Company Standard

Version 4.2 – September 2025

#WALKTHETALK

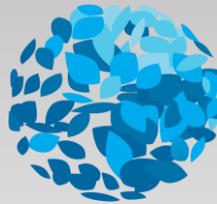*the planet deserves more than half measures*®

EARTHCHECK

EarthCheck Certified is the only global Benchmarking and Certification program for sustainable travel and tourism underpinned by the science and software of EarthCheck. EarthCheck's scientific systems were developed by the Cooperative Research Centre for Sustainable Tourism in Australia over a 10 year period.

EarthCheck Certified is built on the Agenda 21 principles for Sustainable Development endorsed by 182 Heads of State at the United Nations Rio De Janeiro Earth Summit in 1992. EarthCheck provides a framework for organisations to achieve the desired outcomes for sustainable tourism as set out in the final report of the World Summit for Sustainable Development held in Johannesburg in 2002.

EarthCheck Certified is recognised by the Global Sustainable Tourism Council (GSTC) and complies with the Mohonk Agreement which outlines the guidelines and principles for an international sustainable tourism certification program.

EarthCheck science and reporting is aligned with the IPCC Guidelines for National Greenhouse Gas Inventories, WBCSD Greenhouse Gas Protocol, ISO14064 range of standards for greenhouse gas accounting, ISO14001, ISO50001, ISO26000, ISO9001, the GRI Guidelines, the HCMI, the SDG's and is a verified program of the CDP.

EarthCheck partners with leading travel and tourism organisations to achieve and maintain good environmental and social practice, deliver maximum benefit to all interested parties and provide confidence for concerned consumers who are seeking a credible program which has integrity, transparency and scientific rigour.

The EarthCheck brand signifies better environmental and social performance, improved community interactions and savings through more efficient use of resources. It provides recognition and promotional support to a global consumer market.

KEEPING EARTHCHECK STANDARDS CURRENT

The EarthCheck Standards are living documents which reflect the progress within the science and technology pertaining to Certification for a sustainable travel and tourism industry.

To maintain their currency, all EarthCheck Standards are periodically reviewed, and new editions are published. Standards may also be withdrawn. It is important that organisations ensure they are using a current Standard, as published on the 'MyEarthCheck' homepage, available on the EarthCheck website earthcheck.org.

EarthCheck welcomes suggestions for improvement to the Standards, and encourages organisations to notify us of any apparent inaccuracies. Please address your comments to relationshipmgt@earthcheck.org.

DISCLAIMER

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INTRODUCTION

The purpose of EarthCheck Company Standard is to provide organisations with a framework for environmental and social sustainability. The EarthCheck Company Standard can apply to all travel and tourism related organisations, and the systems and processes can be applied to any organisation.

The Standard includes requirements specific to other management systems, such as quality, environment, occupational health and safety, risk management and corporate social reporting, and its elements can be integrated with those of other management systems. The Standard ensures a high level of alignment to ISO14001, ISO50001, ISO26000, ISO9001, the GRI, the HCMI, the SDG's and is recognised by the GSTC.

The EarthCheck Benchmarking program allows an organisation to benchmark themselves against the unlimited number of Optional Indicators in order to manage internal and external reporting requirements. In addition to the Company Standard, EarthCheck also offers the EarthCheck Destination Standard to assist organisations and communities to achieve sustainable outcomes.

KEY PERFORMANCE AREAS

The following 10 Key Performance Areas addressed in the Standard aim to improve an organisation's environmental and social performance:

1. Greenhouse Gas Emissions
2. Energy Efficiency, Conservation and Management
3. Management of Freshwater Resources
4. Ecosystem Conservation and Management
5. Social and Cultural Management
6. Land Use Planning and Management
7. Air Quality Protection
8. Wastewater Management
9. Solid Waste Management
10. Environmentally Harmful Substances

GUIDANCE ON THE SELF-ASSESSMENT CHECKLIST

This Standard sets out the criteria for EarthCheck Certification, including explanatory notes and a Self-Assessment Checklist. The numbered clauses form the criteria, with explanatory notes on how the Standard is applied.

The Self-Assessment Checklist provides organisations with a tool to review compliance against each clause of the Standard**. It is a mandatory requirement to provide comments/explanation for every box ticked 'Yes' or 'No' or 'NA'**. The Self-Assessment Checklist is available online through 'My EarthCheck' and becomes the key document used by auditors to ensure accuracy with the information reported.

Documentation Requirements

In addition to the Self-Assessment Checklist, this Standard sets out the documentation requirements that can be objectively audited subject to an organisation's level of environmental and social impact. The extent and detail of the documentation are subject to the complexity of the organisation's scope (including location and sensitivity of the local environment, activities, products, services and facilities) and level of environmental impact.

An organisation with low environmental and/or social impact will be required to document a Risk Assessment and Sustainability Action Plan suitable to the scope of the organisation's operations. Whereby an organisation's environmental impact is deemed as high, a documented Environmental Management System (EMS) is required.

All levels of impact are subject to ratification by EarthCheck.

	Required Documentation	Low Impact Organisations	High Impact Organisations
Commitment & Policy	Sustainability Policy	✓	✓
Benchmarking & Performance	Benchmarking Methodology	✓	✓
	Waste Management Plan	✓	✓
Governance	Legislation Register	✓	✓
	Risk Assessment	✓	✓
Sustainability & Energy Approach	Sustainability Action Plan	✓	✓
	Environmental Management System / Sustainability Management System	Optional*	✓
Communication	Communication Action Plan	✓	✓
	Complaints Handling Policy and Procedure	✓	✓

Please note that the EMS is applicable to high impact organisations only however low impact organisations can opt for an EMS should they wish.

The Self-Assessment Checklist is a management tool that can be used to report on an organisation's environmental and social performance and its commitment to corporate governance and risk management.

The following sections of this document form an easy reference tool and health check for communicating performance with your internal and external key stakeholders.

EARTHCHECK AND THE SUSTAINABLE DEVELOPMENT GOALS

The purpose of the EarthCheck Certification program is to provide organisations with a framework for environmental and social sustainability. The United Nations (UNs) Sustainable Development Goals (SDGs) aim to encourage all countries to mobilise efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind.

Hundreds of organisations in more than 70 countries participate in EarthCheck Certification programs from resorts and hotels, to convention centres, tour operators, destinations and new development projects. The EarthCheck Company standard has been mapped to the 17 SDGs to encourage environmental, social and cultural best practices and allow our members to understand what they are doing to contribute to achieving the UN's goals.

The EarthCheck Company Standard addresses the SDGs with qualitative criteria and also assesses the quantitative progress towards achieving the SDGs with its benchmarking indicators, which speak directly to the certified standard's criteria.

Appendix 1 contains a matrix which demonstrates how each section of the EarthCheck Company standard helps to achieve the SDGs. The EarthCheck Company Standard focuses on 10 Key Performance Areas (KPA). The KPAs cover social, cultural and environmental sustainability. These KPAs have been mapped to the SDGs.

	GHG emissions	Energy Efficiency, Conservation & Management	Management of Freshwater Resources	Ecosystem Conservation & management	Social & Cultural Management	Land Use Planning and Management	Air quality protection	Wastewater management	Solid Waste Management	Environmentally harmful substances
No poverty					✓					
Zero hunger			✓	✓	✓	✓				
Good health & well-being	✓		✓	✓	✓	✓	✓	✓	✓	✓
Quality education					✓					
Gender equality					✓					
Clean water & sanitation			✓		✓	✓		✓	✓	✓
Affordable & clean energy	✓	✓				✓				
Decent work & economic growth					✓					
Industry, innovation & infrastructure	✓	✓		✓	✓	✓				
Reduced Inequalities					✓					
Sustainable cities & communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Responsible consumption and production	✓	✓	✓	✓	✓	✓		✓	✓	✓
Climate action	✓	✓		✓	✓	✓	✓			✓
Life below water		✓	✓	✓				✓		✓
Life on land	✓	✓		✓		✓	✓	✓	✓	✓
Peace, justice & strong institutions					✓	✓				
Partnerships for the goals					✓	✓				

ORGANISATION DETAILS & CONTEXT

EarthCheck requires information about your organisation and operation to assist in the Benchmarking and Certification process. All information is treated as highly confidential.

Contact Details

Organisation Name

_____

Address

_____

_____

_____

Postcode/Zip

_____

Country

_____

Telephone

_____

Website

_____

EarthCheck Coordinator

_____

Position Title

_____

Email Address

_____

Corporate Details

Turnover last year

(Include amount & currency)

_____

Corporation details

i.e. nature of ownership[1]

_____

Any changes regarding size, structure or ownership over the last year?

_____

Number of full-time equivalent staff[2]

_____

Number of staff who live on site[3]

_____

Number of guest rooms

(if accommodation)

_____

[1] Nature of business ownership e.g. Owned, Leased, Franchised etc.
[2] Where staff numbers are seasonal work out an average
[3] Include any staff family members living onsite

Local, Social and Environmental Setting

Local, social and environmental setting assists in identifying an organisation's level of impact and the subsequent documentation requirements.

Please select all fields relevant to the setting of your organisation (within a 0.5 kilometre radius).

☐ **Rural**	☐ **Desert/Arid**
☐ **Urban**	☐ **National Park**
☐ **Rainforest**	☐ **Marine Park**
☐ **Forest**	☐ **Heritage Park**
☐ **Wetland/Swamp**	☐ **World Heritage Area**
☐ **Mangroves**	☐ **Biosphere Reserve**
☐ **Lake/Pond**	☐ **Other Conservation Area**
☐ **Coastal/Beachfront**	☐ **Endangered Species**
☐ **Coral Reef**	☐ **Indigenous Community**
☐ **Alpine/Arctic areas**	☐ **Local Village/Town**
☐ **Mountain**	☐ **River**

Explanatory Note*: If you have ticked any of the above underlined locational settings, your operation will likely be in a sensitive environment.*

Scope Statement:

As best you can, describe your organisation's local, social and environmental setting, including the

organisation's proximity to any of the above considerations.

A Scope Statement template is available online via your MyEarthCheck Resources page

_____

_____

Explanatory Note: *It is the scope of the operation (i.e. activities, products and services managed by the organisation) that will be assessed at time of Benchmarking and Certification. The information contained in the above Scope Statement should be included in the Sustainability Policy.*

Activities, Services and Facilities

Please select all relevant fields and provide comments where necessary:

Item	Comments:
☐ Pool(s) *How many and size? (gallons/litres)*	
☐ Restaurants/Café(s) *Seating capacity?*	
☐ Function Room(s) *How many and seating capacity?*	
☐ Golf Course *How many holes?*	
☐ Tennis Court(s) *How many?*	
☐ Gymnasium(s) *How many?*	
☐ Spa *How many treatment rooms?*	
☐ Vehicle Transport *How many? Type?*	
☐ Maintenance Workshop *Activities undertaken e.g. painting?*	
☐ Outdoor Activities *Type e.g. water sports?*	
☐ Own Water Supply Source *Type e.g. desalinated seawater?*	
☐ Onsite Wastewater Treatment *Type?*	
☐ Onsite or Offsite Solid Waste Disposal *Type?*	
☐ Bulk Diesel, Gasoline, LPG storage *How much?*	
☐ Onsite Electricity Generation *Type e.g. diesel, solar etc.*	
☐ Airport/Helipad *Describe size and usage?*	
☐ Marina *How many berths?*	
☐ Tours *How many tour routes?*	
☐ Other (please specify)	

Context of the Organisation

The organisation shall undertake a review to identify all internal and external issues which are relevant to the organisation's operations, thereby establishing the context of the organisation. This process requires an annual review of the aspects and actions that could be considered to lessen the impact of your organisation on the environment, including direct and indirect consequences, legal requirements, and all other effects on stakeholders that the EMS & EnMS and Action Plan will have.

Checklist Item	Y	N	n/a	Comment/Explanation
Has the organisation undertaken an annual review to determine fully the external and internal issues that are relevant to the context of the organisation?	☐	☐	☐	
Has the organisation undertaken an annual review to identify interested parties/stakeholders, to understand their needs and expectations and which of these, if any, will be adopted as a compliance obligation?	☐	☐	☐	

Explanatory Note: *The context of your organisation should inform all further documents of your sustainability management system.*

1. COMMITMENT & POLICY

Requirement:
The organisation shall demonstrate its commitment to sustainability by establishing a formally documented policy that is fully aligned with its strategic objectives. This Policy must clearly address the organisation's environmental, social, economic, and energy-related impacts and must ensure compliance with all applicable laws and regulations. It shall be supported by recognised best practices, risk-based decision-making, and a commitment to continuous improvement. The Policy must provide a framework for setting measurable sustainability goals that are regularly reviewed, updated, and reported on.

The organisation shall ensure that the Policy is communicated to all stakeholders and embedded within its culture through structured training, awareness programmes, and effective governance processes. All actions taken to implement the Policy must be traceable, auditable, and subject to regular management review to promote transparency, accountability, and consistent progress.

This framework is further defined through the following criteria and specific items, which ensure consistency, clarity, and measurable progress.

1.1 Appointment of Representation

The organisation shall formally appoint a qualified and competent EarthCheck Coordinator in writing through a signed appointment letter, position description, or equivalent documented evidence. A Green Team or Sustainability Team shall also be formally established and endorsed by top management. Both the EarthCheck Coordinator and the Sustainability Team must have clearly defined responsibilities documented in organisational records, must complete specific training relevant to their roles, and must be provided with adequate financial, technical, and human resources to enable the full and effective implementation of the Sustainability Management System.

1.1.1 Responsibilities

Requirement:
The organisation must formally appoint an EarthCheck Coordinator who is responsible for developing, implementing, and maintaining the organisation's Sustainability Management System in compliance with EarthCheck requirements and all applicable legal and regulatory obligations. The Coordinator must also ensure that the Sustainability or Green Team is established and supported, that all relevant staff have received documented training on the requirements of the Sustainability Management System and the Energy Efficiency Approach, and that documented performance reports are prepared and submitted to senior management and relevant stakeholders at least once every 12 months.

Checklist Items:
1.1.1.a Is there a signed letter of appointment, email confirmation, or official position description confirming the formal appointment of the EarthCheck Coordinator?
1.1.1.b Is there documented evidence that the EarthCheck Coordinator has completed training on the organisation's Sustainability Management System and Energy Efficiency Approach?
1.1.1.c Is there documented evidence that a Sustainability or Green Team has been formally established and that its members have completed training to support the EarthCheck Coordinator?
1.1.1.d Is there documented evidence that sustainability performance reports have been prepared and submitted to senior management within the last 12 months?

- **Evidence Required:** Appointment documentation (e.g., letter/email of appointment, position description), training certificates, Green Team/Sustainability Team training records, performance report submissions to senior management.

- **Assessment Method:** Document review of appointment letters, training records, and performance reports; interviews with the EarthCheck Coordinator and Green Team/Sustainability Team members; observation of reporting practices and engagement with management.
- **Non-Conformity Trigger:** No formal appointment for the EarthCheck Coordinator; lack of training records; no establishment or training of the Green Team/Sustainability Team; no performance reports submitted to senior management.

1.1.2 Staff Awareness and Training

Requirement:
The organisation must ensure that all staff are actively engaged in the development and implementation of the Sustainability Management System and that they receive documented induction and ongoing training appropriate to their roles and responsibilities. Training must cover the long-term Sustainability Management System and the Energy Efficiency Approach, including but not limited to the organisation's sustainability policy, risk assessments, emergency procedures, and environmental incident reporting. The organisation must identify competency requirements for each role, ensure that staff receive specific training on environmental and energy management relevant to their duties, and maintain an ongoing training and awareness programme to ensure that all staff remain up to date with their sustainability and energy responsibilities. Records of all training delivered, attendance, and competency assessments must be documented and retained for audit purposes.

Checklist Items:
1.1.2.a Is there documented evidence that all staff have received awareness training on environmental and energy management, including the sustainability and energy requirements directly associated with their work?
1.1.2.b Has the organisation formally documented the competencies required for each job role and produced a corresponding training needs analysis to ensure these competencies are met?
1.1.2.c Is there documented evidence that the staff induction programme includes training on the organisation's Sustainability Policy, relevant risk assessments, and the overall long-term Sustainability Management System and Energy Efficiency Approach?
1.1.2.d Is there documented evidence that the staff induction programme includes role-specific training on environmental and energy management aspects directly linked to the duties and responsibilities of each position?
1.1.2.e Is there a documented and implemented training programme that provides regular refresher or update training for staff to ensure ongoing awareness of their environmental and energy management responsibilities, with evidence of delivery?

- **Evidence Required:** Staff training records, induction checklists, competency assessment documents, environmental and energy awareness materials, training schedules, and refresher training records.
- **Assessment Method:** Document review of training records, induction materials, and competency assessments; interviews with staff across departments to gauge understanding and engagement; observation of staff implementation of environmental and energy management practices.
- **Non-Conformity Trigger:** No evidence of staff awareness programs; missing or incomplete training records; no ongoing staff training or updates; failure to identify job-specific competencies related to sustainability.

1.1.3 Management Awareness and Leadership

Requirement:
The organisation must ensure that senior management formally acknowledges, understands, and actively supports the organisation's commitment to implementing and maintaining the long-term Sustainability Management System and Energy Efficiency Approach. Management must demonstrate this awareness and

leadership through documented knowledge of the Sustainability Policy, allocation of sufficient resources to achieve intended outcomes, and active participation in the review and continuous improvement of the system. Evidence of management awareness and leadership must be documented and retained to verify their accountability in sustaining the programme.

Checklist Items:

1.1.3.a Is there documented evidence confirming that senior management has formally reviewed and understood the organisation's Sustainability Policy and long-term Sustainability Management System and Energy Efficiency Approach?

1.1.3.b Is there documented evidence showing that senior management demonstrates knowledge, understanding, and active support for the organisation's long-term Sustainability Management System and Energy Efficiency Approach?

1.1.3.c Is there documented evidence confirming that senior management ensures adequate financial, technical, and human resources are allocated to achieve the intended outcomes of the Sustainability Management System and Energy Efficiency Approach?

- **Evidence Required:** Meeting minutes, internal communications, resource allocation documentation, management interviews, and policy documents.
- **Assessment Method:** Document review of meeting records and communications; interviews with management to assess understanding and support; observation of resource allocation for sustainability initiatives.
- **Non-Conformity Trigger:** Management is unable to explain the policy or sustainability approach; there is a lack of visible support from management, and inadequate resources are allocated for achieving sustainability goals.

1.2 Develop Policy

Requirement:
The organisation must have a formally documented Sustainability and Energy Efficiency Policy that is dated, signed by senior management, and publicly available. The Policy must explicitly define the scope of the organisation's operations, including the location and sensitivity of the local environment, identified environmental and social impacts, relevant external and internal issues, compliance obligations, organisational units and functions, physical boundaries, and all activities, products, services, and facilities covered by the organisation. The scope statement must be accurate, current, and aligned with the actual operations of the organisation, and both the Policy and scope must be reviewed at least once every 12 months to ensure continued relevance and completeness.

Checklist Items:

1.2.a Is there a documented Sustainability and Energy Efficiency Policy that is dated, signed by senior management, and retained as evidence?

1.2.b Is there a documented scope statement that accurately defines the extent of the organisation's operations, including physical boundaries, organisational units, activities, products, services, facilities, and consideration of environmental and social impacts, and is there evidence that this scope statement has been reviewed and updated within the last 12 months?

- **Evidence Required:** Sustainability & Energy Efficiency Policy document, scope statement, legal compliance records, and internal communications on policy implementation.
- **Assessment Method:** Document review of the Sustainability & Energy Efficiency Policy and scope statement; interview senior management to confirm understanding of the Policy; cross-check compliance obligations and operational boundaries.
- **Non-Conformity Trigger:** No written policy; incomplete or unclear scope statement; missing compliance obligations or operational details.

1.2.1 Environmental Protection

Requirement:
The organisation must include within its documented Sustainability and Energy Efficiency Policy a clear and explicit commitment to the protection of the environment. This commitment must cover, at a minimum, the prevention of pollution, protection of local biodiversity, and conservation of natural resources such as energy, water, and raw materials. The Policy must also commit to reducing greenhouse gas emissions and other adverse environmental impacts arising from the organisation's activities, products, and services. The organisation must provide documented evidence demonstrating the implementation of this commitment, including operational measures and programmes that actively support environmental protection and conservation. The commitment must be reviewed and reaffirmed at least once every 12 months to ensure it remains current and effective.

Checklist Items:
1.2.1.a Is there a documented Sustainability and Energy Efficiency Policy, signed by senior management, that explicitly includes a commitment to prevent pollution, protect biodiversity, reduce greenhouse gas emissions, and conserve natural resources such as energy, water, and raw materials?
1.2.1.b Is there documented evidence confirming that the commitments stated in the Sustainability and Energy Efficiency Policy are being implemented and actively maintained?

- **Evidence Required:** Sustainability & Energy Efficiency Policy document, environmental protection initiatives (e.g., water quality, energy efficiency, biodiversity protection plans), implementation records, environmental performance data, and action plans.
- **Assessment Method:** Document review of the Policy and environmental protection initiatives; interviews with relevant staff to confirm policy implementation; review of environmental performance records and action plans.
- **Non-Conformity Trigger:** No commitment to environmental protection in the Policy; no documented evidence of implementation; lack of measurable environmental protection actions.

1.2.2 Continuous Improvement

Requirement:
The organisation must include within its documented Sustainability and Energy Efficiency Policy a formal commitment to continuous improvement in environmental performance, energy efficiency, and social sustainability. The commitment must explicitly state that the organisation will achieve measurable improvements in these areas, supported by annual Benchmarking Assessments that demonstrate year-on-year progress against defined targets. The Policy must require that performance data is collected, analysed, and compared with previous results, and that revised objectives are set each year to ensure ongoing improvement. Evidence of this process, including annual Benchmarking reports, updated objectives, and documented reviews by senior management, must be retained for audit purposes.

Checklist Items:
1.2.2.a Is there a documented Sustainability and Energy Efficiency Policy, signed by senior management, that explicitly includes a measurable commitment to continuous improvement in environmental performance, energy efficiency, social sustainability, and year-on-year improvement in annual Benchmarking results?
1.2.2.b Is there documented evidence demonstrating that the organisation has reviewed its performance annually and set revised targets to achieve continuous improvement?

- **Evidence Required:** Sustainability & Energy Efficiency Policy document, continuous improvement plans, Benchmarking Assessment reports, action plans for sustainability improvements, and performance tracking data.

