

Solar Stewardship Initiative: **Public Summary Report**

Certificate of System Conformity

SSI Member	Astronergy
Certified Site	Chint Solar Technology (Yueqing) Co., Ltd
Certificate No.	17102022-0028
SSI Standard	ESG
Assessment Body	TÜV Rheinland
Assessment Type	Initial
Current grade	Bronze
Certification Performance Trend	Not Applicable
Certificate Issue Date	23/09/2026
Certificate Expiry Date	22/09/2027
Site Certified Since	23/09/2026

Authorised by:



Julija Menise
Head of Standards & Assurance

Understanding the Assessment Type

- **Initial Assessment**

A comprehensive assessment of a site against all SSI Standard (s) requirements, conducted to determine the level of compliance and to identify any non-conformances.

- **Follow-up Assessment**

A subsequent assessment conducted after an unsuccessful Initial Assessment, to verify that corrective actions have been implemented for non-conformances identified during the Initial Assessment.

- **Surveillance Assessment**

An interim assessment during the certification cycle to confirm ongoing compliance with the SSI Standard(s). It verifies closure of minor non-conformances and observations, reviews any scope changes (e.g. new production lines), and samples requirements to ensure no new risks or regressions have arisen.

- **Recertification Assessment**

An assessment conducted at the end of a three-year cycle that covers all current production lines and fully reflects any significant scope changes since the last full assessment.

Solar Stewardship Initiative:

Section 1: Site Information

Public Summary Report

CERTIFIED SITE OVERVIEW	
SSI Member	Astronergy
Certified Site	Chint Solar Technology (Yueqing) Co., Ltd
Site Location	No.1 Xinneng Road, Yueqing Bay Harbor Economic Development Zone, Yueqing City, Zhejiang, China
Site Type	Module Manufacturer
Assessment Type	Initial
Initial Assessment	11-12/03/2026
Next Assessment Type	Surveillance Year 1
Next Assessment Due	22/09/2027
Claims	The certified member site claims may only be displayed on company websites, flyers and other marketing materials, corporate material, invoices, letter heads and other contractual documents. No product-related claims are allowed. For more information check the SSI Claims Guide.

Solar Stewardship Initiative:

Section 2: Summary of Findings

Summary of Findings

OVERVIEW							
Topic	TSR	TRA	C	Mi NC	Ma NC	O	N/A
Governance and Business Ethics	23	23	18	0	0	5	0
Environment	21	21	14	5	0	2	0
Human and Labour Rights	52	52	45	2	0	0	5
TOTAL COUNT	96	96	77	7	0	7	5

References:

TSR: Total Standard Requirements

TRA: Total Requirements Assessed

C: Conformance

Mi NC: Minor Non-Conformance

Ma NC: Major Non-Conformance

O: Observation

N/A: Not Applicable

Understanding Conformance Ratings

Note

“Total Standard Requirements” shows the full number of applicable Standard requirements, while “Total Requirements Assessed” shows how many were reviewed in this assessment.

- **Conformance (C):**

Systems, policies, procedures, and processes performed in a manner that is in line with the intent of the SSI Standards.

- **Minor Non-Conformance (Mi NC):**

An isolated lapse of performance or control.

A breach which represents low risk to workers/those on site.

A policy issue where there is no evidence of material breach.

Policies or procedures that have been recently adopted but have not been in place or implemented for a sufficient period to demonstrate effective application.

- **Major Non-Conformance (Ma NC):**

A systemic failure or total lack of required controls by the site.

A total absence of implementation of the requirement.

A breach of law.

A group of related, repetitive, or persistent minor non-conformances indicating inadequate implementation.

- **Observation (O):**

A Conformance that meets the fundamental requirements of the SSI Standard(s) but needs improvement.

If this improvement is not adequately addressed, the Observation could escalate to a Non-Conformance during the next Assessment.

- **Not Applicable (N/A):**

A requirement which cannot be implemented by a site due to the nature of its operations.

