak Detection and Repair.

• SOP-1564 Rev. 1 (2025-03) – 1,3-Butadiene Technical Standard (LDAR).

• LDAR monitoring records and component tracking activities.

• Fence-Line Monitoring Results.

• Ambient Monitoring Reports.

• Environmental Reporting Records.

• Site Environmental KPI Reports.

• Operating Parameter Summary Reports.

• Implementation Summary Reports.

• Performance Summary Reports.

• Public Reporting Website environmental performance information.

• Site HSE Statistics and performance metrics.

• CIAC Compliance Letter dated April 23, 2026 confirming receipt of:

  - SHIM submissions (2025).
  - PRIM submissions (2025).
  - TIMS submissions (2025).
  - Responsible Care Recommitment Letter (2026).

• Responsible Care performance reporting records.

• Regulatory reporting records and environmental submissions.

• Regulatory inspection and compliance verification activities.

• Compliance tracking records and permit obligation reviews.

• Corrective action implementation and follow-up records.

• Internal audit action closure records.

• Management review action item tracking records.

• Environmental performance indicators and trend analyses.

• Publicly reported environmental performance information including:

- Ambient monitoring results.
- Fence-line monitoring results.
- Operating parameter reporting.
- Performance summary reporting.

• Evidence demonstrating completion of required environmental reporting, permit obligations, compliance evaluations and Responsible Care reporting activities.

• Evidence demonstrating use of monitoring results, compliance evaluations, incident investigations, internal audit outputs, management review outputs and Responsible Care reporting activities to support continual improvement.

**Findings**

**Effectiveness**

Processes for monitoring performance, evaluating compliance, investigating incidents, conducting internal audits and completing management reviews were established and effectively implemented. Evidence demonstrated that management utilizes performance information, audit results, incident investigations, compliance evaluations and stakeholder feedback to support decision-making and continual improvement activities.

Corrective actions associated with internal audit findings and incident investigations were reviewed and demonstrated implementation of improvement activities.

**Opportunities for Improvement**

Consider strengthening the Responsible Care objective-setting process by establishing documented implementation plans, assigned accountability, defined milestones and completion dates, and by strengthening linkage between objectives and the site's highest Responsible Care risks, including process safety, transportation, mechanical integrity, emergency preparedness and stakeholder engagement.

**Non-Conformities**

- None identified for this process.

## EHS Program Specific Information

| | |
|---|---|
| Boundaries and description of audited facility | The DPCC Sarnia Olefins Facility receives mixed C4 hydrocarbon feedstocks from upstream petrochemical producers and operates extraction, purification, storage and distribution processes to produce specification-grade 1,3-butadiene. Operations include feedstock handling, extraction and separation within the BE3 unit, compression and storage within product spheres and caverns, product transfer through loading rack operations, and shipment by rail to customers. Supporting systems include flare systems, cooling water systems, wastewater collection and treatment interfaces, environmental control systems, and utility infrastructure. Safe and reliable operation is supported through process safety management, mechanical integrity, management of change, hazard analysis, leak detection and repair, inspection and testing programs, and emergency preparedness activities. |
| Permits | Environmental Compliance Approval (Air & Noise) 1336-BY3TR5 Ontario Ministry of the Environment, Conservation and Parks<br>Environmental Compliance Approval (Industrial Sewage Works) 5336-BY3NE8 Ontario Ministry of the Environment, Conservation and Parks<br>Environment and Climate Change Canada Permit DA-OR-2026-6517 Environment and Climate Change Canada |

Significant Aspects/Hazards

| Process/Activity/Operation | Significant Aspects | Hazards |
|---|---|---|
| Butadiene Extraction and Purification (BE3 Unit) | Air emissions, energy consumption, wastewater generation, fugitive emissions | Flammable hydrocarbon release, fire, explosion, toxic exposure |
| Product Storage Spheres | Potential atmospheric emissions, product loss, spill potential | Loss of containment, fire, explosion, overpressure |
| Railcar Loading and Unloading Operations | Product transfer emissions, spill potential, transportation impacts | Railcar release, fire, explosion, personnel exposure, transportation incident |
| Brine Storage Operations | Potential groundwater contamination, energy use | Loss of containment, pressure excursion, subsurface release |
| Flare System Operations | Combustion emissions, greenhouse gas emissions, noise | Emergency flaring, fire hazards, process upset management |
| Wastewater Collection and BIOX Interface | Wastewater discharge quality, contaminated stormwater management | Environmental release, permit exceedance, treatment system upset |
| Leak Detection and Repair (LDAR) Program | Fugitive VOC emissions, environmental compliance | Hydrocarbon release, personnel exposure, fire risk |
| Maintenance, Turnaround and Contractor Activities | Waste generation, emissions from maintenance activities, resource consumption | Hot work incidents, confined space hazards, line opening, energy isolation failures |