- **Assessment Method:** Document review of the policy and improvement plans; interviews with management and relevant teams; review of Benchmarking Assessment reports and evidence of improvement actions.
- **Non-Conformity Trigger:** No commitment to continuous improvement in the Policy; lack of improvement plans or performance data; no actions taken to address Benchmarking Assessment results.

1.2.3 Legal Compliance

Requirement:
The organisation must ensure full compliance with all applicable international, national, and local legislation and regulations, including but not limited to health, safety, labour, and environmental requirements. The organisation must include within its documented Sustainability and Energy Efficiency Policy an explicit commitment to meet all legal and regulatory obligations. Mechanisms must be established and maintained to identify applicable legal requirements, monitor changes in legislation, and verify ongoing compliance. Documented evidence of compliance monitoring, internal reviews, corrective actions, and regulatory submissions must be retained and reviewed at least once every 12 months to ensure that the organisation consistently meets its legal obligations.

Checklist Items:
1.2.3.a Is there a documented Sustainability and Energy Efficiency Policy, signed by senior management, that explicitly includes a commitment to comply with all applicable international, national, and local legal and regulatory obligations?
1.2.3.b Is there documented evidence confirming that the organisation is fully compliant with applicable labour laws?
1.2.3.c Is there documented evidence confirming that the organisation is fully compliant with applicable health, safety, and environmental regulations?
1.2.3.d Is there documented evidence that the organisation has established and implemented a process to identify applicable legal requirements, monitor legislative changes, and verify compliance on an ongoing basis?

- **Evidence Required:** Sustainability & Energy Efficiency Policy document, compliance records, legal certifications, regulatory inspection reports, labour law compliance documents, and internal audits.
- **Assessment Method:** Document review of policy and compliance records; interviews with legal and compliance teams; review of regulatory inspection reports and legal certifications; assessment of internal audit results.
- **Non-Conformity Trigger:** No commitment to legal compliance in the Policy; failure to meet legal requirements or regulatory standards; lack of evidence of compliance with labour laws.

1.2.4 Local Employment

Requirement:
The organisation must include within its documented Sustainability and Energy Efficiency Policy a clear and explicit commitment to give priority consideration to employing persons who live in the local community, including for management positions, provided this does not compromise the organisation's operational viability. The organisation must be able to demonstrate evidence of its commitment through documented recruitment policies, job advertisements, employment records, or reports showing the proportion of staff employed from nearby locations. This commitment must be reviewed at least once every 12 months to ensure its continued implementation and effectiveness.

Checklist Items:
1.2.4.a Is there a documented Sustainability and Energy Efficiency Policy, signed by senior management, that explicitly includes a commitment to give priority consideration to employing persons from the local community, including management positions, where operational viability is not compromised?
1.2.4.b Is there documented evidence demonstrating that the organisation has actively considered and implemented local employment as part of its recruitment process?

- **Evidence Required:** Sustainability & Energy Efficiency Policy document, local employment records, hiring policies, job descriptions for management positions, and documentation of local recruitment practices.
- **Assessment Method:** Document review of the Policy and hiring records; interviews with HR and management teams to verify recruitment practices; review of local recruitment initiatives and compliance with the Policy.
- **Non-Conformity Trigger:** No commitment to local employment in the Policy; no evidence of recruitment or employment practices prioritising local candidates.

1.2.5 Products and Services

Requirement:
The organisation must include within its documented Sustainability and Energy Efficiency Policy a clear and explicit commitment to supporting local entrepreneurs in the development and supply of sustainable products and services of local origin. The organisation must give documented preference to procuring such products and services where they meet operational and quality requirements, and must also demonstrate adherence to recognised fair trade principles. The organisation must maintain and implement a documented purchasing policy covering the procurement of local food, goods, energy-efficient equipment, renewable energy, consumables, and services. This purchasing policy must define how local and sustainable preference is applied, must be subject to regular internal review and auditing, and must be updated at least once every 12 months to ensure continued effectiveness.

Checklist Items:
1.2.5.a Is there a documented Sustainability and Energy Efficiency Policy, signed by senior management, that explicitly includes a commitment to support local entrepreneurs and give preference to local products and services where operationally viable?
1.2.5.b Is there a documented statement within the Sustainability and Energy Efficiency Policy or related procurement policies confirming that the organisation is committed to applying fair trade principles in its purchasing practices?
1.2.5.c Is there a documented purchasing policy that explicitly covers the procurement of local food, goods, energy-efficient equipment, renewable energy, other consumables, and services, and is there documented evidence confirming that this Policy is regularly audited, managed, and updated?

- **Evidence Required:** Sustainability & Energy Efficiency Policy document, purchasing Policy, procurement records, fair trade certifications, audit reports for procurement practices, and contracts with local suppliers.
- **Assessment Method:** Document review of policy and procurement practices; interviews with procurement and supply chain management; audit of fair trade certifications and supplier contracts; verification of compliance with local product sourcing and sustainable practices.
- **Non-Conformity Trigger:** No policy supporting local products or services; failure to follow fair trade principles; lack of regular audits or management of purchasing practices; no documentation of local product preference or sustainable sourcing.

1.3 Adopt Policy

Requirement:
The organisation must ensure that its Sustainability and Energy Efficiency Policy is formally adopted at the highest managerial level. The Policy must be signed and dated by the Chief Executive Officer, General Manager, Director, or equivalent top management representative, confirming official adoption and accountability for its implementation. The signed Policy must be retained as documented evidence and reviewed at least once every 12 months to ensure it remains valid and current.

Checklist Items:
1.3.a Is there a signed and dated Sustainability and Energy Efficiency Policy that confirms adoption by the Chief Executive Officer, General Manager, Director, or equivalent top management representative?

- **Evidence Required:** A signed Policy document, approval meeting minutes, and formal adoption records.
- **Assessment Method:** Document review of the signed Policy, meeting records, and adoption documentation; interviews with senior management to confirm understanding and formal adoption.
- **Non-Conformity Trigger:** No signature or formal adoption by the highest managerial level; lack of documented evidence of Policy adoption.

1.4 Promote Policy

Requirement:
The organisation must ensure that its Sustainability and Energy Efficiency Policy is actively promoted and communicated to all identified key stakeholders, including but not limited to employees, customers, and suppliers of products and services. The organisation must maintain a documented process to identify and update key stakeholder groups on an ongoing basis. A current list of stakeholder groups must be maintained, and there must be documented evidence that the Policy has been communicated to all current stakeholders through appropriate channels such as staff training sessions, customer communications, supplier contracts, websites, or public reports. Evidence of promotion and communication activities must be retained for audit purposes and reviewed at least once every 12 months.

Checklist Items:
1.4.a Is there a documented process that defines how the organisation identifies and updates its key stakeholders on an ongoing basis?
1.4.b Is there a current documented list of stakeholder groups engaged by the organisation?
1.4.c Is there documented evidence confirming that the Sustainability and Energy Efficiency Policy has been communicated to all current key stakeholders?

- **Evidence Required:** Stakeholder identification process documentation, list of stakeholder groups, communication logs, email or meeting records showing the dissemination of the Policy.
- **Assessment Method:** Document review of stakeholder identification process and communication records; interviews with relevant staff to confirm communication practices; observation of stakeholder engagement efforts.
- **Non-Conformity Trigger:** No documented process for identifying stakeholders; failure to maintain a list of engaged stakeholders; lack of evidence that the Policy has been communicated to key stakeholders.

1.5 Publicly Available

Requirement:

The organisation must ensure that its Sustainability and Energy Efficiency Policy is publicly available and accessible to all key stakeholders in both physical and digital formats. The Policy must be displayed in at least one prominent and visible public location within the organisation's premises where staff, customers, guests, and suppliers can readily view it. The organisation must also make the Policy digitally available through internal channels such as the staff intranet, employee communication platforms, or shared document repositories, and externally through the organisation's official website or equivalent digital platform. In addition, the Policy must be provided promptly upon request to any key stakeholder in either physical or digital form. Documented evidence of public display, digital publication, and stakeholder access must be retained and reviewed at least once every 12 months to ensure ongoing availability, accessibility, and visibility.

Checklist Items:

1.5.a Is there documented evidence confirming that the Sustainability and Energy Efficiency Policy is physically displayed in at least one prominent public location accessible to staff, customers/guests, and suppliers on site?

1.5.b Is there documented evidence confirming that the Sustainability and Energy Efficiency Policy is digitally available to all staff through internal channels?

1.5.c Is there documented evidence confirming that the Sustainability and Energy Efficiency Policy is made digitally available to external stakeholders?

1.5.d Is there documented evidence confirming that the Sustainability and Energy Efficiency Policy is made available in either physical or digital form upon request to any key stakeholder?

- **Evidence Required:** Policy displayed in visible areas on site (e.g., common areas, staff rooms, customer service areas), policy availability records, public communication logs, and stakeholder request documentation.
- **Assessment Method:** Document review of the Policy's display locations and records of availability on request; site inspection to verify display areas; interviews with staff and customers to confirm accessibility and transparency.
- **Non-Conformity Trigger:** The Policy is not displayed in public areas; there is a failure to provide the Policy upon request; there is no evidence that stakeholders have been informed of policy availability.

1.6 Review Policy

Requirement:

The organisation must review its Sustainability and Energy Efficiency Policy at least once every 12 months to ensure it remains current, accurate, and aligned with the organisation's operations, objectives, and compliance obligations. Each review must be formally documented, signed, and dated by senior management to confirm approval and accountability. The organisation must maintain a permanent record of all policy reviews, including previous versions, version control logs, review dates, and evidence of any updates or amendments made. These records must be retained for audit purposes and be available for inspection.

Checklist Items:

1.6.a Is there documented evidence that the Sustainability and Energy Efficiency Policy has been reviewed, signed, and dated by senior management within the last 12 months?

1.6.b Is there a maintained record of policy reviews, including version control logs, historical versions of the Policy, and evidence of amendments or updates resulting from each review?

- **Evidence Required:** Documented Policy review record, signed and dated Policy document, review meeting minutes or notes, and evidence of senior management involvement in the review process.

- **Assessment Method:** Document review of the signed and dated Policy, meeting minutes, and review records; interviews with staff to confirm the review process; verification that the Policy has been updated annually.
- **Non-Conformity Trigger:** No evidence of annual review; missing or outdated signatures; lack of records for the review process; no involvement from senior management in the review.

1.7 Staff Training on Commitment & Policy

Requirement:

The organisation must ensure that all staff receive documented training appropriate to their roles to meet the requirements of the Commitment & Policy section of the Sustainability and Energy Efficiency Programme. Training must ensure that all employees understand the Sustainability and Energy Efficiency requirements relevant to their duties and responsibilities. The organisation must also ensure that the EarthCheck Coordinator and the Green Team/Sustainability Team receive advanced and specific training that enables them to fully implement, monitor, and review the requirements of the Commitment & Policy section. Records of all training delivered, including dates, content, attendance, and trainer qualifications, must be retained for audit purposes.

Checklist Items:

1.7.a Is there documented evidence confirming that all staff have received training on the Commitment & Policy section to ensure they understand the Sustainability and Energy Efficiency requirements associated with their work?

1.7.b Is there documented evidence confirming that the EarthCheck Coordinator and members of the Green Team/Sustainability Team have received specific and appropriate training to enable them to fulfil all responsibilities under the Commitment & Policy section?

- **Evidence Required:** Staff training records, induction materials, training schedules, training certificates, and performance review records for the EarthCheck Coordinator and Green Team/Sustainability Team members.

- **Assessment Method:** Document review of training records and materials; interviews with staff, EarthCheck Coordinator, and Green Team/Sustainability Team members; observation of staff implementing sustainability practices based on training.

- **Non-Conformity Trigger:** No evidence of training for staff; failure to provide training to the EarthCheck Coordinator or Green Team/Sustainability Team; lack of training records or insufficient training coverage.

2. BENCHMARKING & PERFORMANCE

Requirement:

The organisation shall demonstrate its commitment to sustainability performance by submitting complete and accurate data for the annual Benchmarking Assessments, in full compliance with the requirements of this section. Participation in Benchmarking is a mandatory requirement under the EarthCheck Program and must be completed every 12 months without exception.

The governance framework for Benchmarking and Performance shall be applied in accordance with the following criteria and specific items, ensuring that all reporting is consistent, transparent, and capable of demonstrating measurable progress over time.

In addition, the organisation shall demonstrate its commitment to assessing and improving its environmental, energy, and social performance. This assessment must include an evaluation of the significance of both positive

and negative impacts arising from the organisation's activities, products, and services across all 10 Key Performance Areas.

2.1 Data Collection

Requirement:
The organisation must collect and submit complete, accurate, and verifiable Benchmarking data on an annual basis for all core Benchmarking indicators, in accordance with the EarthCheck program requirements. A documented and repeatable methodology must be in place to ensure consistent and accurate data collection and calculation of the organisation's Activity Measure for each reporting year. All data submitted must relate strictly to the defined operational scope of the organisation. Records must be retained for all relevant indicators and calculations, and the methodology must be reviewed and updated at least once every 12 months to ensure accuracy and consistency.

Checklist Items:
2.1.a Is there a documented Benchmarking methodology in place, formally approved by management, that defines data sources, calculation methods, and responsibilities?
2.1.b Is there documented evidence confirming that all collected Benchmarking data relates strictly to the defined operational scope of the organisation?
2.1.c Is there documented evidence (e.g., calculation worksheets, audit trails) confirming that the organisation's Activity Measure data has been calculated accurately and consistently for the Benchmarking period?
2.1.d Is there documented evidence that the organisation's total Energy Consumption data has been measured, recorded, and verified for the Benchmarking period?
2.1.e Is there documented evidence that the organisation's Energy Consumption by type (e.g., purchased electricity, stationary fuel combustion, mobile fuels) has been separately and accurately recorded?
2.1.f Is there documented evidence that the organisation's Energy Consumption records allow for the calculation of Scope 1 and Scope 2 Greenhouse Gas Emissions in accordance with recognised standards?
2.1.g Is there documented evidence confirming that Potable Water Consumption data has been accurately measured and recorded?
2.1.h Is there documented evidence confirming that Water Saving data (e.g., from conservation measures or reuse) has been accurately measured and recorded?
2.1.i Is there documented evidence confirming that Waste Sent to Landfill data has been accurately measured and recorded?
2.1.j Is there documented evidence confirming that Waste Recycling data has been accurately measured and recorded?
2.1.k Is there documented evidence confirming that Community Commitment data has been accurately measured and recorded?
2.1.l Is there documented evidence confirming that Community Contributions data has been accurately measured and recorded?
2.1.m Is there documented evidence confirming that Paper Products usage data has been accurately measured and recorded?
2.1.n Is there documented evidence confirming that Cleaning Product usage data has been accurately measured and recorded?
2.1.o Is there documented evidence confirming that Pesticide Product usage data has been accurately measured and recorded?
2.1.p Is there documented evidence confirming that consumer feedback (both positive and negative) has been accurately recorded and reviewed?
2.1.q Is there documented evidence confirming that Corporate Social Responsibility (CSR) data has been accurately measured and recorded?
2.1.r Is there documented evidence confirming that the total hours of employee training on policies and procedures have been accurately recorded?
2.1.s Is there documented evidence confirming that the total number of incidents of discrimination and the

corrective actions taken have been recorded?

2.1.t Is there documented evidence confirming that the number of staff trained on anti-corruption policies has been recorded?

- **Evidence Required:**

  Documented Benchmarking methodology, signed approval of methodology, utility records, calculation worksheets, CSR data, HR and training records, discrimination incident logs, consumer feedback records, and stakeholder engagement documentation.

- **Assessment Method:**

  Document review, interviews with responsible staff, cross-checking of data sources, and verification of traceability between raw data, calculation methods, and reported results.

- **Non-Conformity Trigger:**

  Absence of a documented and approved methodology; inaccurate or incomplete calculation of the Activity Measure; missing, inaccurate, or unverifiable indicator data; submission of data outside the defined operational scope.

2.1.1 Sector Specific Indicators

Requirement:

The organisation must collect, document, and submit data annually on all Sector Specific Indicators (SSIs) as defined by the EarthCheck Sector Benchmarking Indicators (SBI) document for the applicable sector. The SSIs recorded must accurately reflect the full operational scope of the organisation and must be consistent with the sector classification under which the organisation is benchmarked. The organisation must retain completed SSI records and ensure that these are reviewed for accuracy and completeness at least once every 12 months prior to submission.

Checklist Item:

2.1.1.a Is there documented evidence (e.g., completed SBI templates, sector documentation, or annual performance reports) confirming that all Sector Specific Indicators relevant to the organisation's defined sector have been recorded in full compliance with the EarthCheck Sector Benchmarking Indicators (SBI) document?

- **Evidence Required:**

  Completed SBI templates, official sector documentation, sector classification confirmation, and annual performance reports showing data aligned to SSIs.

- **Assessment Method:**

  Document review, verification of sector classification, and cross-checking of submitted SSIs against the organisation's defined operational scope and SBI requirements.

- **Non-Conformity Trigger:**

  Absence of completed SSI records; incomplete or missing data for required Sector Specific Indicators; or evidence of misalignment between reported SSIs and the organisation's defined sector scope.

2.1.2 Optional Indicators

Requirement:

The organisation may select and apply Optional Indicators in addition to the mandatory Sector Benchmarking Indicators, provided these indicators are directly aligned with recognised subscribed frameworks (e.g., SDGs, national reporting schemes) or the organisation's documented sustainability priorities. Any Optional Indicators adopted must be clearly defined, relevant to the organisation's operational impacts, and supported by a

repeatable measurement methodology. Data for Optional Indicators must be collected, recorded, and reviewed annually, and records must be retained as evidence of ongoing monitoring and performance tracking.

Checklist Items:
2.1.2.a Is there documented evidence confirming that Optional Indicators selected by the organisation are aligned with subscribed frameworks or internal sustainability goals?
2.1.2.b Is there documented evidence confirming that Optional Indicators are clearly defined, relevant to the organisation's sustainability priorities, and supported by a repeatable monitoring methodology?

- **Evidence Required:**
  Internal sustainability policies, Optional Indicator definitions, subscribed framework documentation, reporting logs, KPI registers, and measurement records.
- **Assessment Method:**
  Document review, verification of Optional Indicator alignment with frameworks or priorities, and staff interviews with sustainability leads to confirm understanding and use.
- **Non-Conformity Trigger:**
  Optional Indicators listed but not measured; measurement records incomplete or missing; Optional Indicators not aligned with subscribed frameworks or documented organisational sustainability priorities.

2.2 Benchmarking Documented Information

Requirement:
The organisation must retain all documented information supporting its Benchmarking performance for a minimum of three years, or since the initial benchmarking date if less than three years. This documentation must include, at a minimum, the approved Benchmarking Methodology, all source data, and the calculated Activity Measure for each reporting year. Supporting documentation must also be available for each Core Indicator, Sector Specific Indicator, and any Optional Indicators adopted by the organisation. Where underperformance is identified in Benchmarking results, the organisation must document this within its Risk Assessment and incorporate corrective actions into its long-term Sustainability and Energy Efficiency Approach. All documentation must be reviewed regularly to confirm that records are accurate, complete, and consistent with policy commitments and planning requirements.

Checklist Items:
2.2.a Is there documented evidence confirming that the organisation has retained all Benchmarking documentation for a minimum of three years, or since initial benchmarking if less than three years?
2.2.b Is there documented evidence that the complete source data used to calculate the Activity Measure is clearly available and traceable?
2.2.c Is there documented evidence that supporting documentation is available for each Core Indicator, Sector Specific Indicator, and any Optional Indicators adopted by the organisation?
2.2.d Is there documented evidence (e.g., Risk Assessment records, corrective action plans, sustainability strategies) confirming that underperformance identified in Benchmarking results has been formally addressed?
2.2.e Is there documented evidence that Benchmarking documentation, including maintenance and performance records, is consistent with the organisation's Sustainability and Energy Efficiency Policy and long-term planning commitments?

- **Evidence Required:**
  Historical Benchmarking reports, approved Benchmarking Methodology, calculation worksheets, source data files, Risk Assessment records, corrective action or improvement plans, long-term sustainability strategy documents, and maintenance logs.

- **Assessment Method:**

  Document review, verification of source data traceability, and cross-referencing Benchmarking results with Risk Assessment and long-term improvement planning.

- **Non-Conformity Trigger:**

  Failure to retain Benchmarking documentation for the required period; missing or incomplete supporting documentation for Core, Sector Specific, or Optional Indicators; absence of source data for Activity Measure; no evidence of risk-based follow-up to address underperformance.

2.3 Management of Environmental Issues

Requirement:

The organisation must identify, assess, and manage all significant environmental impacts arising from its operations. This shall include, at a minimum, greenhouse gas emissions, energy consumption, water usage, ecosystem protection, pollution control, and waste management. A systematic and documented approach must be implemented to monitor performance in each area, establish measurable objectives, and demonstrate continuous improvement. Records of monitoring, mitigation actions, and performance reviews must be maintained. The organisation must comply with all applicable environmental laws and regulations and provide documented evidence of its active commitment to environmental responsibility.

Checklist Items:

2.3.a Is there documented evidence confirming that the organisation has identified and assessed all significant environmental impacts of its operations, including greenhouse gas emissions, energy, water, ecosystem protection, pollution control, and waste management?

2.3.b Is there a documented environmental management plan or equivalent system in place that defines measurable objectives, responsibilities, and actions for monitoring and minimising environmental impacts?

2.3.c Is there documented evidence confirming that environmental impacts are being monitored and reviewed on a regular basis?

2.3.d Is there documented evidence confirming that the organisation complies with all applicable environmental laws and regulations?

2.3.e Is there documented evidence confirming that senior management demonstrates active commitment to environmental responsibility and continuous improvement?

- **Evidence Required:**

  Environmental impact assessments, monitoring logs, performance data, environmental management plans, permits and licences, inspection reports, sustainability reports, corrective action records, and management review minutes.

- **Assessment Method:**

  Document review, staff interviews, verification of monitoring data, and site inspection to confirm the implementation of environmental management measures.

- **Non-Conformity Trigger:**

  Absence of an environmental impact assessment; lack of a documented management plan; missing or incomplete monitoring records; evidence of non-compliance with environmental laws; failure to demonstrate management commitment or continuous improvement.