Solar Stewardship Initiative:

Section 3: Detailed Findings Breakdown

Findings Breakdown

ESG - GOVERNANCE AND BUSINESS ETHICS							
Topic	TSR	TRA	C	Mi NC	Ma NC	O	N/A
1. Business Integrity	3	3	3	0	0	0	0
2. Policy and Management	7	7	6	0	0	1 (*)	0
3. Stakeholders and Communities	7	7	5	0	0	2 (**) (***)	0
4. Transparency	1	1	1	0	0	0	0
5. Responsible Sourcing	5	5	3	0	0	2 (****) (*****)	0
TOTAL COUNT	23	23	18	0	0	5	0

Governance and Business Ethics

Non Conformances Overview

(*) 2.7 Risk and Impact Assessment — Observation

The Facility has established processes for identifying and monitoring ESG-related risks and impacts, including environmental, social, and human rights matters, and conducts periodic reviews and assessments.

However, the assessment did not clearly demonstrate a consistent linkage between identified risks and impacts, mitigation measures, measurable performance indicators, and documented review of mitigation effectiveness. The full cycle of risk identification, mitigation, performance monitoring, and management review was not sufficiently demonstrated.

This results in an Observation because, while monitoring and review systems are in place, the integration and effectiveness of the mitigation management process have not been fully demonstrated.

The Facility should strengthen the linkage between identified risks, mitigation actions, measurable indicators, and periodic management review to demonstrate the effectiveness and continuous improvement of mitigation measures.

() 3.6 Community Development — Observation**

The Facility has established and implemented initiatives intended to generate positive impacts for local communities, including social welfare and environmental improvement measures.

However, evidence was not sufficient to demonstrate the outcomes and effectiveness of these initiatives or how they contribute to measurable socio-economic and environmental benefits for local communities.

This results in an Observation because initiatives have been established and implemented, but a structured approach to assess and demonstrate their outcomes and effectiveness has not been fully established.

The Facility should strengthen its community impact management process by defining appropriate indicators, assessing outcomes, and maintaining evidence demonstrating the effectiveness and contribution of initiatives to local community benefits.

(*) 3.7 Grievance Mechanism — Observation**

The Facility has established grievance channels for internal and external stakeholders and has implemented a functioning grievance mechanism.

However, at the time of assessment, the publicly available information did not clearly communicate that the grievance mechanism covered the full range of relevant stakeholder concerns, including human rights, labour, health and safety, environmental, and community-related matters.

This results in an Observation because a grievance mechanism is established and implemented, while the scope and coverage communicated to external stakeholders could be further clarified. Additional information provided after the assessment indicates broader coverage and awareness-raising activities, which may be verified during future monitoring.

The Facility should ensure that the scope and accessibility of its grievance mechanism are clearly communicated to all relevant stakeholders and maintain evidence of awareness-raising and implementation.

Governance and Business Ethics

Non Conformances Overview

(**) 5.2 Know Your Customers (KYC) checks — Observation**

The Facility has established a formal KYC process for suppliers, including verification of supplier identity, ownership, business activities, and regulatory compliance.

However, evidence did not clearly demonstrate that KYC checks are consistently applied across all supplier categories, including logistics providers and other service suppliers.

This results in an Observation because the KYC system is established and implemented for part of the supplier base, but its application across all relevant supplier categories has not been fully demonstrated.

The Facility should ensure that KYC checks are consistently conducted and documented for all relevant supplier categories, including service providers, to support comprehensive identification and management of supply chain risks.

(***) 5.5 Management Systems — Observation**

The Facility has established a structured and resourced supply chain risk management system covering supplier due diligence, KYC, supply chain mapping, red flag screening, risk assessment, mitigation, stakeholder grievance channels, and monitoring. Defined responsibilities, resources, and risk mitigation measures are in place, and implementation has been demonstrated through selected supplier assessments and mitigation activities. The Facility also prepares annual responsible supply chain due diligence reporting referencing recognised guidance, risk screening tools, and relevant external sources.