2.3.1 Greenhouse Gas Emissions

Requirement:

The organisation must measure and maintain a documented inventory of all greenhouse gas (GHG) emissions from sources within its operational control, including direct emissions (Scope 1) and indirect emissions from

purchased energy (Scope 2). Documented procedures must be implemented to avoid, minimise, or reduce emissions where feasible, and annual targets for emission reduction must be established and reviewed. Where residual emissions cannot be eliminated, carbon offsetting initiatives must be considered and, where adopted, documented. The organisation must also monitor, record, and control the use of ozone-depleting substances, particularly refrigerant gases from refrigeration and air conditioning systems, ensuring that releases to the atmosphere are avoided. Records of monitoring, control measures, and corrective actions must be retained for audit purposes.

Checklist Items:
2.3.1.a Is there a documented Sustainability and Energy Efficiency Policy or equivalent document that includes an explicit commitment to measure, monitor, and reduce greenhouse gas emissions?
2.3.1.b Is there documented evidence confirming that ozone-depleting substances, particularly refrigerant gases from refrigeration and air conditioning systems, are monitored, controlled, and not released to the atmosphere?
2.3.1.c Is there documented evidence confirming that the organisation has considered and, where applicable, implemented a programme to offset residual carbon emissions?
2.3.1.d Is there a documented procedure in place, with evidence of implementation (e.g., operational controls, equipment specifications, performance reports), to avoid or minimise significant greenhouse gas emissions within the organisation's operational control?

- **Evidence Required:**
  Complete GHG inventory (Scope 1 and Scope 2), utility records, refrigerant use and servicing logs, HVAC system maintenance reports, carbon offset documentation, GHG reduction targets, and emission reduction plans.
- **Assessment Method:**
  Document review of GHG inventories and records, interviews with engineering and facilities management staff, inspection of HVAC and refrigerant storage systems, and verification of emission reduction and offset initiatives.
- **Non-Conformity Trigger:**
  Absence of a documented GHG inventory; incomplete or inaccurate Scope 1 or Scope 2 data; no evidence of emission control or reduction procedures; unmonitored or uncontrolled refrigerant releases; absence of offsetting or reduction initiatives where feasible.

2.3.2 Energy Efficiency, Conservation and Management

Requirement:
The organisation must minimise total energy consumption, improve energy efficiency, and prioritise the use of renewable and low-emission energy sources wherever these are available and technically and financially feasible. Renewable energy sources are defined as solar, wind, hydro, geothermal, or certified bioenergy. All energy systems must be designed, operated, and maintained to reduce greenhouse gas emissions and minimise dependence on non-renewable fossil fuels. Documented operational controls, passive design measures, automated smart technologies, and high-efficiency infrastructure must be implemented and maintained to achieve measurable improvements in performance.

Where timber or alternative fuels are used, procurement must be limited to sustainable suppliers. A sustainable supplier is defined as one that holds recognised third-party certification (e.g., FSC, PEFC, or equivalent) or provides verifiable documentation that fuels are legally harvested, traceable to origin, renewable, and managed in a way that avoids deforestation, environmental degradation, and social exploitation.

The organisation must also demonstrate a documented preference for procuring renewable or low-emission electricity and fuels, and must prioritise the purchase of certified "green power" from grid suppliers wherever this is available.

Checklist Items:
2.3.2.a Is there a documented energy efficiency programme in place?
2.3.2.b Has the renewable energy generation potential of the site been formally evaluated?
2.3.2.c Is there documented evidence that renewable energy is being used?
2.3.2.d Is there documented evidence that the organisation's energy supply complies with defined sustainability requirements?
2.3.2.e Where timber or alternative fuels are used, is there documented evidence that procurement is restricted to sustainable suppliers as defined in the Requirement?
2.3.2.f Where renewable or low-emission electricity is available from grid suppliers, is it procured?
2.3.2.g Is there a documented preference for procuring renewable or low-emission energy sources?
2.3.2.h Is energy-efficient lighting installed and operational?
2.3.2.i Is natural lighting being utilised as part of building design and operations?
2.3.2.j Is natural ventilation being utilised as part of building design and operations?
2.3.2.k Is tempered air used in preference to full air conditioning where applicable?
2.3.2.l Is natural cooling being utilised where applicable?
2.3.2.m Are smart controls in place for lighting systems?
2.3.2.n Is passive solar design integrated into building operations or retrofits?
2.3.2.o Is energy-efficient heating and cooling equipment installed where required?
2.3.2.p Are smart controls in place to prevent heating and cooling of unoccupied spaces?
2.3.2.q Is desiccant dehumidification used for air conditioning where applicable?
2.3.2.r Are high-efficiency chiller systems used for air conditioning?
2.3.2.s Are high-efficiency air handling systems used for air conditioning?
2.3.2.t Are energy-efficient appliances in use?
2.3.2.u Are smart controls in place for refrigeration, air conditioning, and pump systems?
2.3.2.v Are variable speed drives installed for refrigeration systems?
2.3.2.w Are variable speed drives installed for air conditioning systems?
2.3.2.x Are variable speed drives installed for pump systems?
2.3.2.y In all heated or cooled areas, is roof and wall insulation installed?
2.3.2.z In cold climates, is double glazing installed?
2.3.2.aa Is heat recovery technology applied where feasible?
2.3.2.ab Is cogeneration technology applied where feasible?
2.3.2.ac Are additional energy-saving measures documented and implemented?

- **Evidence Required:**
  Energy management policy, energy audit results, utility and sub-metering records, procurement documentation and supplier certifications, technical specifications of equipment, smart control system documentation, inspection and maintenance records, and project implementation reports.
- **Assessment Method:**
  Review of energy documentation, procurement and certification records, inspection of installed infrastructure and energy systems, and interviews with engineering and sustainability staff.
- **Non-Conformity Trigger:**
  Absence of a documented energy efficiency programme; failure to evaluate renewable energy potential; evidence of inefficient high-consumption technologies in use; procurement of timber or alternative fuels from suppliers not meeting the sustainability definition in the Requirement; no documented preference or procurement of renewable or low-emission energy sources where available.

2.3.3 Management of Freshwater Resources

Requirement:
The organisation must identify and document all sources and uses of freshwater across its operations. It must implement measurable measures to optimise consumption and reduce total water use through infrastructure upgrades, efficiency practices, and behavioural change programmes. A documented water risk assessment must be carried out at least once every three years, with results integrated into operational planning. Freshwater sourcing must be demonstrated as sustainable, meaning that abstraction or collection does not adversely affect natural environmental flows or the water availability of local communities. Efficiency technologies such as low-flow fittings, dual-flush toilets, leak detection systems, and reuse or alternative water sources (e.g., rainwater or greywater) must be applied wherever technically and financially feasible. All monitoring and control measures must be documented, regularly reviewed, and retained for audit purposes.

Checklist Items:
2.3.3.a Is there documented evidence identifying the freshwater sources used by the organisation?
2.3.3.b Is there documented evidence confirming that freshwater sourcing does not adversely affect environmental flows or local community availability?
2.3.3.c Is there a documented water conservation programme in place?
2.3.3.d Has a water risk assessment been conducted and documented within the last three years?
2.3.3.e Is there a documented and implemented maintenance schedule for water systems?
2.3.3.f Is there documented evidence that all plumbing is checked for leaks on a regular basis?
2.3.3.g Is there documented monitoring of water consumption per guest night or per unit of activity?
2.3.3.h Is there documented evidence that dual-flush toilets have been installed where applicable?
2.3.3.i Is there documented evidence that low-flow tap fittings have been installed where applicable?
2.3.3.j Is there documented evidence that low-flow shower fittings have been installed where applicable?
2.3.3.k Is there documented evidence that staff and guests are provided with communication or training on reducing water use?
2.3.3.l Is there documented evidence confirming the percentage of guest rooms equipped with bathtubs?
2.3.3.m Is there documented evidence confirming that exterior areas are maintained without the use of potable water wash-downs?
2.3.3.n Is there documented evidence that auto-detect or waterless urinals have been installed where applicable?
2.3.3.o Is there documented evidence of rainwater collection, storage, and/or use?
2.3.3.p Is there documented evidence confirming that greywater or treated wastewater is reused?
2.3.3.q Is there documented evidence that landscaping uses native or low-water species to reduce irrigation needs?
2.3.3.r Is there documented evidence confirming that swimming pools are covered to reduce evaporation when not in use?
2.3.3.s Is there documented evidence confirming that irrigation is scheduled to minimise evaporation losses?
2.3.3.t Is there documented evidence of additional water-saving measures implemented and maintained?
2.3.3.u Where water risk has been identified as high, is there documented evidence that water stewardship goals have been established and monitored?

- **Evidence Required:**
  Water bills and meter logs, water risk assessment reports, maintenance schedules, plumbing and fitting specifications, conservation and communication policies, landscaping and irrigation plans, operational logs of water reuse systems, and guest communication materials.
- **Assessment Method:**
  Review of water-related documentation and records, site inspections of water infrastructure, verification of installed technologies, and interviews with facilities and sustainability staff.
- **Non-Conformity Trigger:**
  Absence of a documented water conservation strategy; excessive consumption without reduction

measures; failure to maintain or inspect plumbing; absence of a water risk assessment; evidence of freshwater abstraction negatively affecting environmental flows or local community supply.

2.3.3.1 Stormwater Management

Requirement:
The organisation must implement and maintain a documented stormwater management system to prevent contamination, erosion, and sedimentation. All stormwater infrastructure must be designed to maintain natural drainage patterns and protect watercourses. Controls must be in place to prevent pollutants, including litter, oil, grease, chemicals, and silt, from entering stormwater systems. Where vehicle washing or similar activities are carried out on-site, appropriate containment and treatment systems must be in place to prevent contaminated runoff. Sites and land areas must be regularly inspected and maintained to prevent erosion, and silt traps or equivalent devices must be installed and maintained to avoid sedimentation of natural water bodies. Records of inspections, maintenance, and corrective actions must be retained for audit purposes.

Checklist Items:
2.3.3.1.a Is there a documented stormwater management system in place to prevent contamination of runoff with litter, oil, grease, chemicals, or silt?
2.3.3.1.b Is stormwater infrastructure designed and maintained to preserve drainage patterns and prevent erosion?
2.3.3.1.c Where on-site vehicle washing occurs, are systems in place to capture and treat runoff to prevent oil and grease contamination?
2.3.3.1.d Is there documented evidence that sites and land are inspected, maintained, or repaired to prevent erosion?
2.3.3.1.e Is there documented evidence that erosion has been assessed and, where risks are identified, corrective measures have been implemented?
2.3.3.1.f Is there documented evidence that silt trap devices or equivalent infrastructure have been installed and are maintained to prevent sedimentation of natural watercourses?

- **Evidence Required:**
  Stormwater management plans, site drainage maps, erosion control plans, stormwater infrastructure blueprints, vehicle wash operation procedures, inspection and maintenance records, and silt trap installation and servicing logs.
- **Assessment Method:**
  On-site inspection of stormwater management infrastructure, review of system design and risk plans, verification of maintenance records, and interviews with facilities or environmental management staff.
- **Non-Conformity Trigger:**
  Absence of a documented stormwater management system; lack of installed controls to prevent contamination; evidence of uncontrolled runoff; visible erosion or risk of erosion not addressed; absence of silt traps or equivalent measures where sedimentation risks are present.

2.3.4 Ecosystems Conservation and Management

Requirement:
The organisation must assess, document, and manage the impacts of its operations on surrounding natural and cultural environments, with particular focus on ecosystems, species, habitats, and communities of conservation concern. Where operations are located within or adjacent to sensitive ecosystems or legally protected areas, the organisation must identify all applicable conservation requirements and demonstrate compliance through documented management actions. Even in urban environments, the organisation must

evaluate and document potential ecological impacts of its activities on nearby species and habitats. Documented biodiversity assessments and conservation management plans must be developed, regularly reviewed, and integrated into operational planning.

Checklist Item:

2.3.4.a Is there documented evidence confirming that the organisation has identified and understood the conservation requirements of relevant ecosystems, species, habitats, and protected areas near its operations?

- **Evidence Required:**

  Site-specific biodiversity assessments, conservation management plans, ecological risk evaluations, protected area maps, environmental permits, stakeholder consultation records, and staff training or guidance materials.

- **Assessment Method:**

  Review of biodiversity and conservation documentation, verification of site maps and protected area boundaries, interviews with environmental or facilities staff, consultation records with local conservation authorities or NGOs, and on-site inspection of areas adjacent to natural ecosystems.

- **Non-Conformity Trigger:**

  Absence of a biodiversity or ecosystem assessment; failure to identify conservation requirements of nearby ecosystems, species, or protected areas; no documentation demonstrating how ecological surroundings are considered in operational planning and management.

2.3.4.1 Minimise Eco-Disturbance

Requirement:

The organisation must minimise disturbance to natural ecosystems caused by its activities, facilities, or services. Where any disturbance occurs, the organisation must implement documented and approved procedures for ecological rehabilitation, including clear responsibilities, timeframes, and monitoring requirements. If rehabilitation is not feasible, the organisation must provide compensatory contributions to recognised conservation management efforts. Acceptable compensatory contributions include legally required access or permit fees, financial donations, in-kind support, or the provision of equipment or services that directly support environmental protection. Records of all rehabilitation actions and conservation contributions must be retained, reviewed annually, and made available for audit.

Checklist Items:

2.3.4.1.a Is there documented evidence identifying whether the organisation's activities cause disturbance to natural ecosystems?

2.3.4.1.b Where operations take place in protected areas, is there documented evidence confirming that access or permit fees have been paid as required?

2.3.4.1.c Is there documented evidence of contributions (financial, in-kind, or services) made to conservation management within the organisation's capacity and resources?

2.3.4.1.d Where disturbance has occurred, is there documented evidence of compensatory contributions to conservation management?

2.3.4.1.e Is there a documented procedure in place that defines how disturbed natural ecosystems will be rehabilitated, including responsibilities, timelines, and monitoring?

- **Evidence Required:**

  Environmental impact assessments, ecological monitoring reports, rehabilitation procedures and protocols, conservation contribution records (financial or in-kind), legal permits, operational policies, and monitoring documentation.

- **Assessment Method:**
  Review of environmental documentation, verification of contribution records and permits, interviews with environmental or sustainability managers, and site inspection of affected ecosystems and conservation support mechanisms.
- **Non-Conformity Trigger:**
  Evidence of ecological disturbance without rehabilitation or compensatory action; absence of documented rehabilitation procedures; failure to make required conservation contributions in protected or sensitive areas.

2.3.4.2 Wildlife

Requirement:
The organisation must ensure that no species of wild animal is acquired, bred, or held in captivity unless authorised under applicable national or international legislation and managed according to formally recognised animal welfare standards. Where captive wildlife is present, the organisation must maintain valid permits or licences and provide documented evidence that housing, care, feeding, and veterinary practices comply with welfare standards issued by competent authorities or recognised organisations (e.g., World Organisation for Animal Health).

Interactions with free-roaming wildlife must be non-invasive, responsibly managed, and formally documented to demonstrate that no adverse effects occur to the health, behaviour, or long-term viability of wild populations. Feeding, handling, or other direct interactions with free-roaming wildlife must only occur when permitted by law and endorsed by competent conservation authorities or recognised independent experts. All interactions must follow applicable national or international guidelines, and records of expert advice, approvals, or monitoring must be retained for audit purposes.

Checklist Items:
2.3.4.2.a Is there documented evidence confirming whether the organisation holds any captive wildlife on-site?
2.3.4.2.b Where captive wildlife is held, is there documented evidence of valid permits or formal authorisation from relevant authorities?
2.3.4.2.c Where captive wildlife is held, is there documented evidence that housing, care, and handling procedures comply with recognised animal welfare standards?
2.3.4.2.d Where interactions with free-roaming wildlife occur, is there documented evidence that these interactions have been reviewed and approved by a competent conservation authority or recognised independent expert?
2.3.4.2.e Where direct feeding or interaction with free-roaming wildlife takes place, is there documented evidence that such activities are legally authorised and conducted under recognised international standards or independent expert guidance?

- **Evidence Required:**
  Valid permits and licences for captive wildlife, national or international welfare standards, veterinary records, housing and care protocols, monitoring and compliance reports, expert approvals or endorsements, and guest communication materials related to wildlife interaction.
- **Assessment Method:**
  Document review of permits, welfare protocols, and expert endorsements; on-site observation of captive animal housing and wildlife interactions; and interviews with site managers, animal care staff, or conservation partners.
- **Non-Conformity Trigger:**
  Holding or breeding of wildlife without legal authorisation; absence of valid permits; failure to

demonstrate compliance with recognised animal welfare standards; direct human–wildlife interactions not authorised or guided by competent conservation authorities or experts; evidence of harmful or unmanaged human–wildlife interaction.

2.3.4.3 Protected Species

Requirement:
The organisation must ensure that no products, services, menu items, souvenirs, artefacts, or displays involve the use of protected species or species of conservation concern, unless such use is explicitly authorised under national law and international conventions (e.g., CITES, IUCN) and is demonstrated to be part of a strictly regulated, sustainable, and legal activity. The organisation must have a documented policy prohibiting the trade, sale, or display of protected or endangered species, including parts or derivatives of such species, unless legally permitted under controlled and verified circumstances. Procurement, sales, and marketing activities must be reviewed regularly to confirm compliance. Records of policies, supplier declarations, and permits must be retained for audit purposes.

Checklist Items:
2.3.4.3.a Is there documented evidence confirming that no protected species or species of conservation concern are included in any products or services offered by the organisation?
2.3.4.3.b Is there a documented policy signed by management that explicitly prohibits the procurement, sale, or display of protected species or species of conservation concern except where legally authorised?
2.3.4.3.c Where wildlife species are harvested, consumed, displayed, sold, or traded, is there documented evidence confirming that such activity is regulated, sustainable, and in full compliance with applicable laws and international conventions?

- **Evidence Required:**
  Procurement and supplier records, product and menu listings, conservation and procurement policies, supplier declarations of compliance, and valid permits or licences issued under national or international frameworks.
- **Assessment Method:**
  Document review of procurement records, supplier contracts, menus, and retail listings; verification of supplier declarations and permits; and interviews with staff responsible for purchasing, food and beverage, or retail operations.
- **Non-Conformity Trigger:**
  Evidence of use, display, or sale of protected species or species of conservation concern without valid legal authorisation; absence of a documented policy prohibiting trade in such species; or lack of evidence confirming compliance with CITES, IUCN, or national legislation.

2.3.5 Land Use Planning and Management

Requirement:
The organisation must ensure that all land use, site development, and construction activities are planned, approved, and managed in compliance with environmental, cultural, heritage, and community requirements. All planning, siting, design, construction, operation, and demolition activities must comply with applicable zoning laws, protected area regulations, heritage protections, and property rights, including indigenous and communal rights. Land acquisition must follow documented legal procedures, including free, prior, and informed consent where indigenous or communal rights are affected.

All buildings and infrastructure must respect natural and cultural surroundings and avoid any form of involuntary resettlement. Design must demonstrate the application of sustainable design principles, including

integration of native species in landscaping and habitat restoration, conservation measures, and provision of accessible infrastructure for persons with disabilities or special needs. The organisation must also demonstrate documented contributions to environmental improvement programmes, such as habitat conservation or ecological restoration.

Checklist Items:
2.3.5.a Is there documented evidence confirming that the EarthCheck Building Planning and Design Standard (BPDS) was applied in planning and construction phases?
2.3.5.b Is there documented evidence that applicable local, regional, or national zoning or land management plans for the property have been reviewed and followed?
2.3.5.c Is there a documented policy or commitment to habitat conservation in land use planning?
2.3.5.d Is there documented evidence that all land acquisition has followed relevant legal procedures?
2.3.5.e Is there documented evidence that land use complies with zoning requirements and regulations covering protected, sensitive, or heritage areas?
2.3.5.f Is there documented evidence that planning, siting, design, construction, operations, and demolition comply with applicable legal and regulatory requirements?
2.3.5.g Is there documented evidence that planning and design processes considered natural and cultural surroundings?
2.3.5.h Where applicable, is there documented evidence that land and water rights have been acquired in compliance with communal or indigenous rights, including evidence of free, prior, and informed consent?
2.3.5.i Is there documented evidence confirming that no involuntary resettlement has occurred as a result of land use or development?
2.3.5.j Is there documented evidence that cultural and heritage values were assessed and integrated into land use planning decisions?
2.3.5.k Is there documented evidence of contributions to environmental improvement programmes, such as habitat restoration or conservation initiatives?
2.3.5.l Is there documented evidence confirming that infrastructure provides accessibility for persons with disabilities or special needs?
2.3.5.m Is there documented evidence confirming that the siting of buildings and infrastructure respects natural and cultural surroundings?
2.3.5.n Is there documented evidence that native species are used for landscaping and restoration in natural or landscaped areas?

- **Evidence Required:**
  Approved building plans and permits, zoning and land management documentation, conservation commitments or policies, environmental and social impact assessments, records of indigenous and community consultations, records of land acquisition procedures, documentation of free, prior, and informed consent (where applicable), accessibility design features, and landscaping or restoration plans showing use of native species.
- **Assessment Method:**
  Document review of land use and development records, verification of permits and planning compliance, interviews with development managers and community or indigenous representatives, inspection of construction sites, and review of accessibility and landscaping features.
- **Non-Conformity Trigger:**
  Evidence of non-compliance with zoning, planning, or legal requirements; failure to document or respect cultural, environmental, or accessibility considerations; use of non-native or invasive species in landscaping; evidence of land acquisition without legal compliance or required consent; or occurrence of involuntary resettlement.

2.3.6 Air Quality, Noise & Light Controls

Requirement:

The organisation must monitor, document, and minimise emissions to air, as well as control noise and light pollution, in order to prevent negative impacts on guests, employees, local communities, and wildlife. All operational activities must be assessed for their contribution to gaseous and particulate emissions, including combustion systems, HVAC equipment, and other mechanical operations. Legacy equipment, such as refrigeration or air conditioning units containing ozone-depleting substances (e.g., CFCs or HCFCs), must be documented and managed to prevent any uncontrolled release.

Noise emissions must be measured against applicable national or local standards and reduced through operational controls, building design features, and technology. Light emissions must be assessed with respect to their impact on surrounding areas and wildlife, and controlled through shielding, directional lighting, or automated systems to avoid unnecessary disturbance. All monitoring data, assessments, and corrective actions must be documented and retained for audit.

Checklist Items:

2.3.6.a Is there documented evidence confirming that gaseous and particulate emissions are measured, monitored, and recorded?

2.3.6.b Is there documented evidence confirming that noise emissions from buildings and operations are measured, assessed, and minimised?

2.3.6.c Is there documented evidence confirming that light emissions from facilities and operations are measured, assessed, and minimised?

2.3.6.d Is there documented evidence confirming that operational practices or technological controls have been implemented to minimise noise pollution?