However, the assessment identified gaps in the completeness, consistency, and transparency of the system. The grievance mechanism was not clearly communicated to external supply chain stakeholders for raising responsible sourcing and supply chain-related concerns. The methodology for evaluating information against defined red flag criteria was not consistently demonstrated, while upstream mapping did not sufficiently demonstrate comprehensive identification and verification of activity, location, and ownership across all relevant supply chain tiers. Variations were also identified in the application and completeness of KYC, risk assessment, mitigation, and implementation records. Furthermore, the annual due diligence reporting does not clearly disclose the risk assessment methodology, including the assessed supplier scope, risk classification criteria, decision thresholds, and structured assessment results, particularly for silicon and quartz supply chains.

This results in an Observation because, although the Facility has established and partially implemented a structured and resourced supply chain risk management system, the comprehensive application, transparency, and traceability of risk identification and assessment have not been fully demonstrated. The identified gaps limit assurance that supply chain risks are consistently identified, assessed, documented, and appropriately linked to mitigation measures across all relevant supply chain tiers.

The Facility should strengthen its supply chain due diligence framework by ensuring consistent application of KYC and risk assessment controls, comprehensive upstream mapping and verification, systematic red flag evaluation, clear stakeholder access to grievance channels, complete implementation records, and transparent annual reporting. The reporting should clearly describe the methodology, scope, criteria, thresholds, and structured results of risk assessments, with appropriate coverage of silicon and quartz supply chains.

Findings Breakdown

ESG - ENVIRONMENT							
Topic	TSR	TRA	C	Mi NC	Ma NC	O	N/A
6. Greenhouse Gas Emissions Management	3	3	2	1 (*)	0	0	0
7. Water Management	4	4	3	0	0	0	0
8. Waste Management	2	2	2	1 (**)	0	0	0
9. Pollution Management	3	3	3	0	0	0	0
10. Biodiversity Management	5	5	2	1 (****)	0	2 (***) (****)	0
11. Circularity	4	4	2	2 (*****) (*****)	0	0	0
TOTAL COUNT	21	21	14	5	0	2	0

Environment

Non Conformances Overview

(*) 6.3 GHG Emission Reduction Target — Minor Non-Conformance

The Facility has established annual objectives for reducing Scope I, Scope II, and Scope III greenhouse gas emissions and has demonstrated achievement of the defined reduction objectives based on its emissions performance.

However, the monitoring and tracking of emissions objectives did not clearly include comparisons between actual performance and the established targets for the relevant reporting years.

This results in a Minor Non-Conformance because the Facility has defined and achieved emissions reduction objectives, but the monitoring process does not fully demonstrate systematic year-on-year comparison against established targets.

The Facility should strengthen its emissions performance monitoring by consistently comparing actual results against established annual targets and documenting the outcomes to support effective performance evaluation and continual improvement.

() 8.2 Waste Monitoring Procedures— Minor non-conformance**

The Facility has established a structured water and waste monitoring system, including defined monitoring procedures, performance metrics, data collection, periodic reviews, and assigned responsibilities. The Facility also monitors waste intensity and has demonstrated performance below its defined intensity value.

However, composite waste intensity has not been established as a formal management objective with defined targets, and consistent periodic review of this indicator was not demonstrated.

This results in a Minor Non-Conformance because, although waste monitoring and performance measurement systems are in place, the use of defined waste-related objectives and systematic review to drive actions for waste minimisation and recovery has not been fully demonstrated.

The Facility should establish waste intensity as a defined management objective, with appropriate targets and periodic monitoring and review to evaluate performance and support continual improvement.

(*) 10.3 Adverse Impact on Biodiversity —Observation**

The Facility has established biodiversity-related procedures and controls, including biodiversity risk assessment, environmental impact assessment, mitigation measures, employee awareness, and responsibilities for managing potential biodiversity impacts. The Facility has also defined measures to avoid and minimise potential impacts through project location selection, environmentally preferable practices, resource efficiency, and other environmental initiatives.

However, the assessment did not demonstrate a fully structured biodiversity management system aligned with the applicable requirements. Existing controls rely substantially on environmental impact assessment and general environmental management practices, while a comprehensive approach linking biodiversity risks and impacts to defined mitigation actions, measurable objectives, monitoring, and effectiveness review was not fully demonstrated.

This results in an Observation because biodiversity-related controls and mitigation measures are established, but the systematic identification, management, monitoring, and review of biodiversity risks and impacts have not been fully demonstrated.

The Facility should strengthen its biodiversity management system by ensuring that identified biodiversity risks and potential impacts are systematically assessed and linked to appropriate mitigation measures, objectives, monitoring, and periodic review of effectiveness in accordance with the mitigation hierarchy.

Environment

Non Conformances Overview

(**) 10.4 Net Loss of Biodiversity— Minor non-conformance**

The Facility has established a biodiversity commitment and conducted biodiversity risk assessments, which indicate that no significant biodiversity impacts or loss risks have been identified within its current operational context.

However, the Facility has not established measurable and time-bound biodiversity targets. The absence of identified significant impacts has been used as the basis for not setting targets, but proportionate objectives are still needed to support implementation of the biodiversity commitment and ongoing monitoring of biodiversity performance.

This results in a Minor Non-Conformance because, although biodiversity risks have been assessed as low and a commitment is established, measurable and time-bound objectives appropriate to the Facility's biodiversity risk profile have not been defined.

The Facility should establish proportionate, measurable, and time-bound biodiversity targets, including objectives to maintain its current low-impact status and periodically verify that biodiversity risks remain effectively managed.

(**) 10.5 Biodiversity Monitoring Procedures — Observation**

The Facility has established a biodiversity commitment and conducted biodiversity risk assessments, which indicate that no significant biodiversity impacts or loss risks have been identified within its current operational context.

However, the Facility has not established measurable and time-bound biodiversity targets. The absence of identified significant impacts has been used as the basis for not setting targets, but proportionate objectives are still needed to support implementation of the biodiversity commitment and ongoing monitoring of biodiversity performance.

This results in a Minor Non-Conformance because, although biodiversity risks have been assessed as low and a commitment is established, measurable and time-bound objectives appropriate to the Facility's biodiversity risk profile have not been defined.

The Facility should establish proportionate, measurable, and time-bound biodiversity targets, including objectives to maintain its current low-impact status and periodically verify that biodiversity risks remain effectively managed.

(***) 11.3 Circularity Targets — Minor non-conformance**

The Facility has established a structured framework for improving the circularity of input materials and products, including time-bound objectives, performance indicators, regular monitoring, and periodic review.

The objectives address areas such as recycled material content, product recycling, and waste recovery.

However, the circularity objectives have not been sufficiently defined for individual product types. As a result, it was not clearly demonstrated how the overall circularity targets are applicable to and monitored for each relevant product category.

This results in a Minor Non-Conformance because time-bound circularity objectives are established, but the objectives are not sufficiently differentiated to ensure that circularity performance is effectively managed and evaluated across all relevant product types.

The Facility should establish appropriate, measurable, and time-bound circularity objectives for each relevant product type and ensure that progress is periodically monitored and reviewed against these objectives.

Environment

Non Conformances Overview

(*****) 11.4 Circularity Monitoring Procedures— Minor non-conformance

The Facility has established circularity monitoring procedures, including defined performance metrics, data collection processes, periodic reviews, and reporting mechanisms to track progress against circularity objectives.

However, the review process primarily focuses on overall program progress and trends and does not clearly demonstrate systematic evaluation of performance against the established short-term and medium- to long-term circularity objectives.

This results in a Minor Non-Conformance because a circularity monitoring system is in place, but the review process does not fully demonstrate whether progress and performance are being assessed against all established time-bound objectives.