2.3.6.e Is there documented evidence confirming that refrigeration or HVAC systems containing ozone-depleting substances are inventoried, regularly maintained, and managed to prevent release?

- **Evidence Required:**

  Air emissions monitoring records, maintenance logs for HVAC and machinery, refrigerant inventories and service logs, noise and light pollution assessment reports, building and lighting system plans, and operational control procedures.

- **Assessment Method:**

  Review of air emission data and maintenance records; verification of refrigerant and equipment management logs; inspection of site during day and night for noise and light impacts; and interviews with engineering, facilities, or sustainability managers.

- **Non-Conformity Trigger:**

  Absence of air quality monitoring data; failure to assess or control noise and light emissions; use of unregulated or outdated equipment leading to uncontrolled pollution; or lack of documented management procedures for systems containing ozone-depleting substances.

2.3.7 Wastewater Management

Requirement:

The organisation must ensure that all wastewater and sewage generated on-site are collected, treated, and discharged in compliance with national or international standards and in a manner that prevents harm to the environment and local communities. The level of wastewater treatment must be appropriate to the sensitivity of the receiving environment, as determined by documented water quality standards or local regulatory requirements.

Where municipal wastewater treatment systems are available, the organisation must demonstrate documented evidence of a verified and legal connection. Where on-site treatment systems are used, the organisation must maintain records of treatment infrastructure, monitoring data, and regular maintenance.

Where technically and financially feasible, the organisation must implement the reuse of treated wastewater or greywater on-site in a safe and controlled manner. Records of treatment, testing, and reuse must be retained for audit purposes.

Checklist Items:

2.3.7.a Is there documented evidence confirming whether wastewater and sewage are sent to a municipal treatment system?

2.3.7.b Is there documented evidence that wastewater is treated to a standard that complies with applicable regulations and prevents environmental harm?

2.3.7.c Is there documented evidence confirming that wastewater or greywater treatment is managed in a way that prevents negative effects on local communities and ecosystems?

2.3.7.d Where wastewater or greywater reuse occurs, is there documented evidence confirming that reuse is managed safely and in compliance with health and environmental standards?

- **Evidence Required:**
  Wastewater treatment plant connection records, discharge permits, third-party discharge monitoring reports, treatment system maintenance logs, water quality test results, greywater reuse policies, and technical schematics of treatment and reuse systems.
- **Assessment Method:**
  Review of wastewater documentation, verification of treatment and discharge records, inspection of treatment systems and discharge points, and interviews with engineering or environmental staff.
- **Non-Conformity Trigger:**
  Evidence of untreated or inadequately treated wastewater; discharge not compliant with applicable standards; lack of documented verification of municipal connection; reuse of wastewater or greywater without safety controls; or absence of monitoring and maintenance records for treatment systems.

2.3.8 Solid Waste Management

Requirement:

The organisation must establish and maintain a documented solid waste management programme that demonstrates a clear commitment to prevention, minimisation, reuse, recycling, and safe disposal of waste. The programme must include a structured waste minimisation strategy supported by procurement policies that explicitly reduce the purchase and use of single-use and non-biodegradable products. Systems for the separation, collection, reuse, and recycling of materials must be documented and implemented across all operations, with evidence that these measures are actively applied in practice.

Organic waste must be managed in a controlled manner, including composting or equivalent recovery methods where this is technically and financially feasible. Electronic waste (e-waste) must be collected, stored, and transferred to certified handlers in full compliance with applicable regulations, with clear documentation of quantities and destinations. Residual waste that cannot be reused or recycled must only be disposed of at legally permitted and properly managed facilities, with disposal records retained as evidence of compliance.

The organisation must monitor, record, and review its waste performance on an annual basis, with documented results integrated into the Sustainability Management System and available for audit.

Checklist Items:
2.3.8.a Is there a documented waste minimisation strategy in place that includes procurement practices to reduce single-use and non-biodegradable products?
2.3.8.b Is there a documented strategy for reuse and recycling of materials?
2.3.8.c Is there documented evidence that reuse and recycling strategies are actively implemented?
2.3.8.d Is there documented evidence confirming that solid waste is disposed of through a legally permitted and properly managed landfill or equivalent facility?
2.3.8.e Is there a documented procedure in place for the collection, storage, and disposal of electronic waste (e-waste) in compliance with regulations?
2.3.8.f Is there documented evidence confirming that residual waste is disposed of in a manner that prevents environmental or social harm?

- **Evidence Required:**

  Waste management plan, procurement policies, records of waste volumes and destinations, recycling and composting logs, landfill disposal documentation, e-waste handling protocols, and annual waste performance reviews.
- **Assessment Method:**

  Review of documented waste management policies and records, inspection of waste handling, separation, and storage areas, verification of landfill permits or disposal contracts, and interviews with housekeeping, procurement, and engineering staff.
- **Non-Conformity Trigger:**

  Absence of a documented waste management plan, failure to implement waste minimisation, reuse, or recycling measures, disposal of waste without verification of legal landfill or facility compliance, absence of e-waste procedures, or evidence of environmental or social harm caused by waste disposal practices.

2.4 Management of Social and Cultural Issues

Requirement:
The organisation must assess, respect, and positively contribute to the social and cultural fabric of the communities in which it operates. This obligation includes the promotion of cultural awareness among staff and guests, preservation of cultural heritage, structured engagement with local communities, provision of fair employment opportunities, and documented support for local economies. All operations must uphold recognised human rights standards, ensure inclusivity and equity, and demonstrate long-term positive impact through policies, programmes, and measurable outcomes. A structured management approach must be in place to integrate social and cultural sustainability across all levels of policy and operation.

Checklist Items:
2.4.a Is there documented evidence that the organisation has conducted an assessment of its social and cultural impacts within the local community?
2.4.b Is there documented evidence of cultural awareness programmes or training provided to staff and/or guests?
2.4.c Is there documented evidence that the organisation has measures in place to preserve and respect local cultural heritage?
2.4.d Is there documented evidence of engagement with local community representatives or organisations?
2.4.e Is there documented evidence confirming that employment practices comply with fair labour standards and promote inclusivity and equity?
2.4.f Is there documented evidence of procurement or investment practices that support local economies (e.g., sourcing from local suppliers, partnerships)?
2.4.g Is there documented evidence that human rights principles are embedded in organisational policies and operational procedures?

2.4.h Is there documented evidence that the organisation reviews and monitors its social and cultural contributions on a regular basis?

- **Evidence Required:**
  Social and cultural impact assessments, training records, cultural heritage preservation policies, records of community engagement, HR and labour compliance documents, supplier procurement records, human rights policies, and monitoring or review reports.
- **Assessment Method:**
  Document review of policies and procedures, verification of training and procurement records, interviews with staff and community representatives, and on-site inspection of cultural or community-related initiatives.
- **Non-Conformity Trigger:**
  Absence of a social and cultural impact assessment; no documented cultural awareness or heritage preservation measures; lack of evidence of community engagement; employment practices not aligned with fair labour or inclusivity standards; no documented support for local economies; or absence of human rights policies.

2.4.1 Cultural Sensitivity

Requirement:
The organisation must respect local customs, traditions, and cultural heritage by formally integrating cultural sensitivity into its operations, staff training, guest communications, and community engagement. Policies and procedures must ensure that cultural practices are represented accurately, not exploited or commercialised, and that operations contribute positively to preserving local identity and dignity. Staff must receive documented training on cultural awareness and respectful guest communication, and guests must be provided with clear information on appropriate behaviour in relation to local cultural norms. The organisation must demonstrate that its operations actively prevent cultural exploitation and promote positive, respectful engagement with host communities.

Checklist Items:
2.4.1.a Is there documented evidence that the organisation integrates respect for local cultural values, traditions, and customs into its operations?
2.4.1.b Is there documented evidence that staff receive training on cultural awareness and guest communication relating to local heritage and customs?
2.4.1.c Is there documented evidence that guests are provided with guidance on how to behave respectfully in relation to local cultures?
2.4.1.d Is there documented evidence confirming that the organisation avoids activities or offerings that misrepresent, commercialise, or disrespect cultural practices?

- **Evidence Required:**
  Cultural sensitivity policies, cultural awareness training materials, staff training records, guest communication documents (codes of conduct, signage, guest brochures), community consultation records, and documented procedures for evaluating cultural activities or partnerships.
- **Assessment Method:**
  Review of policies, training records, and guest communication materials; interviews with staff and local community representatives; and direct observation of guest–community interactions.
- **Non-Conformity Trigger:**
  Absence of cultural awareness training; lack of documented guest communication on cultural

respect; evidence of cultural exploitation, misrepresentation, or disrespect; absence of community consultation regarding cultural practices.

2.4.2 Cultural Engagement

Requirement:
The organisation must actively engage with local communities, cultural custodians, and relevant stakeholders to ensure that cultural heritage is promoted, protected, and integrated appropriately into the visitor experience. All cultural engagement must be based on free, prior, and informed consent, and must be documented through consultation records or formal agreements. Engagement must be respectful, mutually beneficial, and ensure that cultural expressions are represented accurately and attributed to their rightful origin. The organisation must demonstrate documented support for local cultural initiatives, including artisans, events, preservation projects, or educational programmes. Any cultural experiences or content provided to guests must be developed in partnership with community representatives, be authentic, and avoid misrepresentation or exploitation.

Checklist Items:
2.4.2.a Is there documented evidence confirming that the organisation consults and collaborates with local communities and cultural stakeholders on cultural activities and offerings?
2.4.2.b Is there documented evidence that cultural experiences provided to guests are developed with community involvement and based on free, prior, and informed consent?
2.4.2.c Is there documented evidence confirming that the organisation supports or contributes to local cultural events, preservation projects, or educational initiatives?
2.4.2.d Is there documented evidence that cultural information provided to guests is accurate and attributed to its rightful origin?

- **Evidence Required:**
  Records of community consultations, cultural partnership agreements, memoranda of understanding with cultural custodians, documentation of financial or in-kind contributions to cultural events or projects, guest communication materials (e.g., brochures, signage, website content), and staff training records on cultural engagement practices.
- **Assessment Method:**
  Review of community engagement and partnership records, verification of consent documentation, interviews with community representatives and organisational management, and assessment of cultural experiences or guest-facing materials for authenticity and attribution.
- **Non-Conformity Trigger:**
  No documented engagement with local communities or cultural custodians; provision of cultural content without consent or attribution; lack of documented contributions to cultural preservation or education; evidence of cultural misrepresentation or exploitation.

2.4.3 Cultural Awareness

Requirement:
The organisation must promote cultural awareness both internally and externally by providing structured training for staff and accurate, accessible information for guests. Staff must be formally trained to represent the destination respectfully and to communicate cultural information accurately, with training records retained for verification. Guests must be provided with clear guidance on local customs, etiquette, and cultural values, delivered through documented communication channels such as guest guides, signage, or digital media.

Cultural awareness materials must be developed in collaboration with local experts or community representatives to ensure authenticity, and they must be reviewed and updated at least once every two years, or sooner where cultural practices or expectations change. Cultural awareness must form an integral part of the visitor experience, and records of training, guest communication, and consultation must be retained for audit.

Checklist Items:
2.4.3.a Is there documented evidence confirming that staff receive training to understand and communicate cultural information to guests accurately and respectfully?
2.4.3.b Is there documented evidence that guests are provided with culturally appropriate information promoting respectful behaviour during their stay?
2.4.3.c Is there documented evidence confirming that cultural awareness materials are reviewed and updated regularly in collaboration with local experts or community representatives?

- **Evidence Required:**
  Staff training logs, training materials, cultural awareness policies, guest information guides, in-room or digital cultural communication materials, collaboration or consultation records with local experts, and documented updates or reviews of cultural content.
- **Assessment Method:**
  Review of training records, policies, and guest communication materials; interviews with staff and management; and verification of consultation or feedback from community or cultural experts.
- **Non-Conformity Trigger:**
  Absence of documented staff training on cultural awareness; absence of guest-facing cultural information; outdated, inaccurate, or misleading cultural content; or lack of documented collaboration with local experts or communities.

2.4.4 Local Employment

Requirement:
The organisation must prioritise the recruitment, training, and professional development of local residents, ensuring fair and equitable access to employment opportunities. Documented employment policies must explicitly prohibit discrimination and support gender equality, diversity, and social inclusion. The organisation must demonstrate evidence of recruitment practices that actively target local candidates through advertising, outreach, or partnerships with local institutions.

Training and mentoring programmes must be implemented where applicable to strengthen the skills and long-term employability of local staff. Employment records must be maintained and disaggregated to track the proportion of local employees by role and level of responsibility. Data on local employment must be reviewed at least annually to demonstrate progress and identify areas for improvement.

Checklist Items:
2.4.4.a Is there documented evidence that the organisation actively recruits local residents for employment opportunities?
2.4.4.b Is there documented evidence that employment policies explicitly prohibit discrimination and support gender equality, diversity, and inclusion?
2.4.4.c Is there documented evidence confirming that training and development opportunities are provided to local employees to strengthen skills and long-term employability?
2.4.4.d Is there documented evidence that the percentage of local employees is tracked, analysed, and reviewed on a regular basis?

- **Evidence Required:**
  Human resources policies, employee records disaggregated by origin and job level, job advertisements and recruitment logs, training programme documentation, mentoring programme records, and annual local employment statistics or review reports.
- **Assessment Method:**
  Review of HR policies, recruitment records, and employee data; interviews with HR managers and staff; verification of training and mentoring initiatives; and analysis of local employment tracking reports.
- **Non-Conformity Trigger:**
  Failure to demonstrate prioritisation of local recruitment where feasible; absence of non-discrimination and equality policies; no training or development opportunities provided to local staff; or lack of documented evidence tracking local employment levels.

2.4.5 Employment Conditions

Requirement:
The organisation must ensure that all employees work under fair, legal, and ethical employment conditions, in full compliance with national labour laws and internationally recognised standards, including those of the International Labour Organization (ILO). All employees must receive written contracts in a language they can understand, with terms covering wages, working hours, benefits, and conditions of employment.

Wages, hours of work, and benefits must meet or exceed national legal requirements and must not fall below the standards set by international labour conventions. The organisation must implement documented mechanisms to prevent and address harassment, abuse, and discrimination in the workplace, and must actively uphold the rights of workers to freedom of association and collective bargaining.

Employment records must be complete, accurate, and retained to demonstrate compliance with legal and ethical standards. Regular reviews must be conducted to ensure that policies and practices remain aligned with national regulations and international obligations.

Checklist Items:
2.4.5.a Is there documented evidence that all employees receive written contracts in a language they understand?
2.4.5.b Is there documented evidence that wages, working hours, and benefits comply with national laws and international labour standards?
2.4.5.c Is there documented evidence that mechanisms are in place to protect workers from harassment, abuse, and discrimination?
2.4.5.d Is there documented evidence confirming that freedom of association and the right to collective bargaining are recognised and supported by the organisation?
2.4.5.e Is there documented evidence that employment records are maintained and regularly reviewed to confirm compliance with legal requirements?

- **Evidence Required:**
  Copies of employment contracts, payroll records, time and attendance logs, HR policies on non-discrimination and anti-harassment, grievance and complaints procedures, training records, collective agreements, and results of HR compliance audits.
- **Assessment Method:**
  Document review of HR records, payroll, and policies; confidential staff interviews to verify implementation in practice; and verification of compliance with national labour laws and ILO standards.

- **Non-Conformity Trigger:**

    Absence of written contracts for employees; wages, working hours, or benefits not compliant with law or international standards; absence of grievance or protection mechanisms against harassment and discrimination; failure to respect worker rights to association and bargaining; or incomplete employment records that prevent verification of compliance.

2.4.6 Local Goods and Services

Requirement:
The organisation must prioritise the purchase and use of locally produced goods and services in order to support the regional economy and strengthen community resilience. Procurement decisions must be guided by a documented policy that requires preference for local suppliers wherever technically and financially feasible. This policy must also include consideration of the sustainability credentials, traceability, and ethical standards of the products and services sourced.

The organisation must demonstrate that local suppliers and service providers are given fair and transparent access to procurement opportunities, and must retain records of supplier engagement and selection processes. Long-term partnerships with local producers, artisans, and service providers should be established where possible, and capacity-building initiatives must be supported to improve supplier quality, consistency, and competitiveness.

All procurement records must track the percentage of goods and services sourced locally, and these figures must be reviewed and reported at least annually. Documentation must demonstrate how local sourcing targets are being met and how exceptions (use of non-local suppliers) are justified.

Checklist Items:
2.4.6.a Is there a documented procurement policy or procedure that explicitly prioritises local sourcing where feasible?
2.4.6.b Is there documented evidence confirming that local suppliers and service providers are given fair and transparent access to procurement opportunities?
2.4.6.c Is there documented evidence that procurement decisions consider the sustainability credentials and ethical standards of suppliers?
2.4.6.d Is there documented evidence that the proportion of local goods and services procured is monitored, measured, and reported at least annually?
2.4.6.e Is there documented evidence that local suppliers are supported through training, mentoring, or capacity-building initiatives?
2.4.6.f Is there documented evidence confirming that long-term partnerships with local suppliers or service providers have been established where feasible?
2.4.6.g Is there documented evidence that exceptions to local procurement are justified and recorded?

- **Evidence Required:**

    Procurement policies and procedures, supplier lists with geographic origin, purchasing and invoice records, supplier evaluation criteria, contracts with local suppliers, records of supplier training or capacity-building programmes, and annual procurement monitoring reports.

- **Assessment Method:**

    Review of procurement policies, supplier records, and purchasing data; interviews with procurement managers and local suppliers; verification of training or partnership initiatives; and analysis of annual local procurement reports.

- **Non-Conformity Trigger:**

    Absence of a procurement policy prioritising local sourcing; exclusion of local suppliers without

justification; failure to monitor or report the proportion of local procurement; procurement from suppliers without consideration of sustainability or ethical standards; or absence of initiatives to support or build capacity of local suppliers.

2.5 Management of Environmentally Harmful Substances

Requirement:
The organisation must identify, document, and safely manage all substances that have the potential to cause environmental or human harm. This includes, but is not limited to, hazardous chemicals, cleaning agents, fuels, oils, pesticides, refrigerants, and any other materials requiring special handling, storage, transport, or disposal.

A complete and up-to-date inventory of such substances must be maintained, including quantities, locations, and safety data sheets (SDS). Procedures must be established and implemented for their safe handling, storage, labelling, transport, and environmentally responsible disposal. The organisation must also implement documented emergency response and spill management procedures to address accidental releases.

All staff handling these substances must receive documented training on safe handling, emergency response, and relevant legal requirements. The organisation must demonstrate compliance with national legislation and international conventions relating to hazardous substances and must retain evidence of disposal through certified waste contractors where applicable.

Checklist Items:
2.5.a Is there a documented and up-to-date inventory of all environmentally harmful substances used or stored on-site?
2.5.b Is there documented evidence that all harmful substances are labelled, stored, and handled in accordance with legal and safety requirements?
2.5.c Is there documented evidence that current Safety Data Sheets (SDS) are available and accessible for all hazardous substances?
2.5.d Is there a documented procedure in place for the environmentally responsible disposal of hazardous substances, including use of licensed waste contractors?
2.5.e Is there documented evidence of an emergency response and spill management procedure for accidental releases?
2.5.f Is there documented evidence confirming that staff handling harmful substances have received training in safe use, storage, and emergency procedures?
2.5.g Is there documented evidence that the organisation complies with all applicable legal obligations regarding hazardous substances?
2.5.h Is there documented evidence that disposal and treatment records for hazardous substances are retained for audit?

- **Evidence Required:**
  Hazardous substance inventory, SDS records, storage and handling procedures, waste contractor certificates, spill response and emergency plans, staff training records, legal compliance documentation, and hazardous waste disposal receipts.
- **Assessment Method:**
  Review of hazardous substance inventories, safety data sheets, and disposal records; inspection of storage areas and handling practices; verification of staff training; and interviews with staff responsible for chemical handling and environmental management.
- **Non-Conformity Trigger:**
  Absence of an inventory of harmful substances; substances not labelled, stored, or handled in compliance with regulations; lack of current SDS; absence of safe disposal procedures or use of

unlicensed contractors; no emergency or spill response plan; untrained staff handling hazardous substances; or non-compliance with legal requirements.

2.5.1 Substance Disposal

Requirement:
The organisation must ensure that all environmentally harmful substances — including oils, fuels, chemicals, pesticides, refrigerants, and cleaning agents — are disposed of strictly in accordance with manufacturer instructions, national environmental legislation, and applicable international standards. Hazardous waste must be clearly labelled, securely stored in appropriate containers, and segregated from general waste streams to prevent cross-contamination.

Only authorised personnel or certified waste management contractors may handle, transport, or dispose of hazardous substances. Certified waste contractors must provide documented evidence of proper treatment or disposal. The organisation must maintain complete and up-to-date records of all hazardous waste disposals.

Spill containment and clean-up procedures must be documented, implemented, and known by relevant staff. Staff handling disposal must receive regular training, and disposal activities must be reviewed at least annually to confirm compliance with legal requirements and best practices.

Checklist Items:
2.5.1.a Is there documented evidence that harmful substances are disposed of in full compliance with manufacturer guidelines and legal requirements?
2.5.1.b Is there documented evidence that hazardous substances are clearly labelled, securely stored, and segregated from other waste types prior to disposal?
2.5.1.c Is there documented evidence that certified and licensed waste management contractors are used where required for hazardous substances?
2.5.1.d Is there documented evidence that spill containment and clean-up procedures are in place and communicated to all relevant staff?
2.5.1.e Is there documented evidence that records of hazardous waste disposal are maintained, including waste transfer documentation and contractor certifications?
2.5.1.f Is there documented evidence confirming that staff responsible for handling or disposing of hazardous substances are trained in proper procedures?

- **Evidence Required:**
  Waste transfer documentation, contractor certifications and licences, hazardous substance storage logs, labelled disposal container records, spill response and clean-up plans, staff training records, and disposal audit reports.
- **Assessment Method:**
  On-site inspection of storage and disposal areas; verification of waste transfer and contractor certification documents; review of training records and disposal logs; and interviews with housekeeping, engineering, or facilities staff.
- **Non-Conformity Trigger:**
  Evidence of harmful substances being disposed of using improper or unverified methods; hazardous substances not labelled, securely stored, or segregated; absence of certified contractor documentation; lack of spill response plans; absence of disposal records; or staff handling hazardous waste without training.

2.5.2 Rectification of Harmful Substance Damage

Requirement:

The organisation must implement documented procedures to ensure the immediate identification, containment, and rectification of any environmental damage caused by the release or mismanagement of harmful substances. These procedures must require that spills, leaks, or other incidents are promptly contained, affected areas are cleaned and remediated, and conditions are restored to a safe and legally compliant state.

All incidents must be formally recorded, reported to the relevant authorities where legally required, and investigated to identify root causes. Corrective actions must be documented, implemented, and monitored to prevent recurrence. Records of incidents, corrective actions, and monitoring outcomes must be retained for audit and reviewed at least annually to assess the effectiveness of the organisation's incident management system.

Checklist Items:

2.5.2.a Is there documented evidence that procedures are in place for identifying and responding to spills, leaks, or other releases of harmful substances?

2.5.2.b Is there documented evidence confirming that affected areas are promptly cleaned, remediated, and restored following an incident?

2.5.2.c Is there documented evidence that all environmental incidents involving harmful substances are formally recorded and reported, including notification to authorities where required by law?

2.5.2.d Is there documented evidence that incident investigations include root cause analysis?

2.5.2.e Is there documented evidence that corrective actions are implemented, tracked, and reviewed to prevent recurrence?

2.5.2.f Is there documented evidence that records of incidents and corrective actions are retained and reviewed at least annually to evaluate the effectiveness of the response system?

- **Evidence Required:**

  Incident and spill logs, root cause analysis reports, corrective action plans, remediation and restoration reports, environmental monitoring data, communications with authorities (where legally required), and annual review reports of incident management.

- **Assessment Method:**

  Review of incident and corrective action documentation, inspection of remediated areas, verification of compliance with reporting obligations, and interviews with staff responsible for incident response and environmental management.

- **Non-Conformity Trigger:**

  Absence of documented incident response procedures; evidence of spills or leaks without rectification; lack of recorded incidents or corrective action tracking; failure to notify authorities where legally required; repeated incidents without effective preventive measures; or absence of annual review of incident management records.

2.6 Staff Training on Benchmarking & Performance

Requirement:

The organisation must provide appropriate and regular training to all staff involved in the collection, monitoring, and reporting of benchmarking and performance data. Training must ensure that staff understand data accuracy requirements, methodological consistency, and the importance of sustainability indicators in supporting continuous improvement and certification.

The organisation must formally appoint responsible personnel or teams for managing benchmarking and performance data, maintain an up-to-date record of their roles and responsibilities, and ensure they are trained to a documented standard. Training records must be retained and reviewed at least annually, with refresher sessions conducted whenever systems, methodologies, or personnel change. Evidence must show that staff

understand how accurate benchmarking data contributes to operational improvement, compliance, and certification outcomes.

Checklist Items:

2.6.a Is there documented evidence that responsible personnel or a team have been formally appointed to manage benchmarking and performance data?

2.6.b Is there documented evidence confirming that all relevant staff have received training on data collection procedures and performance indicators?

2.6.c Is there documented evidence that training records are maintained, up-to-date, and reviewed at least annually?

2.6.d Is there documented evidence that refresher training is conducted whenever systems, methodologies, or responsible personnel change?

2.6.e Is there documented evidence that staff can demonstrate awareness of the role of accurate benchmarking data in continuous improvement and certification?

2.6.f Is there documented evidence confirming that internal training content is aligned with the organisation's benchmarking methodology and sustainability indicators?

- **Evidence Required:**
  Appointment letters or role descriptions, staff training records and certificates, internal training materials, team member lists, meeting minutes, refresher training documentation, and performance or certification reports linking benchmarking data to outcomes.

- **Assessment Method:**
  Review of appointment documents and training logs, interviews with appointed staff and team members, observation of data collection practices, and verification of refresher training records.

- **Non-Conformity Trigger:**
  No formal appointment of responsible staff or teams; absence of training or refresher training for relevant personnel; outdated or missing training records; staff unable to demonstrate knowledge of benchmarking requirements; or evidence that training content does not align with the benchmarking methodology.

3. GOVERNANCE

Requirement:

The organisation must demonstrate a formal and verifiable commitment to sustainability governance by maintaining compliance with all applicable legal and regulatory requirements, adopting documented industry best practices, and applying risk-based decision-making processes. Internal governance responsibilities must be clearly defined, formally assigned, and supported with adequate resources, training, and documented procedures.

The governance framework must include robust internal controls that ensure effective monitoring, reporting, and continual improvement of sustainability performance. Governance processes must include structured stakeholder engagement, emergency preparedness planning, and documented periodic performance reviews. All actions, decisions, and outcomes under the governance framework must be fully traceable, documented, and auditable, thereby ensuring transparency, accountability, and alignment with the organisation's sustainability objectives.

The governance structure must operate in alignment with the following criteria and specific items, which together provide consistency, clarity, and measurable progress toward long-term sustainability goals.

3.1 Compliance Obligations

Requirement:

The organisation must identify, document, and comply with all applicable regulatory requirements, including but not limited to environmental, energy, labour, social, cultural, quality, and health and safety legislation. A documented compliance register or matrix must be maintained and updated regularly to reflect current legal and regulatory obligations.

The organisation must implement a structured process for monitoring compliance, including the review and approval of relevant documents, permits, and licences. Regular internal compliance reviews must be conducted and documented to confirm conformance with legal obligations. Any non-compliance must be recorded, corrective actions must be implemented immediately, and mandatory notifications or disclosures to authorities must be made where required by law.

The organisation must retain records of compliance assessments, permits, audit findings, non-conformance logs, and evidence of corrective actions. Compliance performance must be reviewed at least annually by senior management to confirm ongoing legal conformity.

Checklist Items:

3.1.a Is there documented evidence that the organisation has identified all applicable compliance obligations and maintains an up-to-date compliance register or legal matrix?

3.1.b Is there documented evidence confirming that the organisation complies with all identified legal and regulatory requirements (environmental, energy, labour, social, cultural, quality, health and safety)?

3.1.c Is there documented evidence of permits, licences, or authorisations required for the organisation's operations, and are these valid and current?

3.1.d Is there documented evidence that internal compliance reviews are conducted at least annually and that the results are recorded?

3.1.e Is there documented evidence of non-compliance cases, including corrective actions taken, closure of issues, and notifications made to authorities where legally required?

3.1.f Is there documented evidence that senior management reviews the organisation's compliance status on an annual basis?

3.1.g Is there documented evidence of any prosecutions, fines, or legal actions within the last **12** months, and are outcomes and corrective actions recorded?

- **Evidence Required:**
  Compliance matrix or legal register, records of permits and licences, communication logs with regulators, records of internal and external audits, non-conformance logs, corrective action reports, evidence of disclosures to authorities, and management review minutes.

- **Assessment Method:**
  Review of compliance registers and permits; sampling of licences to confirm validity; review of audit records and corrective action reports; interviews with compliance managers and senior management; and verification of any regulatory enforcement history.

- **Non-Conformity Trigger:**
  Absence of a compliance register or legal matrix; outdated permits or licences; absence of documented compliance reviews; evidence of unresolved or unreported non-compliance; lack of corrective actions following legal breaches; or absence of senior management review of compliance performance.

3.1.1 Legislation Register

Requirement:

The organisation must establish, maintain, and regularly update a comprehensive legal register that covers all

applicable legal, regulatory, and contractual obligations relevant to its operations. The register must include, at a minimum, environmental, social, labour, cultural, health and safety, and operational legislation. It must also include valid copies of all current permits, licences, leases, and contracts, as well as any relevant correspondence with regulatory authorities.

The legal register must be reviewed and updated at defined intervals, and immediately when legislative or operational changes occur, to ensure ongoing accuracy and relevance. The register must be accessible to relevant staff and must actively inform compliance monitoring, decision-making, and corrective actions within the organisation's compliance management system.

Checklist Items:
3.1.1.a Is there documented evidence that the organisation has developed and maintains a legal register that includes all applicable environmental, social, labour, cultural, health and safety, and operational legislation?
3.1.1.b Is there documented evidence that the legal register includes valid copies of permits, licences, leases, contracts, and relevant regulatory correspondence?
3.1.1.c Is there documented evidence that the legal register is reviewed and updated regularly, and whenever legislation or operational scope changes occur?
3.1.1.d Is there documented evidence confirming that the legal register is accessible to relevant staff and is actively used to guide compliance actions and decisions?
3.1.1.e Is there documented evidence that updates to the legal register are logged, approved, and traceable for audit purposes?

- **Evidence Required:**
  Legal register, update and revision logs, copies of permits, licences, leases, and contracts, records of regulatory correspondence, staff access protocols, and internal communication procedures showing use of the register in compliance actions.
- **Assessment Method:**
  Review of the legal register and supporting documentation, verification of update logs, interviews with compliance and operational staff regarding register use, and validation of staff access procedures.
- **Non-Conformity Trigger:**
  Incomplete or outdated legal register; missing permits, licences, leases, or contracts; lack of updates following legislative or operational changes; absence of staff access; or absence of traceable update records.

3.2 International Standards

Requirement:
Where national legislation is absent, incomplete, or insufficient to address material sustainability issues, the organisation must adopt and apply recognised international standards or best-practice frameworks to guide its environmental, social, and governance performance. Such standards may include, but are not limited to, ISO standards, the United Nations Sustainable Development Goals (UN SDGs), OECD guidelines for responsible business conduct, ILO conventions, or relevant sector-specific frameworks.

The organisation must demonstrate that it has formally identified gaps in national legislation, documented the international standards adopted to address these gaps, and integrated them into its policies, procedures, and sustainability strategy. Implementation of these standards must be demonstrable in daily operations, monitored through internal reviews or audits, and periodically updated to reflect changes in global best practices.

Checklist Items:

3.2.a Is there documented evidence that the organisation has identified gaps in national legislation relevant to its operations?

3.2.b Is there documented evidence that relevant international standards or best-practice frameworks have been formally adopted to address identified gaps?

3.2.c Is there documented evidence that adopted international standards are integrated into the organisation's policies, procedures, or sustainability strategy?

3.2.d Is there documented evidence that the implementation of adopted standards is monitored and reviewed through internal audits, performance reviews, or external verification?

3.2.e Is there documented evidence that international standards or frameworks adopted by the organisation are reviewed and updated periodically to reflect evolving best practice?

- **Evidence Required:**
  Gap analysis records, legal compliance reviews, policies and procedures referencing international standards, sustainability strategy documents, implementation logs, training materials, internal audit reports, and external verification records (if applicable).

- **Assessment Method:**
  Review of gap analysis documentation and compliance registers; examination of policies and sustainability strategies; verification of implementation through operational practices; interviews with senior management and sustainability coordinators; and review of internal and external audit results.

- **Non-Conformity Trigger:**
  Failure to identify and document gaps in national legislation; absence of adopted international standards where gaps exist; standards adopted but not integrated into policies or operations; no monitoring or review of adherence; or outdated adoption of standards without periodic review.

3.3 Risk Assessment

Requirement:

The organisation must conduct a structured and documented risk assessment that covers environmental, social, and cultural risks and opportunities. The process must include the systematic identification of internal and external risks, engagement with relevant stakeholders, and evaluation of both the likelihood and severity of potential impacts. Emergency scenarios must be explicitly considered, and the methodology for risk identification and scoring must be documented and applied consistently.

The results of the risk assessment must be formally documented, reviewed, and integrated into both strategic decision-making and operational planning processes. Risk assessments must be updated at least annually, or immediately when significant operational, environmental, regulatory, or contextual changes occur. The organisation must demonstrate that identified risks are linked to corrective actions, improvement plans, and performance evaluations.

Checklist Items:

3.3.a Is there documented evidence that the organisation has implemented a structured process to identify and assess environmental, social, and cultural risks and opportunities?

3.3.b Is there documented evidence confirming that risks are assessed for both actual and potential impacts across all areas of operation?

3.3.c Is there documented evidence that the results of the risk assessment are formally documented and used to inform strategic decision-making, operational planning, and performance evaluation?

3.3.d Is there documented evidence that external factors such as climate risks, supply chain vulnerabilities, and geopolitical risks are considered in the assessment?

3.3.e Is there documented evidence that emergency scenarios are explicitly included within the risk assessment process?

3.3.f Is there documented evidence that risk assessments are reviewed and updated at least annually, or when significant changes in operations or context occur?

3.3.g Is there documented evidence that risks identified are linked to corrective actions, improvement plans, and monitoring processes?

- **Evidence Required:**

  Risk assessment reports, risk registers, documented methodologies for risk identification and scoring, stakeholder engagement records, emergency risk scenarios, corrective action or improvement plans linked to identified risks, and annual review or update logs.

- **Assessment Method:**

  Review of risk assessment documentation and registers; verification of methodology and scoring systems; interviews with risk managers, sustainability managers, or department heads; validation of stakeholder engagement records; and confirmation that risk results are integrated into strategic and operational planning.

- **Non-Conformity Trigger:**

  Failure to conduct a risk assessment; outdated or incomplete risk assessments; absence of stakeholder input; omission of external risks or emergency scenarios; failure to update assessments after operational or contextual changes; or lack of evidence that assessment results are integrated into planning and improvement actions.

3.3.1 Aspects and Impacts

Requirement:
The organisation must systematically identify and document all environmental, social, and cultural aspects of its operations that may result in positive or negative impacts. This process must be formally aligned with the EarthCheck 10 Key Performance Areas and, where applicable, must apply a life cycle perspective to consider upstream and downstream impacts.

The identification process must include both actual and potential impacts, and must extend to external influences such as climate risks, supply chain dependencies, and regulatory changes. Internal and external stakeholders must be consulted to validate the relevance of identified aspects and impacts, and ongoing engagement must be maintained to ensure the assessment remains accurate and current.

All findings must be supported by traceable and auditable records, integrated into the organisation's governance system, and retained for verification during audits.

Checklist Items:
3.3.1.a Is there documented evidence that the organisation has a formal procedure for identifying aspects and impacts, aligned with the 10 Key Performance Areas?
3.3.1.b Is there documented evidence that actual and potential environmental, social, and cultural impacts have been identified, including risks and opportunities?
3.3.1.c Is there documented evidence that major external influences, such as climate risks, supply chain dependencies, or regulatory changes, have been assessed and included in the analysis?
3.3.1.d Is there documented evidence confirming that a life cycle perspective has been considered when evaluating aspects and impacts?
3.3.1.e Is there documented evidence that all aspect and impact assessments are recorded in traceable and auditable registers?
3.3.1.f Is there documented evidence that internal and external stakeholders have been identified and consulted during the aspects and impacts process?
3.3.1.g Is there documented evidence that stakeholder engagement is ongoing and that identified aspects and impacts are reviewed and validated regularly?

- **Evidence Required:**

  Aspects and impacts register, documented identification and evaluation procedures, stakeholder consultation records, external influence assessments (e.g., climate risk, supply chain analysis), life cycle analysis records (where applicable), and audit logs of periodic reviews.

- **Assessment Method:**

  Review of aspects and impacts documentation and registers; examination of stakeholder engagement records; interviews with sustainability coordinators and responsible staff; and validation of life cycle and external factor considerations.

- **Non-Conformity Trigger:**

  No structured procedure for aspects and impacts identification; absence of consultation with stakeholders; lack of documentation supporting assessments; exclusion of external influences or life cycle elements; or failure to maintain auditable records.

3.3.2 Likelihood and Severity

Requirement:
The organisation must evaluate each identified risk or impact using a documented methodology that assesses both the likelihood of occurrence and the potential severity of its consequences. The methodology must be consistent, repeatable, and justifiable, ensuring that results can be verified through audit.

The evaluation results must be documented in a risk register or equivalent tool and must be directly linked to the prioritisation of corrective actions, mitigation measures, and allocation of resources. Records of likelihood and severity evaluations must be retained, periodically reviewed, and updated at least annually, or sooner where operational changes, new risks, or incidents occur.

Checklist Items:
3.3.2.a Is there documented evidence that the organisation evaluates the likelihood and severity of each identified risk and impact?
3.3.2.b Is there a formally documented methodology (e.g., scoring system, risk matrix) used to evaluate and rank risks and impacts?
3.3.2.c Is there documented evidence that the results of likelihood and severity evaluations are used to determine the priority of actions and allocation of resources?
3.3.2.d Is there documented evidence that records of likelihood and severity evaluations are retained in a risk register or equivalent tool?
3.3.2.e Is there documented evidence that evaluations of likelihood and severity are reviewed and updated at least annually, or when new risks, operational changes, or incidents occur?

- **Evidence Required:**

  Risk scoring methodology, completed risk matrices, prioritisation records, corrective action plans linked to severity/likelihood ratings, resource allocation records, and periodic review or update logs.

- **Assessment Method:**

  Review of the risk register, scoring methodology, and completed matrices; verification of links between evaluations and corrective action plans; interviews with staff responsible for risk evaluation; and validation of update frequency.

- **Non-Conformity Trigger:**

  Absence of a documented methodology for evaluating likelihood and severity; inconsistent or unsupported scoring of risks; failure to link evaluation results to corrective actions or resource allocation; lack of documented records; or outdated evaluations not reviewed annually or after changes.

3.3.3 Stakeholder Views

Requirement:
The organisation must identify and engage all relevant internal and external stakeholders as part of its risk assessment process. Stakeholder engagement must be structured, transparent, and documented, ensuring that input is actively used to validate the relevance, severity, and likelihood of identified risks and opportunities.

The organisation must maintain a documented stakeholder map or register identifying groups and individuals relevant to its operations (e.g., employees, management, regulators, suppliers, local communities, NGOs, and customers). Engagement activities must be conducted specifically in relation to risk and impact identification, and the outcomes must be recorded.

Stakeholder input must be analysed and integrated into the organisation's risk register, action plans, and governance decisions. Records of consultation, including meeting minutes, feedback, and follow-up actions, must be retained and reviewed at least annually to ensure ongoing relevance.

Checklist Items:
3.3.3.a Is there documented evidence that the organisation has developed a process for identifying and mapping key internal and external stakeholders relevant to its operations?
3.3.3.b Is there documented evidence that stakeholders have been consulted specifically in relation to the identification of risks and impacts?
3.3.3.c Is there documented evidence confirming that the needs and expectations of stakeholders are incorporated into governance processes and operational planning?
3.3.3.d Is there documented evidence that stakeholder input is recorded and used to validate or adjust the risk register and related action plans?
3.3.3.e Is there documented evidence that stakeholder engagement outcomes are reviewed and updated at least annually, or when significant operational changes occur?

- **Evidence Required:**
  Stakeholder maps or registers, stakeholder engagement procedures, consultation records, meeting minutes, feedback forms or surveys, integration notes in the risk register or action plans, governance review documents, and annual engagement review reports.
- **Assessment Method:**
  Review of stakeholder identification documents and engagement records; verification of consultation evidence and integration into risk registers; interviews with responsible personnel; and, where applicable, interviews with a sample of external stakeholders.
- **Non-Conformity Trigger:**
  Failure to identify or map stakeholders; no evidence of consultation linked to risk assessment; stakeholder views not integrated into governance, planning, or risk registers; absence of documented records of engagement; or engagement not reviewed or updated annually.

3.3.4 Emergency Planning & Response

Requirement:
The organisation must identify all potential emergency and accidental situations that may result in significant environmental, social, or cultural impacts. A formal, documented, and tested emergency response plan must be established, implemented, and maintained. The plan must clearly assign roles and responsibilities, include prevention, immediate response, and corrective action procedures, and ensure that relevant personnel are trained and competent.

Emergency preparedness must include regular drills or simulations, with results documented and used to improve procedures. The plan must be reviewed at least annually, and updated whenever operational changes, new risks, or post-incident reviews identify deficiencies. Emergency equipment, communication tools, and signage must be maintained in accessible and functional condition at all times.

Checklist Items:

3.3.4.a Is there documented evidence that the organisation has identified potential emergency and accidental situations relevant to its operations?

3.3.4.b Is there documented evidence that prevention and mitigation measures have been developed to address identified emergency risks?

3.3.4.c Is there documented evidence that a formal emergency response plan has been implemented, covering environmental, social, and cultural risks?

3.3.4.d Is there documented evidence that emergency response roles and responsibilities are clearly defined and communicated to relevant personnel?

3.3.4.e Is there documented evidence that emergency response training has been provided to all relevant personnel?

3.3.4.f Is there documented evidence that emergency drills or simulations are conducted, documented, and reviewed on a regular basis?

3.3.4.g Is there documented evidence that the emergency response plan is reviewed and updated at least annually, or following significant operational changes or incidents?

3.3.4.h Is there documented evidence that emergency equipment, communication tools, and signage are maintained in good working condition and easily accessible?

- **Evidence Required:**
  Documented emergency response plan; risk scenario identification records; prevention and mitigation measures; staff training records; drill reports and improvement logs; role descriptions; incident records; annual review notes; maintenance logs for emergency equipment and signage.

- **Assessment Method:**
  Review of emergency response documentation and drill reports; inspection of emergency equipment, communication tools, and signage; interviews with responsible personnel and sample staff; and verification of updates following incidents or operational changes.

- **Non-Conformity Trigger:**
  No documented emergency plan; emergency scenarios not identified; lack of prevention or mitigation measures; personnel not trained; absence of documented drills or simulations; outdated or unreviewed procedures; or non-functional emergency equipment and signage.

3.3.5 Review Annually

Requirement:

The organisation must formally review and, where required, update its risk assessment and emergency response procedures at least once every 12 months. Additional reviews must be conducted immediately following significant operational changes, regulatory updates, stakeholder requirements, or incidents that affect risk exposure.

The review process must be documented in full, including version control, approval records, and traceable change logs. Outcomes of the review must demonstrate that identified risks and emergency measures remain relevant, current, and effective. Updates must be integrated into governance systems, communicated to staff, and supported by revised training or corrective actions where necessary.

Checklist Items:

3.3.5.a Is there documented evidence that the organisation's risk assessment has been reviewed and updated

within the last 12 months?

3.3.5.b Is there documented evidence that significant operational, regulatory, contextual, or stakeholder-driven changes have been incorporated into updated risk assessments?

3.3.5.c Is there documented evidence of a defined and implemented procedure for periodic review and version control of risk and emergency planning documentation?

3.3.5.d Is there documented evidence that changes to risk and emergency documentation are formally approved, recorded, and traceable through change control records?

3.3.5.e Is there documented evidence that outcomes of the review are communicated to relevant staff and, where required, reflected in updated training or corrective actions?

- **Evidence Required:**
  Dated and version-controlled risk assessments; documented review logs; change control and approval records; updated emergency response plans; meeting minutes from internal review sessions; training updates linked to revised procedures; and communications to staff.

- **Assessment Method:**
  Review of dated risk and emergency documentation, including version histories and approval records; interviews with risk and compliance managers; verification of staff awareness of recent updates; and cross-checking of training records for updates linked to review outcomes.