The Facility should strengthen its circularity review process by systematically evaluating performance against each short-term and medium- to long-term objective, documenting results, identifying gaps, and implementing appropriate adjustments where necessary.

Findings Breakdown

ESG - HUMAN AND LABOUR RIGHTS							
Topic	TSR	TRA	C	Mi NC	Ma NC	O	N/A
12. Human Rights	7	7	5	1 (*)	0	0	1
13. Labour Rights	29	29	24	1 (**)	0	0	4
14. Occupational Health and Safety (Worker's Protection)	16	16	16	0	0	0	0
TOTAL COUNT	52	52	45	2	0	0	5

Human and Labour Rights

Non Conformances Overview

(*) 12.2 Human Right Due Diligence — Minor non-conformance

The Facility has established a human rights due diligence system covering business relationships, including suppliers, contractors, service providers, and other external partners. The system includes human rights requirements, risk assessment, monitoring, corrective actions, and follow-up mechanisms.

However, implementation of the due diligence process was not consistently effective across all business relationships. A gap was identified in the oversight of labour conditions for outsourced service personnel, where working hours and rest-day requirements were not adequately controlled.

This results in a Minor Non-Conformance because a human rights due diligence system is established, but its effective implementation and oversight across service providers and other business relationships have not been fully demonstrated.

The Facility should strengthen human rights due diligence and monitoring across all business relationships, including service subcontractors, and ensure that identified labour and human rights risks are effectively controlled, corrected, and followed up in accordance with applicable legal and SSI requirements.

() 13.24 Working Hours — Minor non-conformance**

The Facility has established a working hours management system based on its approved Comprehensive Working Hours arrangement, including procedures for monitoring regular hours, overtime, rest days, and exceptions. Periodic reviews and corrective actions are also implemented to address identified issues.

However, the assessment identified instances where working hours exceeded the approved annual limit, demonstrating that existing monitoring and preventive controls were not fully effective in preventing exceedances during the assessment period.

This results in a Minor Non-Conformance because a working hours management system is established and corrective actions have been initiated, but effective controls to consistently ensure compliance with approved working hour limits have not been fully demonstrated.

The Facility should strengthen working hours monitoring and preventive controls to ensure that all working hours remain within approved legal limits, with timely escalation and corrective action for potential exceedances, while maintaining safeguards for workers' health and safety.



Solar Stewardship Initiative:

Section 4: Feedback & Liability

1

Disclaimer: This report is a summary of the SSL Assessment. This is a live document and the latest version can be found on <https://www.solarstewardshipinitiative.org/>

Stakeholder Feedback and Certification Notice

The Solar Stewardship Initiative (SSI) welcomes comments and feedback from all stakeholders regarding this Public Summary Report and the associated certification.

Stakeholders may submit comments, concerns, or relevant information related to a certified facility or the application of the SSI Standards at any time.

Feedback can be submitted to:
contact@solarstewardshipinitiative.org

All submissions will be reviewed in accordance with SSI's procedures for complaints, disputes, and stakeholder engagement.

Limitation of Liability

Certification under the SSI ESG Standard confirms that, at the time of assessment, the certified site demonstrated conformity with the requirements of the applicable SSI Standard within the defined certification scope.

SSI certification does not constitute a guarantee of ongoing performance, product quality, or compliance with all applicable laws and regulations.

Organisations making claims related to SSI certification remain solely responsible for ensuring that their communications, marketing materials, product information, and contractual representations comply with applicable legislation, including laws relating to consumer protection, marketing practices, labelling, and competition.

SSI does not assume liability for actions taken by certified entities or third parties based on certification status.

Certification Validity

The validity of this certification is subject to the certified site maintaining ongoing conformity with the applicable SSI Standard and successfully completing required surveillance and recertification assessments within the defined certification cycle.

Certification status may be suspended, withdrawn, or modified if non-conformances are not adequately addressed or if certification requirements are no longer met.

The current certification status of any SSI member or certified site can be verified at:
<https://www.solarstewardshipinitiative.org>