- **Non-Conformity Trigger:**
  Risk assessment or emergency plan older than 12 months without review; significant changes not reflected in updated documentation; absence of a version control or approval procedure; undocumented changes; or failure to communicate and implement updates across the organisation.

3.4 Staff Training on Governance

Requirement:
The organisation must ensure that all staff are trained and competent in governance-related topics relevant to their roles. This includes, at a minimum, compliance obligations, risk management, health and safety, quality systems, and sustainability performance.

Specialised and role-specific training must be provided to the EarthCheck Coordinator and members of the Green Team to ensure they are competent in implementing governance responsibilities. Training must also cover occupational health and safety procedures and controls, as well as economic and compliance-related governance areas where applicable.

Governance awareness must be embedded in staff induction, supported through structured communication, and reinforced by refresher training delivered at defined intervals or when regulatory, operational, or methodological changes occur. All training activities must be documented, traceable, and reviewed at least annually to ensure ongoing effectiveness.

Checklist Items:
3.4.a Is there documented evidence that all staff have received governance-related training applicable to their roles and responsibilities?

3.4.b Is there documented evidence that the EarthCheck Coordinator and Green Team have received role-specific training enabling them to fulfil governance and sustainability responsibilities?

3.4.c Is there documented evidence that training on governance includes quality management, economic responsibility, and compliance-related topics where relevant to staff roles?

3.4.d Is there documented evidence that staff have been trained in occupational health and safety procedures and controls relevant to their work?

3.4.e Is there documented evidence that governance training is included in staff induction and delivered as part of ongoing awareness programmes?

3.4.f Is there documented evidence that refresher training is conducted periodically, and whenever there are significant changes in regulatory, operational, or governance requirements?

3.4.g Is there documented evidence that training records, attendance logs, and competency assessments are maintained and reviewed at least annually?

- **Evidence Required:**

    Training plans, signed attendance logs, training records, role-specific training content, EarthCheck Coordinator and Green Team competency documentation, induction and communication materials, refresher training schedules, and annual training effectiveness reviews.

- **Assessment Method:**

    Review of training documentation and records; observation of training materials or sessions; interviews with staff at different levels, including EarthCheck Coordinator and Green Team members; and verification of staff understanding and competence in governance topics.

- **Non-Conformity Trigger:**

    Lack of documented governance training for staff; absence of role-specific training for EarthCheck Coordinator or Green Team; incomplete or outdated training records; failure to include legal, compliance, or occupational health and safety requirements; no refresher training provided; or no evidence of annual review of training effectiveness.

4. SUSTAINABILITY & ENERGY APPROACH

Requirement:

The organisation must develop, implement, and maintain a documented Sustainability & Energy Approach that addresses all environmental, social, and energy-related impacts of its operations. This approach must be directly aligned with the organisation's approved sustainability policy and strategic objectives, and must demonstrate the integration of sustainable practices across all activities, products, and services within the defined scope of operations.

The Sustainability & Energy Approach must establish measurable objectives and targets, supported by clear responsibilities, operational controls, and documented procedures. It must include systems for monitoring, data collection, and performance evaluation to ensure that progress toward sustainability and energy goals is consistent, traceable, and auditable.

The framework shall be structured in accordance with the following criteria and specific items, ensuring a consistent, systematic, and measurable path toward achieving sustainability and energy objectives.

4.1 Sustainability Management System and Energy Efficiency Approach

Requirement:

The organisation must implement, maintain, and monitor a long-term Sustainability Management System (SMS) and Energy Efficiency Approach that is suited to the scope and complexity of its operations. The SMS must be fully documented in a Sustainability Action Plan that includes measurable objectives, time-bound targets, and processes for continual improvement across all relevant Key Performance Areas (KPAs).

For organisations with high environmental or social impact, a documented Environmental Management System (EMS) and Energy Management System (EnMS) must also be maintained. The SMS must integrate environmental, social, cultural, economic, quality, health and safety, human rights, and risk/crisis management considerations.

The organisation must provide periodic training to all staff on their specific roles and responsibilities under the SMS, ensuring that governance and performance obligations are understood and implemented across all levels. The system must demonstrate a commitment to continuous improvement, with documented reviews and updates conducted at least annually.

Checklist Items:

4.1.a Is there documented evidence that the organisation has formally committed to implementing its sustainability policy and meeting defined objectives and targets?

4.1.b Is there documented evidence of clearly stated and measurable sustainability and energy objectives and targets within the Sustainability Action Plan?

4.1.c Is there documented evidence that processes are in place to ensure the achievement of objectives and targets, including monitoring and corrective actions?

4.1.d Is there documented evidence that all staff receive periodic training on their roles and responsibilities related to risk and crisis management under the SMS?

4.1.e Is there documented evidence that the SMS is fully implemented across all organisational units and departments?

4.1.f Is there documented evidence that the SMS addresses environmental issues across operations?

4.1.g Is there documented evidence that the SMS addresses social and cultural issues across operations?

4.1.h Is there documented evidence that the SMS addresses economic and quality issues across operations?

4.1.i Is there documented evidence that the SMS incorporates human rights considerations into its planning and monitoring processes?

4.1.j Is there documented evidence that the SMS addresses health and safety requirements across all activities?

4.1.k Is there documented evidence that the SMS incorporates risk and crisis management, including defined procedures and responsibilities?

4.1.l Is there documented evidence that the SMS includes a documented and auditable commitment to continuous improvement, reviewed at least annually?

- **Evidence Required:**
  Documented Sustainability Management System (SMS) and Sustainability Action Plan; EMS and EnMS documentation (where required); sustainability policy documents; training records; management review minutes; evidence of objectives and targets; and communication materials for staff.
- **Assessment Method:**
  Review of SMS documentation, policies, and action plans; interviews with staff and sustainability coordinators; verification of training records; and inspection of departmental implementation of SMS elements.
- **Non-Conformity Trigger:**
  No Sustainability Management System in place; incomplete coverage of KPAs; objectives and targets missing or not measurable; absence of periodic staff training; lack of evidence of full SMS implementation; absence of continuous improvement mechanisms or annual review.

4.1.1 Environmental Impact

Requirement:
The organisation must identify and document the level of its environmental and social impact to ensure that its Sustainability & Energy Approach is proportionate to the scope of its operations. The assessment must include ecological and social impacts, proximity to environmentally or culturally sensitive areas, number of staff, number of guest rooms, and the scale of activities (including the number of locations or tour routes).

The organisation shall be classified as High Impact if any of the following apply:
a) Actual or potential ecological and/or social impacts have been identified;
b) The operation is located within 500 metres of an environmentally and/or culturally sensitive area;
c) The organisation employs more than 500 full-time equivalent staff;
d) The organisation operates more than 500 guest rooms (including staff accommodation on-site);
e) The organisation conducts activities across more than five locations or tour routes.

High Impact organisations must implement a documented Environmental Management System (EMS) and Energy Management System (EnMS), supported by a comprehensive Risk Assessment and Action Plan. Low Impact organisations must implement, at a minimum, a documented Risk Assessment and a Sustainability & Energy Action Plan covering all relevant Key Performance Areas.

Checklist Items:
4.1.1.a Is there documented evidence confirming whether the organisation employs more than 500 full-time equivalent staff?
4.1.1.b Is there documented evidence confirming whether the organisation operates more than 500 guest rooms, including staff living onsite, or conducts activities involving more than five locations or tour routes?
4.1.1.c Is there documented evidence of an environmental and social impact assessment that identifies actual or potential ecological and/or social impacts, including analysis of proximity to environmentally or culturally sensitive areas (within 500 metres)?
4.1.1.d Is there documented evidence that organisations classified as High Impact have implemented an EMS, an EnMS, a Risk Assessment, and an Action Plan?
4.1.1.e Is there documented evidence that organisations classified as Low Impact have implemented, at a minimum, a Risk Assessment and a Sustainability & Energy Action Plan covering relevant KPAs?

- **Evidence Required:**
  Employment and HR records confirming staff numbers; accommodation records confirming guest room capacity; operational records for locations and tour routes; environmental and social impact assessments; mapping and proximity analysis to sensitive areas; documented EMS and EnMS (for High Impact organisations); Risk Assessments and Sustainability & Energy Action Plans.
- **Assessment Method:**
  Review of staff and guest room records, operational maps and tour schedules, environmental and social impact assessments, and sensitive area proximity analyses; verification of EMS and EnMS documentation (for High Impact); review of Risk Assessments and Action Plans; interviews with environmental and sustainability officers.
- **Non-Conformity Trigger:**
  Failure to assess and document environmental or social impacts; absence of proximity analysis for sensitive areas; missing EMS and EnMS in High Impact organisations; absence of Risk Assessment or Sustainability & Energy Action Plan in Low Impact organisations.

4.2 Sustainability Action Plan

Requirement:
The organisation must develop, implement, and maintain a comprehensive Sustainability & Energy Action Plan that addresses the environmental, social, and cultural risks identified in its operations. The Action Plan shall define measurable objectives and time-bound performance targets, including both quantitative and qualitative indicators, and must be directly aligned with the organisation's documented Risk Assessment. Responsibilities for implementation must be clearly assigned to specific roles or departments, and defined timeframes must be established for each action and target. The organisation must ensure that results are monitored, verified, documented, and reported through a formal review process.

The Action Plan must demonstrate senior management commitment by ensuring objectives and responsibilities are integrated into the organisation's governance system. It must be formally reviewed, updated, and approved at least once every **12** months, and also following any significant operational or contextual changes. Records of performance against targets must be maintained, and evidence of results achieved must be available for verification.

Checklist Items:

4.2.a The organisation shall demonstrate through documented evidence that a Sustainability & Energy Action Plan has been established to address identified risks and opportunities and that it specifies how these apply to the organisation.

4.2.b The organisation shall demonstrate through documented evidence that the Action Plan is explicitly linked to the organisation's Risk Assessment.

4.2.c The organisation shall demonstrate through documented evidence that the Action Plan includes measurable objectives and time-bound performance targets, both qualitative and quantitative.

4.2.d The organisation shall demonstrate through documented evidence that the Action Plan assigns responsibilities to specific roles or departments for implementation.

4.2.e The organisation shall demonstrate through documented evidence that the Action Plan is reviewed, updated, and formally approved at least annually, and whenever significant changes occur.

4.2.f The organisation shall demonstrate through documented evidence that performance against Action Plan targets is verified, documented, and reported through annual review records or equivalent.

- **Evidence Required:**
  Evidence shall include a current Sustainability & Energy Action Plan with documented objectives, targets, responsibilities, and timeframes; the corresponding Risk Assessment; annual review records and approval documents; monitoring and verification reports; and communication records demonstrating results shared with staff and management.

- **Assessment Method:**
  Compliance shall be verified through a review of the Action Plan and supporting documentation, cross-checking of alignment with the Risk Assessment, confirmation of annual reviews, and validation of performance outcomes through interviews with management and staff.

- **Non-Conformity Trigger:**
  A non-conformity will be raised if no Sustainability & Energy Action Plan is established, if the plan is not linked to the Risk Assessment, if objectives or targets are missing or not measurable, if responsibilities are undefined, if reviews are not conducted annually, or if there is no documented evidence of achieved or verified results.

4.2.1 Retain Documented Information

Requirement:

The organisation shall retain appropriate documented information for a minimum of three years, or since the initial Benchmarking assessment if that period is shorter, in order to demonstrate conformance with the requirements of the Standard. Documentation must include, at a minimum, records related to Benchmarking Assessments, energy performance data, and sustainability practices. All retained documentation must be organised, up to date, and readily accessible for audit or assessment purposes. The organisation shall ensure that record-keeping processes are defined, implemented, and periodically reviewed as part of internal audits and management reviews.

Checklist Item:

4.2.1.a The organisation shall demonstrate through documented evidence that record-keeping processes are

in place and that relevant records have been retained for at least the last three years, or since the initial Benchmarking assessment.

- **Evidence Required:**
  Evidence shall include retained records of Benchmarking Assessments, energy performance data, sustainability reports, internal and external audit logs, and documented retention and archiving policies.
- **Assessment Method:**
  Compliance shall be verified through review of record-keeping procedures, sampling of retained documentation, interviews with documentation managers or record custodians, and validation of the retention period against the required timeframe.
- **Non-Conformity Trigger:**
  A non-conformity will be raised if no record-keeping process exists, if records are missing or incomplete, or if documentation is not retained for the required minimum three-year period.

4.2.2 Review

Requirement:
The organisation shall conduct a formal documented review of its Sustainability & Energy Approach at least once every 12 months. The review must confirm that the organisation's objectives remain relevant, that performance targets are being achieved, and that continuous improvement is demonstrated through measurable results. The review process must ensure that both the Risk Assessment and the Sustainability & Energy Action Plan are updated to reflect operational changes, regulatory requirements, and stakeholder expectations. All review findings and corrective actions must be documented, approved by senior management, and retained for audit purposes.

Checklist Items:
4.2.2.a The organisation shall demonstrate through documented evidence that the Risk Assessment and the Sustainability & Energy Action Plan have been reviewed and formally updated at least once every 12 months.
4.2.2.b The organisation shall demonstrate through documented evidence that the effectiveness of the Sustainability & Energy Approach has been assessed using measurable performance data and improvement records, and that the results have been formally documented and approved by senior management.

- **Evidence Required:**
  Annual review records of the Risk Assessment and Action Plan; updated versions of both documents; minutes of management review meetings; effectiveness assessment reports with supporting performance data; and documentation of corrective actions and follow-up measures.
- **Assessment Method:**
  Compliance shall be verified through review of the updated Risk Assessment and Sustainability & Energy Action Plan, examination of management review minutes and performance evaluation data, and interviews with management to validate implementation of corrective actions.
- **Non-Conformity Trigger:**
  A non-conformity will be raised if reviews are not conducted or documented at least annually; if the Risk Assessment or Action Plan have not been updated to reflect changes; or if no documented assessment of the effectiveness of the Sustainability & Energy Approach is available.

4.3 Environmental Management System (EMS) & Energy Management System (EnMS)

Requirement:

High Impact organisations must establish, implement, and maintain a documented Environmental Management System (EMS) and Energy Management System (EnMS) that together form an integrated framework to manage environmental and energy impacts. The EMS and EnMS must include documented objectives and targets, procedures for monitoring and measuring performance, and mechanisms for continuous improvement. They must provide regular reports on environmental and energy performance improvements to senior management and key stakeholders.

The EMS and EnMS must clearly define responsibilities and authorities, allocate sufficient human, technical, and financial resources, and ensure that all personnel with roles affecting environmental and energy performance are competent. High Impact organisations must conduct internal audits of their EMS and EnMS at planned intervals, and establish procedures for identifying, recording, and correcting non-conformities.

Low Impact organisations are not required to implement an EMS or EnMS, but may do so voluntarily or incorporate selected elements to strengthen their existing management practices.

Checklist Items:

4.3.a The organisation shall demonstrate through documented evidence that top management has formally committed to establishing and maintaining an EMS and EnMS, including clear leadership in driving continuous improvement, confirmed through signed policy statements or management review minutes.

4.3.b The organisation shall demonstrate through documented evidence that roles, responsibilities, and authorities related to the EMS and EnMS have been formally assigned and documented in job descriptions or equivalent records.

4.3.c The organisation shall demonstrate through documented evidence that adequate resources, including staff, technology, and financial allocations, have been provided to support the establishment, implementation, maintenance, and continual improvement of the EMS and EnMS.

4.3.d The organisation shall demonstrate through documented evidence that all personnel whose roles affect EMS or EnMS performance have been trained, their competence assessed, and their training records maintained.

4.3.e The organisation shall demonstrate through documented evidence that internal audits of the EMS and EnMS are conducted at planned intervals, and that results are reviewed by management to confirm performance and compliance.

4.3.f The organisation shall demonstrate through documented evidence that procedures exist for the identification, recording, and rectification of non-conformities related to the EMS and EnMS, and that corrective actions are tracked to closure.

- **Evidence Required:**
  Documented EMS and EnMS frameworks, signed statements of leadership commitment, management review records, documented job roles and responsibilities, budgets and resource allocation records, staff training and competency assessments, internal audit reports, and non-conformity and corrective action logs.

- **Assessment Method:**
  Verification shall be conducted through review of EMS and EnMS documentation, interviews with top management and responsible personnel, examination of resource allocation records, sampling of training and competency files, review of audit schedules and reports, and validation of non-conformity handling and corrective actions.

- **Non-Conformity Trigger:**
  A non-conformity shall be raised if a High Impact organisation has no documented EMS and EnMS; if there is no evidence of top management commitment; if responsibilities are unclear or

undocumented; if insufficient resources are allocated; if staff competence is not assured; if internal audits are not conducted; or if non-conformities are not formally identified, recorded, and corrected.

4.3.1 EMS and EnMS Relevance

Requirement:
High Impact organisations shall develop, implement, and maintain a documented Environmental Management System (EMS) and Energy Management System (EnMS) that are fully relevant to the organisation's scope of operations, including all activities, products, and services under its control. The boundaries and applicability of the EMS and EnMS must be formally defined, documented, and reviewed to ensure that they accurately reflect the operational context and scale of the organisation. The systems must address all environmental and energy aspects associated with the scope and must be kept up to date to remain effective and aligned with organisational changes.

Checklist Items:
4.3.1.a The organisation shall demonstrate through documented evidence that the boundaries and applicability of the EMS and EnMS have been formally defined and approved.
4.3.1.b The organisation shall demonstrate through documented evidence that a documented EMS and EnMS have been established, implemented, and maintained in accordance with the identified scope.
4.3.1.c The organisation shall demonstrate through documented evidence that the EMS and EnMS are directly aligned with the operational scope, covering all activities, products, and services under the organisation's control.
4.3.1.d The organisation shall demonstrate through documented evidence that the EMS and EnMS are periodically reviewed to confirm that they remain relevant to the organisation's operational scope and context.

- **Evidence Required:**
  Documented EMS and EnMS frameworks; scope of operations documents; formal boundary definitions for EMS and EnMS; internal communications showing dissemination of the scope; and review records confirming ongoing applicability.
- **Assessment Method:**
  Verification shall be carried out through review of the EMS and EnMS documentation, inspection of scope and boundary statements, interviews with key personnel responsible for system implementation, and confirmation that the EMS and EnMS align with current organisational operations.
- **Non-Conformity Trigger:**
  A non-conformity shall be raised if a High Impact organisation has not established an EMS and EnMS; if the EMS and EnMS are not documented; if they do not align with the organisation's operational scope; if system boundaries are not formally defined; or if there is no evidence of periodic review to confirm relevance.

4.3.2 EMS & EnMS Documentation

Requirement:
The Environmental Management System (EMS) and Energy Management System (EnMS) shall include all mandatory documentation as required by the Company Standard, namely the Policy, the Risk Assessment, and the Energy & Sustainability Action Plan. In addition, the EMS and EnMS must document the organisational structure and resources required to achieve the objectives of the Policy. They must include a formal description of the scope of the EMS and EnMS, a clear outline of their main elements, the way these elements interact, and references to related documents. Finally, they must include all documented information necessary to ensure

the effective planning, monitoring, measurement, analysis, and control of processes that relate to environmental and energy management. All documentation must be current, traceable, and accessible for audit purposes.

Checklist Items:

4.3.2.a The organisation shall demonstrate through documented evidence that the Policy, the Risk Assessment, and the Energy & Sustainability Action Plan are fully incorporated into the EMS and EnMS.

4.3.2.b The organisation shall demonstrate through documented evidence that the EMS and EnMS include a description of the organisational structure, including defined roles and allocated resources, to support the implementation of the Policy and achievement of objectives.

4.3.2.c The organisation shall demonstrate through documented evidence that the EMS and EnMS define their scope, describe the main elements, and explain the interactions between these elements and related documents.

4.3.2.d The organisation shall demonstrate through documented evidence that documented information exists to support planning, monitoring, measurement, analysis, and control of processes relevant to environmental and energy management.

- **Evidence Required:**
  EMS and EnMS documentation, including Policy, Risk Assessment, and Energy & Sustainability Action Plan; organisational structure records; scope and process interaction descriptions; monitoring and measurement procedures; and supporting process control documents.
- **Assessment Method:**
  Verification shall be conducted through a review of EMS and EnMS documentation, inspection of mandatory inclusions, interviews with responsible staff regarding structure and resource allocation, and cross-checking of process monitoring and measurement records.
- **Non-Conformity Trigger:**
  A non-conformity shall be raised if the Policy, Risk Assessment, or Action Plan are missing; if the organisational structure and resources are not documented; if the EMS and EnMS lack a defined scope or process interaction descriptions; or if there is no documented evidence of monitoring, measurement, analysis, or control of processes.

4.3.3 Operational Controls

Requirement:

The organisation shall establish, document, implement, and maintain operational control procedures to mitigate the risks associated with all significant environmental and social impacts identified through its Risk Assessment. These procedures must ensure that operational activities are consistently controlled to minimise adverse impacts and that preventive actions are documented and implemented where risks have been identified. Operational controls must explicitly integrate environmental and energy requirements throughout the lifecycle of products and services, including procurement, design, contractor management, and communication with end users. All operational controls shall be reviewed at defined intervals and updated whenever there are changes to processes, risks, or legal and stakeholder requirements.

Checklist Items:

4.3.3.a The organisation shall demonstrate through documented evidence that operational control procedures exist for all activities identified in the Risk Assessment as having significant environmental or social impacts.

4.3.3.b The organisation shall demonstrate through documented evidence that it has determined, planned, and implemented process controls that ensure compliance with EMS and EnMS requirements, including clear responsibilities and defined operating criteria.

4.3.3.c The organisation shall demonstrate through documented evidence that lifecycle considerations have

been incorporated by applying environmental and energy requirements to procurement, design, contractor agreements, and communication with end users.

4.3.3.d The organisation shall demonstrate through documented evidence that operational controls are reviewed at planned intervals and updated to reflect changes in processes, risks, or regulatory requirements.

- **Evidence Required:**

  Documented operational control procedures, updated risk assessments, process control records, procurement and contractor policies, lifecycle analysis documentation, records of communication with contractors and end users, and documented review or update logs for operational controls.

- **Assessment Method:**

  Verification shall be conducted through review of operational control documentation, interviews with responsible staff, inspection of process controls in practice, sampling of procurement and contractor agreements, and confirmation of lifecycle considerations in product and service management.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if no operational control procedures exist for significant environmental or social impacts; if documented procedures are not implemented in practice; if lifecycle considerations are excluded from procurement, design, or contractor management; or if operational controls are not reviewed or updated as required.

4.3.4 Monitoring and Measurement

Requirement:

The organisation shall establish, implement, and maintain documented procedures for monitoring, measuring, analysing, and evaluating its performance against its Policy, Benchmarking Assessment performance, improvement targets, and all applicable legal and regulatory requirements. The procedures must define the scope, method, frequency, and responsibilities for monitoring. Performance evaluations shall be conducted at planned intervals, at least once every **12** months, to verify compliance, track progress toward objectives, and identify areas requiring corrective or preventive action. Results must be documented, retained, and communicated to senior management as part of continual improvement.

Checklist Items:

4.3.4.a The organisation shall demonstrate through documented evidence that monitoring and measurement procedures are in place, defining methods, responsibilities, and frequencies for all relevant areas of operation.

4.3.4.b The organisation shall demonstrate through documented evidence that performance against established improvement targets is regularly monitored, recorded, and evaluated.

4.3.4.c The organisation shall demonstrate through documented evidence that compliance with all relevant legislation is systematically monitored and evaluated, with records retained for audit.

4.3.4.d The organisation shall demonstrate through documented evidence that monitoring and measurement results are reviewed by management at planned intervals to confirm effectiveness and identify areas requiring corrective or preventive action.

4.3.4.e The organisation shall demonstrate through documented evidence that monitoring and measurement records are retained for a minimum of three years and remain traceable and accessible for verification.

- **Evidence Required:**

  Monitoring and measurement procedures; records of performance against targets; compliance reports and legal review records; documented management reviews of monitoring results; and retained monitoring data, logs, or reports covering at least three years.

- **Assessment Method:**

  Verification shall be carried out through review of documented monitoring procedures, sampling of

performance and compliance records, interviews with responsible personnel, and confirmation of management review of monitoring results.

- **Non-Conformity Trigger:**

    A non-conformity shall be raised if no documented monitoring and measurement procedures exist; if performance is not tracked against improvement targets; if compliance with relevant legislation is not evaluated; if monitoring results are not reviewed by management; or if monitoring records are missing, incomplete, or not retained for the required period.

4.3.5 Internal Audits

Requirement:
The organisation shall establish, implement, and maintain an internal audit program to verify the effectiveness of its Environmental Management System (EMS) and Energy Management System (EnMS). The internal audit program shall be planned and conducted at defined intervals, at least annually, and shall cover the full scope of the EMS and EnMS, including processes, performance indicators, compliance obligations, and continuous improvement objectives. Audit procedures must define scope, frequency, methods, responsibilities, and reporting requirements. Audit results must be documented, communicated to management, and used to drive corrective and preventive actions. All corrective actions shall be tracked to closure, and audit records shall be retained for at least three years.

Checklist Items:
4.3.5.a The organisation shall demonstrate through documented evidence that an internal audit program for the EMS and EnMS has been established, implemented, and maintained, with defined scope, frequency, methods, and responsibilities.
4.3.5.b The organisation shall demonstrate through documented evidence that auditors are competent and independent of the areas they audit, with training records available to confirm their qualifications.
4.3.5.c The organisation shall demonstrate through documented evidence that environmental and energy performance indicators are included in the internal audit program and assessed against established baselines.
4.3.5.d The organisation shall demonstrate through documented evidence that audit findings are documented in formal audit reports and communicated to senior management for review.
4.3.5.e The organisation shall demonstrate through documented evidence that corrective and preventive actions arising from audit findings are assigned, tracked to completion, and verified for effectiveness.

- **Evidence Required:**

    Internal audit program documentation; audit schedules; auditor competence records; audit reports; documented comparisons of performance indicators against baselines; management review minutes; corrective and preventive action logs; and audit record retention procedures.

- **Assessment Method:**

    Verification shall be conducted through review of internal audit schedules, sampling of audit reports, interviews with audit team members and management, validation of auditor competence, and confirmation of corrective action follow-up and closure.

- **Non-Conformity Trigger:**

    A non-conformity shall be raised if the organisation does not maintain an EMS and EnMS internal audit program; if audits are not conducted at least annually; if audit scope does not include indicators, compliance obligations, and objectives; if auditors lack competence or independence; if audit reports are missing or incomplete; or if corrective actions are not documented, tracked, and closed.

4.3.6 Corrective and Preventive Action

Requirement:
The organisation shall establish, implement, and maintain a documented procedure for identifying, recording, investigating, and addressing non-conformities. The procedure shall ensure that non-conformities are addressed within defined timeframes, that corrective actions are implemented to prevent recurrence, and that preventive actions are identified and applied where relevant to avoid potential non-conformities. Root cause analysis shall be conducted for each non-conformity to ensure that actions taken address the underlying issue. The organisation shall maintain documented information on all non-conformities, corrective actions, preventive actions, and verification of their effectiveness for a minimum of three years. Records shall be traceable to the original issue and reviewed by management as part of continual improvement.

Checklist Items:
4.3.6.a The organisation shall demonstrate through documented evidence that a formal procedure exists for identifying, recording, and managing non-conformities.
4.3.6.b The organisation shall demonstrate through documented evidence that non-conformities are addressed within defined timeframes and that records of corrective actions are maintained.
4.3.6.c The organisation shall demonstrate through documented evidence that a root cause analysis is conducted for each non-conformity to ensure corrective actions address the underlying cause.
4.3.6.d The organisation shall demonstrate through documented evidence that preventive actions are identified and implemented to avoid recurrence or occurrence of potential non-conformities.
4.3.6.e The organisation shall demonstrate through documented evidence that the effectiveness of corrective and preventive actions is verified and documented.
4.3.6.f The organisation shall demonstrate through documented evidence that non-conformities, corrective actions, and preventive actions are reviewed by management at planned intervals as part of continual improvement.

- **Evidence Required:**
  Documented procedure for non-conformity management; non-conformity logs; root cause analysis reports; corrective and preventive action records; follow-up and verification reports; and management review records referencing non-conformity handling.
- **Assessment Method:**
  Verification shall be carried out through review of non-conformity procedures and logs, sampling of corrective and preventive action records, interviews with responsible personnel, and confirmation that management reviews include non-conformity and corrective action performance.
- **Non-Conformity Trigger:**
  A non-conformity shall be raised if the organisation has no documented procedure for non-conformity management; if non-conformities are not addressed within defined timeframes; if root cause analysis is not conducted; if corrective and preventive actions are not documented, verified, or retained; or if management does not review non-conformities and corrective action outcomes.

4.3.7 Control of Documentation

Requirement:
The organisation shall establish, implement, and maintain a documented procedure for the control of all documents required to demonstrate compliance with this Standard. The procedure shall ensure that documents are uniquely identified with title, date, version, and owner; reviewed and approved for adequacy before issue; available and accessible to all relevant personnel; and protected from loss, damage, or unauthorised modification. The procedure shall also ensure that documents are reviewed at defined intervals

and updated as necessary. Obsolete documents shall be promptly removed from points of use, clearly marked as obsolete, and retained only where required for legal, historical, or knowledge purposes.

Checklist Items:

4.3.7.a The organisation shall demonstrate through documented evidence that a procedure for document control exists and is actively implemented.

4.3.7.b The organisation shall demonstrate through documented evidence that all documents required by the Standard are uniquely identified with title, date, version, and responsible owner.

4.3.7.c The organisation shall demonstrate through documented evidence that documents are reviewed, approved, and authorised for adequacy before being issued for use.

4.3.7.d The organisation shall demonstrate through documented evidence that current versions of documents are readily accessible to relevant staff and protected against loss, damage, or unauthorised change.

4.3.7.e The organisation shall demonstrate through documented evidence that obsolete documents are removed from points of use, clearly marked as obsolete, and archived only where justified.

- **Evidence Required:**

  Document control procedure; master document list with versioning; records of document reviews, approvals, and authorisations; access and distribution logs; and archived records of obsolete documents with justification for retention.

- **Assessment Method:**

  Verification shall be conducted through review of the document control procedure and master list, sampling of controlled documents in use, interviews with responsible personnel, and inspection of archived or obsolete documents to confirm compliance.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if there is no documented procedure for document control; if documents are not uniquely identified or version-controlled; if unauthorised or outdated documents are in use; if documents are inaccessible to relevant staff; or if obsolete documents are not properly removed or marked.

4.3.8 Management Review

Requirement:

The organisation shall establish, implement, and maintain a documented process for conducting management reviews of the EMS and EnMS. Reviews shall be held at planned intervals, at least annually, and additionally whenever significant operational, organisational, or regulatory changes occur. The purpose of the review is to evaluate the adequacy, effectiveness, and alignment of the EMS and EnMS with the organisation's policy, objectives, compliance obligations, and broader business processes. The review shall take into account documented inputs including policy alignment, performance against objectives and targets, results of audits, compliance evaluations, stakeholder feedback, identified risks and opportunities, and progress on corrective and preventive actions. Review outputs shall include documented decisions and actions related to continual improvement, resource needs, changes to objectives or processes, and opportunities to improve integration with business processes. Records of all management reviews and resulting actions shall be retained for at least three years.

Checklist Items:

4.3.8.a The organisation shall demonstrate through documented evidence that management reviews of the EMS and EnMS are conducted at least annually and following significant changes.

4.3.8.b The organisation shall demonstrate through documented evidence that review inputs include policy, objectives and targets, audit results, compliance obligations, stakeholder feedback, risks and opportunities, and corrective and preventive action status.

4.3.8.c The organisation shall demonstrate through documented evidence that review outputs include decisions and actions relating to continual improvement, resource allocation, and changes to objectives, processes, or integration with business processes.

4.3.8.d The organisation shall demonstrate through documented evidence that all actions arising from reviews are assigned, tracked to closure, and verified for effectiveness.

4.3.8.e The organisation shall demonstrate through documented evidence that management review records are retained for at least three years and are accessible for audit purposes.

- **Evidence Required:**

   Management review procedures; dated records of management reviews; documented review inputs and outputs; action plans and follow-up logs; resource allocation decisions; and retained review records covering at least three years.

- **Assessment Method:**

   Verification shall be conducted through review of management review records, sampling of inputs and outputs, interviews with senior management, and confirmation of follow-up and closure of review actions.

- **Non-Conformity Trigger:**

   A non-conformity shall be raised if management reviews are not conducted at least annually or after significant changes; if review inputs or outputs are incomplete or undocumented; if actions arising from reviews are not tracked or verified; or if management review records are not retained for the required period.

4.4 Staff Training on Sustainability Approach

Requirement:

The organisation shall ensure that all staff receive structured training to enable them to fulfil their duties under the Sustainability & Energy Approach. Training shall be provided at induction, refreshed at least once every 12 months, and whenever significant operational, regulatory, or policy changes occur. The training shall ensure that all staff are aware of the organisation's sustainability policy, objectives, and targets, and understand the specific sustainability requirements relevant to their roles and responsibilities. The EarthCheck Coordinator and Green Team/Sustainability Team shall receive additional, role-specific training to ensure competence in implementing and managing the Sustainability & Energy Approach. The organisation shall assess training effectiveness, document all training activities, and retain training records for at least three years.

Checklist Items:

4.4.a The organisation shall demonstrate through documented evidence that induction and refresher training on the Sustainability & Energy Approach is provided to all staff, covering policy, objectives, targets, and role-specific responsibilities.

4.4.b The organisation shall demonstrate through documented evidence that the EarthCheck Coordinator and Green Team/Sustainability Team have received specialised training appropriate to their responsibilities under the Sustainability & Energy Approach.

4.4.c The organisation shall demonstrate through documented evidence that training content is reviewed and updated regularly to reflect operational, regulatory, or policy changes.

4.4.d The organisation shall demonstrate through documented evidence that the effectiveness of training is evaluated (e.g., knowledge checks, assessments, or performance observations) and results are retained.

4.4.e The organisation shall demonstrate through documented evidence that training records are maintained for at least three years and are traceable to individual staff members.

- **Evidence Required:**

   Staff training policies and procedures; induction and refresher training schedules; training materials

and updated content; records of attendance and knowledge checks; competency assessment results; training logs for EarthCheck Coordinator and Green Team; and training record retention policy.

- **Assessment Method:**

   Verification shall be conducted through review of training procedures and schedules, sampling of training records, interviews with staff and sustainability team members, inspection of training materials for relevance and updates, and confirmation of training effectiveness through assessments or performance observations.

- **Non-Conformity Trigger:**

   A non-conformity shall be raised if staff do not receive induction or refresher training; if training content is outdated or not linked to role-specific requirements; if the EarthCheck Coordinator or Green Team are not trained in their responsibilities; if training effectiveness is not evaluated; or if training records are incomplete, missing, or not retained for the required period.

5. COMMUNICATION

Requirement:
The organisation shall establish, document, implement, and maintain a Communication Strategy that ensures transparency and active engagement with internal and external stakeholders regarding its sustainability, energy, and social programmes. The strategy shall define clear objectives, responsibilities, communication channels, and frequency of communication. It shall include mechanisms for two-way engagement with stakeholders, ensuring that their feedback is received, documented, and addressed. The organisation shall ensure that customers, suppliers, employees, and local communities are regularly informed of policies, performance, and initiatives in a manner that is accurate, consistent, and aligned with sustainability objectives. Public communication materials, including websites, reports, and promotional materials, shall be reviewed and approved prior to release, updated at defined intervals, and retained for audit purposes.

5.1 Policy and Performance

Requirement:
The organisation shall establish, document, implement, and maintain a comprehensive Communications Strategy to ensure that all stakeholders are accurately informed about its environmental, energy, and social sustainability policies, programmes, and initiatives. The strategy shall include clear responsibilities, defined communication channels, and update frequencies. Communications shall cover the organisation's Sustainability Policy, performance results based on the EarthCheck Benchmarking Performance Report, and activities linked to participation in the EarthCheck Program. All public communications, including promotional materials and advertising, shall be reviewed, approved, and authorised prior to release to ensure they are accurate, truthful, complete, and do not make claims beyond what can be delivered. Public documents, including certificates, policies, and promotional content, shall be displayed, updated at least annually or when changes occur, and retained for audit purposes. The organisation shall ensure that stakeholders—including management, employees, customers, suppliers, and the local community—are kept informed of sustainability goals, the rationale for these goals, and the role they can play in contributing to their achievement.

Checklist Items:
5.1.a The organisation shall demonstrate through documented evidence that a communication process is planned, implemented, and maintained internally and externally, ensuring consistency with information generated by the EMS, EnMS, and Action Plan.
5.1.b The organisation shall demonstrate through documented evidence that its Policy and current EarthCheck Benchmarking or Certification certificates are displayed in a public area and updated whenever changes occur.
5.1.c The organisation shall demonstrate through documented evidence that the Policy has been distributed

or made accessible to all key stakeholders.

5.1.d The organisation shall demonstrate through documented evidence that all advertising and promotional materials are accurate, reviewed, and approved before publication.

5.1.e The organisation shall demonstrate through documented evidence that promotional and marketing communications are transparent, consistent with actual services delivered, and aligned with sustainability practices.

5.1.f The organisation shall demonstrate through documented evidence that no promotional materials or marketing communications promise services or benefits beyond what the organisation can deliver.

5.1.g The organisation shall demonstrate through documented evidence that the EarthCheck Logo is used only in accordance with authorised guidelines, with records maintained of usage in promotional materials, print advertising, and other media (TV, film, social media).

5.1.h The organisation shall demonstrate through documented evidence that all public documents and communications are reviewed, updated at least annually, and controlled under a documented version management system.

- **Evidence Required:**

  Communications Strategy document; copies of the Policy and EarthCheck certificates displayed in public areas; distribution records for stakeholders; reviewed and approved promotional materials; advertising samples; EarthCheck Logo authorisation records; stakeholder engagement records; and document update logs with version control.

- **Assessment Method:**

  Verification shall be conducted through review of the Communications Strategy, sampling of public and internal communications, inspection of displayed policies and certificates, interviews with communication staff and stakeholders, and validation of promotional content review and approval records.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if there is no documented Communications Strategy; if policies or certificates are missing, outdated, or not displayed; if stakeholders have not received the Policy; if promotional materials are inaccurate, misleading, or unapproved; if the EarthCheck Logo is used without authorisation; or if public communications are not updated or retained with documented version control.

5.2 Customer Satisfaction

Requirement:
The organisation shall establish, document, implement, and maintain procedures for managing customer satisfaction, ensuring that feedback mechanisms are accessible, transparent, and systematically applied. The procedures shall include methods for collecting, recording, and analysing both positive and negative feedback from customers through channels such as surveys, online reviews, feedback forms, or complaint registers. All complaints shall be logged, investigated, and subject to corrective actions that are documented, implemented, and tracked to closure. The organisation shall ensure that customer satisfaction results are analysed against its Policy and performance targets and reported to management for review. Records of all customer feedback, complaint handling, corrective actions, and resulting improvements shall be retained for at least three years.

Checklist Items:
5.2.a The organisation shall demonstrate through documented evidence that a formal complaints handling policy and procedure is established, publicly available, and accessible to customers.

5.2.b The organisation shall demonstrate through documented evidence that all complaints are logged, investigated, and subject to corrective actions that are implemented and tracked to closure.

5.2.c The organisation shall demonstrate through documented evidence that structured processes are in

place to seek and collect feedback on the Policy and sustainability programmes at defined intervals.

5.2.d The organisation shall demonstrate through documented evidence that all customer complaints and feedback are recorded in traceable logs with documented outcomes.

5.2.e The organisation shall demonstrate through documented evidence that a customer reviews and feedback policy and procedure is established, documented, and applied consistently.

5.2.f The organisation shall demonstrate through documented evidence that customer reviews and feedback are acted upon in accordance with documented procedures.

5.2.g The organisation shall demonstrate through documented evidence that customer satisfaction results are analysed for trends and reported to senior management as part of performance evaluation.

- **Evidence Required:**
  Complaints handling policy and procedure; customer feedback and complaint logs; corrective action plans with closure records; customer reviews and surveys; records of feedback collection on policies and sustainability programmes; data analysis reports; management review minutes reflecting customer satisfaction results; and evidence of periodic updates to procedures.

- **Assessment Method:**
  Verification shall be carried out through review of the complaints handling and feedback procedures, examination of customer complaint and feedback logs, validation of corrective action records, interviews with customer service and sustainability staff, and confirmation of feedback analysis and reporting to management.

- **Non-Conformity Trigger:**
  A non-conformity shall be raised if no formal complaints handling procedure is in place; if complaints are not logged, investigated, or subject to corrective actions; if feedback is not systematically collected or analysed; if there are no records of corrective action tracking or closure; if customer reviews are not acted upon; or if customer satisfaction results are not reported to management.

5.3 Maintain Documented Information

Requirement:

The organisation shall establish, document, implement, and maintain a procedure for managing documented information related to consultation and communication with key stakeholders. The procedure shall define responsibilities, approval processes, version control, accessibility, and retention periods. The scope and extent of documented information shall be determined by the organisation in proportion to the size, complexity, and nature of its products and services, with justification recorded. The organisation shall also ensure that additional documentation is created, maintained, and updated as required to demonstrate transparency, accountability, continuity, and consistency, and to support training, auditing, and continuous improvement processes. All documented information shall be retained for a minimum of three years or as required by legislation, whichever is longer.

Checklist Items:

5.3.a The organisation shall demonstrate through documented evidence that a written and approved procedure for record-keeping and document control is in place.

5.3.b The organisation shall demonstrate through documented evidence that documented information required by the standard, as well as information determined necessary by the organisation, is established, maintained, and subject to version control and approval.

5.3.c The organisation shall demonstrate through documented evidence that records of consultation and communication with stakeholders are retained for at least three years, accessible for audit, and reviewed periodically.

5.3.d The organisation shall demonstrate through documented evidence that documented information is reviewed and updated at defined intervals to ensure accuracy, completeness, and relevance.

- **Evidence Required:**

  Written document control procedure; document approval and version history logs; stakeholder consultation and communication records; controlled document registers; justification of documentation scope; and update or review logs.

- **Assessment Method:**

  Verification shall be carried out through review of document control procedures, inspection of controlled document registers, sampling of stakeholder consultation records, interviews with document managers or responsible personnel, and cross-checking of version control and review logs.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if there is no written procedure for document control; if documented information required by the standard is incomplete, uncontrolled, or outdated; if version control or approval records are missing; if records of stakeholder consultation are absent; or if documentation is not reviewed, updated, or retained for the required period.

5.4 Inform Customers

Requirement:

The organisation shall establish and implement a documented system to provide customers with accurate, complete, and approved information that promotes responsible visitor behaviour and minimises negative impacts on natural, cultural, and heritage sites. This system shall follow recognised visitor management standards or documented internal guidelines and must ensure that all customers are informed consistently. Information provided shall include details on local culture, customs, and ways of life; natural areas and environmental issues; expected behaviours when visiting natural, cultural, and heritage sites; and practical guidance on contributing to the local economy through responsible choices, such as purchasing local goods and services. All information shall be reviewed at least annually or whenever changes occur, authorised prior to publication, and disseminated through accessible channels such as guest information materials, signage, tour briefings, digital platforms, or staff communication.

Checklist Items:

5.4.a The organisation shall demonstrate through documented evidence that a formal and approved system is in place to inform customers about local culture, customs, and ways of life, and that this information is distributed consistently to all customers through designated channels.

5.4.b The organisation shall demonstrate through documented evidence that marketing materials, tour information, or other communication channels include clear and accurate guidance on appropriate behaviours when visiting natural, cultural, and heritage sites.

5.4.c The organisation shall demonstrate through documented evidence that customers are informed of natural areas and environmental issues relevant to the destination, including specific measures they can take to minimise their impact.

5.4.d The organisation shall demonstrate through documented evidence that guidance is provided to customers on how to contribute responsibly to the local economy, including preference for local products, services, and experiences.

5.4.e The organisation shall demonstrate through documented evidence that communication materials are reviewed and updated at least annually, or sooner if there are changes to cultural, environmental, or operational circumstances.

5.4.f The organisation shall demonstrate through documented evidence that staff responsible for delivering customer information are trained and competent in cultural awareness, environmental protection, and communication of behavioural expectations.

- **Evidence Required:**

  Documented customer information system; guest information packs, signage, tour briefings, and digital communication materials; marketing materials and tour information guides; records of information updates and approvals; staff training records for customer communication; and customer feedback records.

- **Assessment Method:**

  Verification shall be conducted through review of communication systems and materials, inspection of distribution channels (e.g., signage, in-room information, digital platforms), interviews with staff responsible for customer engagement, and cross-checking of customer feedback to confirm clarity, accuracy, and consistency of information provided.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if no formal information system exists; if customers are not consistently informed of cultural, environmental, and behavioural requirements; if communication materials are outdated, incomplete, or unapproved; if staff responsible for communication are untrained; or if there is no evidence of regular updates and reviews of customer information.

5.5 Raise Awareness

Requirement:
The organisation shall establish, implement, and maintain a documented programme for raising awareness of local and global environmental issues with key stakeholders and interested parties. The programme shall define objectives, responsible persons, communication methods, and measurable outcomes. It shall ensure that relevant local environmental issues are identified and documented, and that these, together with global issues, are communicated to staff, customers, suppliers, the local community, and other stakeholders as appropriate. Where opportunities for participation in destination-level sustainable tourism planning or environmental initiatives exist, the organisation shall engage actively and provide documented evidence of its involvement. Awareness activities shall be reviewed and updated at least annually to ensure accuracy, relevance, and alignment with local, national, or international environmental priorities.

Checklist Items:
5.5.a The organisation shall demonstrate through documented evidence that local environmental issues relevant to its operations have been identified, assessed, and recorded.
5.5.b The organisation shall demonstrate through documented evidence that both local and global environmental issues have been communicated to at least staff, customers, suppliers, and the local community using approved communication channels.
5.5.c The organisation shall demonstrate through documented evidence that a structured awareness programme is in place, with defined objectives, communication methods, and responsible persons.
5.5.d The organisation shall demonstrate through documented evidence that it has engaged in destination-level sustainable tourism planning or environmental initiatives, where such opportunities exist, and has recorded the outcomes of participation.
5.5.e The organisation shall demonstrate through documented evidence that awareness activities and materials are reviewed and updated at least annually to ensure accuracy and relevance.

- **Evidence Required:**

  Local environmental issue assessments; documented awareness programme; communication and promotional materials (e.g. signage, training sessions, guest information, community notices); records of engagement with stakeholders (staff training records, community events, supplier briefings, customer campaigns); evidence of participation in destination-level initiatives (meeting minutes, partnership agreements, project reports); and review/update logs of awareness materials.

- **Assessment Method:**

  Verification shall be conducted through review of the awareness programme and supporting documentation, interviews with staff and stakeholders, sampling of communication materials distributed to different groups, inspection of participation in destination-level initiatives, and confirmation of periodic updates.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if no documented awareness programme exists; if local environmental issues are not identified and recorded; if awareness materials are not communicated to stakeholders; if awareness activities are outdated or inaccurate; or if there is no evidence of engagement in sustainable tourism planning where opportunities are available.

5.6 Interpretation of the Natural and Cultural Environment

Requirement:
The organisation shall establish and implement a documented programme for the interpretation of the natural and cultural values of the local area. This programme shall ensure that customers are provided with accurate, consistent, and approved information that enables them to directly experience and understand the local environment and culture in ways that build knowledge, encourage respect, and promote sustainable engagement. Interpretive activities may include guided tours, signage, educational materials, exhibitions, or other structured experiences. The programme shall designate responsible personnel, define delivery methods, and require that staff involved are trained and competent in interpretation. All interpretive materials and activities shall be reviewed and updated at least annually, or sooner if cultural or environmental information changes.

Checklist Items:
5.6.a The organisation shall demonstrate through documented evidence that a formal interpretation programme exists, with defined objectives, delivery methods, and responsible personnel.
5.6.b The organisation shall demonstrate through documented evidence that customers are provided with direct and structured opportunities to experience and understand the natural and cultural environment, such as guided tours, interpretive signage, or educational content.
5.6.c The organisation shall demonstrate through documented evidence that all interpretive content provided to customers is accurate, approved, and aligned with local cultural and environmental values.
5.6.d The organisation shall demonstrate through documented evidence that staff responsible for delivering interpretation are trained and competent in cultural and environmental communication.
5.6.e The organisation shall demonstrate through documented evidence that interpretive materials and activities are reviewed and updated at least annually, and that changes in cultural or environmental information are incorporated without delay.

- **Evidence Required:**

  Documented interpretation programme; interpretive materials (signage, brochures, digital content, tour scripts); staff training records; records of customer engagement activities; documented approvals and annual reviews of interpretive content; customer feedback on interpretive experiences.

- **Assessment Method:**

  Verification shall be conducted through review of interpretation documents and materials, interviews with staff and guides responsible for interpretation, observation of interpretive activities, and analysis of customer feedback to confirm accuracy, relevance, and consistency of the interpretive experience.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if no documented interpretation programme exists; if customers are not consistently provided with interpretive experiences; if interpretive content is outdated,

misleading, or unapproved; if staff responsible for interpretation are untrained; or if no evidence of regular review and updates to interpretation materials is available.

5.7 Interpretation and Education

Requirement:
The organisation shall establish and maintain a documented interpretation and education programme that presents a clear, consistent, and meaningful theme linked to the natural and cultural values of the locations visited. The programme shall define the interpretive storylines, delivery methods, and responsibilities, ensuring that information is accurate, current, and aligned with local cultural and environmental values. Interpretation must be delivered by appropriately qualified guides who hold documented training, certification, or verifiable experience in cultural and environmental communication. The organisation shall ensure that interpretation is accessible and tailored to diverse audiences, including non-native language speakers, children, educational groups, and individuals with disabilities. Information must be provided both before and during the guest experience. The programme shall be reviewed annually to confirm accuracy and relevance, with records of updates and feedback incorporated into continuous improvement.

Checklist Items:
5.7.a The organisation shall demonstrate through documented evidence that interpretation is based on a defined theme and story that clearly communicates the natural and cultural values of the locations visited.
5.7.b The organisation shall demonstrate through documented evidence that interpretation is delivered by qualified guides holding training certificates, professional accreditation, or documented experience in cultural and environmental interpretation.
5.7.c The organisation shall demonstrate through documented evidence that accurate interpretive information is provided to customers before and during the visit, using approved communication channels.
5.7.d The organisation shall demonstrate through documented evidence that interpretive materials and methods are adapted to meet the needs of diverse audiences, including provisions for multiple languages, accessibility, and different age groups.
5.7.e The organisation shall demonstrate through documented evidence that interpretation methods and materials are reviewed and updated at least annually, and that customer feedback is collected and used to assess and improve interpretation quality.

- **Evidence Required:**
  Interpretive programme documentation; guide qualifications and training records; interpretive materials (scripts, brochures, signage, digital content); customer communication before visits; accessibility adaptations (translations, signage, materials for disabilities); records of annual review and updates; and customer feedback reports.

- **Assessment Method:**
  Verification shall be conducted through review of interpretive programme documentation, inspection of interpretive materials, interviews with guides and customers, observation of interpretive activities, and validation of guide qualifications and customer feedback use.

- **Non-Conformity Trigger:**
  A non-conformity shall be raised if no documented interpretation and education programme exists; if interpretation lacks a clear theme or message; if guides are unqualified or untrained; if interpretation does not address diverse audiences; if information provided is inaccurate, outdated, or incomplete; or if interpretation methods are not reviewed and updated at least annually.

5.8 Content of Interpretation and Educational Information

Requirement:

The organisation shall ensure that the content of its interpretation and educational materials is accurate, documented, and reviewed against credible sources. All materials must reflect the cultural significance, natural heritage, and values of the locations visited. Traditional owners and cultural groups with recognised connections to the land and sea must be formally acknowledged, with evidence of consultation and approval of the interpretive content. Visitor education must include clear and documented guidance on local rules, values, and behaviour expectations, supported by communication materials accessible to all audiences. The organisation shall ensure that interpretive content links each site to the broader regional and national context, using approved references and providing opportunities to connect with complementary cultural and environmental experiences. Interpretive materials must be reviewed annually and updated when information or stakeholder guidance changes.

Checklist Items:

5.8.a The organisation shall demonstrate through documented evidence that interpretive content acknowledges traditional owners and cultural groups associated with the land and sea, and that such acknowledgement has been validated through consultation and approval.

5.8.b The organisation shall demonstrate through documented evidence that visitor-facing content includes clear, documented behaviour expectations and guidance on how guests can respect cultural values and care for the environment.

5.8.c The organisation shall demonstrate through documented evidence that all interpretive content has been reviewed and verified against credible and authoritative sources (e.g. official cultural organisations, academic publications, or government heritage agencies) and approved for accuracy and relevance.

5.8.d The organisation shall demonstrate through documented evidence that interpretive content is tailored to the specific site while also linking the site to the wider regional and national context, with references to complementary cultural and environmental experiences.

5.8.e The organisation shall demonstrate through documented evidence that interpretive content is reviewed and updated at least annually, or earlier where information or cultural/heritage guidance changes.

- **Evidence Required:**

  Interpretive content (brochures, signage, digital media, tour scripts); documented acknowledgements of traditional owners and cultural groups; consultation records and approvals; codes of conduct or visitor guidelines; reference lists for content sources; regional/national interpretive framework references; review and update logs.

- **Assessment Method:**

  Verification shall be conducted through review of interpretive content and supporting documentation, interviews with cultural representatives and staff responsible for content creation, examination of visitor communication materials, and cross-checking of cited sources and approval processes.

- **Non-Conformity Trigger:**

  A non-conformity shall be raised if interpretive content fails to acknowledge traditional owners or cultural groups; if behaviour expectations are not documented or communicated; if content has not been verified against credible sources; if interpretive content is outdated, inaccurate, or irrelevant; or if no link is made to the broader regional or national context.

5.9 Staff Training on Communication and Interpretation

Requirement:

The organisation shall ensure that all staff receive documented and role-specific training in communication and interpretation practices relevant to sustainability. Training must equip staff with the ability to accurately and consistently communicate the organisation's sustainability values, policies, and performance. Induction

programmes must include communication strategy content, ensuring that new employees are aware of their responsibilities from the outset. The EarthCheck Coordinator and Green Team/Sustainability Team must receive specialised training in communication techniques and interpretation practices to enable them to effectively promote and support the organisation's sustainability efforts. Training programmes must also demonstrate that interpretation content and techniques are adapted to suit diverse customer profiles, including different languages, age groups, accessibility needs, and cultural backgrounds. Refresher training shall be conducted periodically and whenever the organisation's communication strategy or interpretation materials are updated.

Checklist Items:

5.9.a Is there documented evidence that all staff have received training on the organisation's sustainability communication requirements relevant to their roles?

5.9.b Is there documented evidence that the EarthCheck Coordinator and Green Team/Sustainability Team have completed specialised training in communication and interpretation practices?

5.9.c Is there documented evidence that staff induction includes the organisation's communication strategy and sustainability story?

5.9.d Is there documented evidence that interpretation techniques and content are adapted to different customer profiles and needs, including language, accessibility, and cultural considerations?

5.9.e Is there documented evidence that refresher training has been conducted periodically or when communication strategies and interpretation materials are updated?

- **Evidence Required:**

  Training schedules and attendance logs, training content materials, induction documents, role-specific training records, certificates for specialised training (EarthCheck Coordinator and Green Team), interpretation guidelines, accessibility adaptations, and records of refresher training sessions.

- **Assessment Method:**

  Review of training records and materials, interviews with staff and management, observation of training delivery or communication practices in the workplace, and verification of induction and refresher processes.

- **Non-Conformity Trigger:**

  Absence of staff training records; lack of specialised training for EarthCheck Coordinator and Green Team; induction programmes not including communication strategy content; interpretation materials not adapted to diverse customer needs; no refresher training following updates to strategy or materials.

AUTHORISATION

To complete your application for submission, please ensure all the information provided in your Self-Assessment Checklist is reviewed and authorised by a member of the organisation's Senior Management, e.g. CEO, Director, General Manager etc.

EarthCheck Coordinator Application:

I hereby verify that the information contained within this application is current and true and accurate, and if proved to be otherwise, assessment results may be withheld.

Name

Position

Signature

Date of Authorisation

Senior Management Authorisation

I hereby verify that the information contained within this application is current and true and accurate, and if proved to be otherwise, assessment results may be withheld.

Name

Position

Signature

Date of Authorisation

TERMS AND DEFINITIONS

Benchmarking: EarthCheck benchmarks actual environmental performance against a standard level of environmental management criteria that is deemed responsible. The system is based on Agenda 21 and includes social as well as environmental criteria.

Biodegradable: A material that can be broken down rapidly by micro-organisms, such as bacteria and fungi, into simple molecules, such as carbon dioxide or water; without leaving harmful residues in the environment.

Context: The organisations context is its business environment, including all issues, factors and conditions which could or be influenced by the Environmental Management System (EMS).

Compliance Obligation: Includes laws and regulations, as well as voluntary compliance obligations such as contractual commitments, community and industry standards, and ethical codes of conduct, good governance guidelines, as well as laws and regulation.

Documented Information: Information that the organisation needs to operate and all the information that is used to document the results that are achieved (aka records). These must be controlled and maintained regularly.

Eco-Efficiency: The efficient use of resources and lessening of impacts of an activity by the reduction of energy and water use and waste generation.

Eco-label: An ecolabel is a label or logo supported by a national or international accredited body that identifies a product and its by-products as meeting prescribed environmental impact standards. It is a guide for consumers to choose products and services that cause less damage to the environment. It makes a positive statement that identifies a product or service as less harmful to the environment than similar products or services used for a specific function.

Environmental Aspect: Element of an organisation's activities or products and services that can interact with the environment.

Environmental Impact: Any change to the environment (including ecological, social, cultural and economic), whether adverse or beneficial, wholly or partially resulting from an organisation's operations.

Environmental Risk: The potential for ecological harm or adverse environmental impact to the natural, social and cultural environment as a result of the activities undertaken by, or in the presence of, a tourism organisation.

Environmental Management System (EMS): A part of an organisation's management system used to develop and implement its Environmental and Social Sustainability Policy, and manage its environmental aspects and impacts.

Fair Trade: It contributes to sustainable development by offering better trading conditions to, and securing the rights of, marginalised producers and workers.

Greenhouse Gases: Human activities, such as burning fossil fuels (oil, gas and coal), are unleashing emissions of gases, in particular carbon dioxide (CO2), that act as an atmospheric blanket, trapping thermal radiation emitted from the Earth's surface, causing the greenhouse effect.

Habitat: A habitat is an ecological or environmental area that is inhabited by a particular species. It is the natural environment in which an organism lives, or the physical environment that surrounds a species population.

Harmful Substances: Harmful Substances are materials which could harm people or local ecosystems, and include (but are not limited to): fuels, oils, greases, fats, lubricants, detergents, acids, alkalis, oxidation reagents, disinfectants, surfactants, chlorine, refrigerant gases, asbestos, paints, solvents, fertilisers, pesticides, weedicides, lime, cement, batteries (wet and dry), radioactive hazardous materials, biologically hazardous materials, putrescible wastes, sewage sludges, water treatment sludges, filter cakes, filter backwash effluent, sewage treatment effluent, waste construction materials and plastics.

Interested Party: Any person, group, or organisation who can affect, be affected by, or believe that they are affected by a decision or activity related to the environmental performance of an organisation.

Key Stakeholders: Any interested persons that interact with an organisation's operations. These may include local people, neighbours, suppliers, clients, regulatory agencies, social/community groups etc.

Life Cycle: Consecutive and interlinked stages of a product system from the acquisition of raw materials to end-of-life disposal. Also includes associated activities, products and services and may include produced goods and services as well as end-of-life treatment, decommissioning, and disposal. The life cycle stages that are applicable will vary depending on the activity, product or service controlled or influenced by the organisation.

Local people: Any individuals living within either a 20 kilometre radius, or those of a traditional or indigenous background. This ruling will be flexible for inner city organisations.

Non-conformity: Nonfulfillment of a requirement of the EarthCheck Company Standard. Whenever a nonconformity is raised, a Corrective Action Request will follow.

Organisation: Companies, organisations, corporations, or enterprises, whether or not incorporated, public or private, that have their own functions and administration.

Regional Average Level: Level of an EarthCheck Indicator that if exceeded demonstrates an organisation is achieving sound environmental and social performance. This level is derived from extensive worldwide research into available and appropriate case studies, industry surveys, engineering design handbooks, energy, water and waste audits, and climatic and geographic conditions. It is used to gauge the regional or national situation and environmental performances that an operation is based in, and hence what are reasonable levels to expect the operation to achieve.

Regional Leader Level: Level of an EarthCheck indicator that demonstrates the organisation is achieving exemplary performance. This level is derived from extensive worldwide research into available and appropriate case studies, industry surveys, engineering design handbooks, energy, water and waste audits, and climatic and geographic conditions. It is used to gauge the regional or national situation and environmental performances that an operation is based in, and hence what are reasonable levels to expect the operation to achieve.

Regulatory Requirements: The laws, restrictions and licenses applicable to a business.

Risk: The chance of something happening that will have either a positive or negative impact, environmentally, ecologically or socially.

Risk Assessment: The systematic process of understanding the nature and level of risk in order to prevent, minimise and/or mitigate.

Species of Conservation Concern: Any wildlife species (plant or animal) which is recognised as rare, vulnerable, endangered or presumed extinct by national or international conservation agencies.

Sustainable: Conserving an ecological balance by avoiding depletion of natural resources.

APPENDIX 1: SUSTAINABLE DEVELOPMENT GOALS AND THE EARTHCHECK COMPANY STANDARD

	1. No Poverty	2. Zero Hunger	3. Good Health & Well-being	4. Quality Education	5. Gender Equality	6. Clean water & Sanitation	7. Affordable & clean energy	8. Decent work & economic growth	9. Industry, innovation & infrastructure	10. Reduced inequalities	11. Sustainable cities & communities	12. Responsible consumption & production	13. Climate action	14. Life below water	15. Life on land	16. Peace, justice & strong institutions	17. Partnerships for the goals
1.1.1 Responsibilities				✓												✓	
1.1.2 Staff awareness & Training	✓			✓				✓			✓	✓					
1.1.3 Management awareness & leadership	✓			✓				✓			✓	✓					
1.2 Develop Policy									✓			✓					
1.2.1 Environmental protection						✓	✓					✓	✓	✓	✓		
1.2.2 Continuous improvement			✓			✓	✓					✓	✓	✓	✓		

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.2.3 Legal compliance			✓					✓								✓	
1.2.4 Local employment	✓			✓	✓			✓		✓	✓						
1.2.5 Products and services	✓	✓	✓					✓		✓	✓						
1.3 Adopt policy								✓								✓	
1.4 Promote policy								✓	✓							✓	✓
1.5 Publically available								✓	✓							✓	✓
1.6 Review policy																✓	
1.7 Staff training on commitment & policy				✓	✓			✓		✓	✓	✓					
2.1 Data collection				✓		✓	✓		✓		✓	✓	✓	✓	✓	✓	
2.1.1 Sector specific indicators	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.1.2 Optional indicators	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.2 Benchmarking documented information				✓		✓	✓		✓		✓	✓	✓	✓	✓	✓	
2.3.1 Greenhouse gas emissions							✓					✓	✓				
2.3.2 Energy efficiency, conservation & management						✓	✓		✓		✓	✓	✓	✓	✓		

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2.3.3 Management of freshwater resources						✔					✔	✔		✔			
2.3.3.1 Stormwater management						✔					✔			✔	✔		
2.3.4 Ecosystems conservation & management											✔	✔			✔		
2.3.4.1 Minimise eco-disturbance											✔				✔		
2.3.4.2 Wildlife												✔			✔		
2.3.4.3 Protected species											✔	✔		✔	✔		
2.3.4.4 Materials & vehicles									✔		✔	✔					
2.3.5 Land use planning & management											✔	✔			✔		
2.3.6 Air quality, noise & light controls			✔								✔				✔		
2.3.7 Wastewater management						✔					✔	✔		✔	✔		
2.3.8 Solid waste management											✔	✔			✔		
2.4 Management of Social and Cultural Issues	✔	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔			✔	✔
2.4.1 Cultural sensitivity				✔						✔	✔					✔	
2.4.2 Cultural engagement				✔						✔	✔					✔	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2.4.3 Cultural awareness				✓						✓	✓					✓	
2.4.4 Local Employment	✓	✓		✓	✓			✓	✓	✓	✓						
2.4.5 Employment conditions	✓	✓	✓	✓	✓			✓	✓	✓	✓						
2.4.6 Local goods & services	✓	✓	✓					✓	✓	✓	✓	✓					
2.5 Management of environmentally harmful substances			✓			✓							✓	✓	✓		
2.5.1 Substance disposal			✓			✓							✓	✓	✓		
2.5.2 Rectification of harmful substances			✓			✓							✓	✓	✓		
2.6 Staff training on benchmarking & performance				✓					✓		✓	✓	✓				
3.1 Compliance obligations																✓	
3.1.1 Legislation register																✓	
3.2 International standards																✓	✓
3.3 Risk assessment			✓					✓		✓	✓		✓				
3.3.1 Aspects & impacts			✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	
3.3.2 Likelihood & severity			✓													✓	
3.3.3 Stakeholder views										✓	✓					✓	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
3.3.4 Emergency planning & response			✓													✓	
3.3.5 Review Annually																✓	
3.4 Staff training on governance				✓						✓	✓					✓	
4.1 Sustainability Management System & Energy Efficiency Approach								✓								✓	
4.1.1 Environmental impact								✓	✓	✓	✓				✓		
4.2 Sustainability action plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4.2.1 Retain documented information																✓	
4.2.2 Review																✓	
4.3 Environmental management system (EMS) & Energy Management System (EnMS)																✓	
4.3.1 EMS Relevance																✓	
4.3.2 EMS Documentation																✓	
4.3.3 Operational controls																✓	✓

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
4.3.4 Monitoring & Measurement																✓	
4.3.5 Internal audits			✓	✓				✓								✓	
4.3.6 Corrective & preventative action			✓					✓								✓	
4.3.7 Control of documentation																✓	
4.3.8 Management review				✓												✓	
4.4 Staff training on sustainability approach			✓	✓	✓			✓	✓	✓						✓	
5.1 Policy & performance				✓												✓	
5.2 Customer satisfaction			✓													✓	
5.3 Maintain documented information			✓													✓	
5.4 Encourage participation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.5 Inform customers				✓					✓		✓					✓	✓
5.6 Raise awareness				✓					✓		✓					✓	✓
5.7 Interpretation of the natural and cultural environment				✓													
5.8 Interpretation and Education				✓													

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
5.9 Content of Interpretation and Educational Information				✓													
5.10 Staff training on communication and interpretation				✓				✓			✓					✓	

Sustainability is no longer about doing less harm. It's about doing more good.

- JOCHEN ZEITZ PRESIDENT, CEO AND CHAIRMAN OF THE BOARD, HARLEY DAVIDSON, INC.

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