

Solar Stewardship Initiative: **Public Summary Report**

Certificate of System Conformity

SSI Member	JA Solar GmbH
Certified Site	Shanghai JA Solar Technology Co.,Ltd.
Certificate No.	17102022-0030
SSI Standard	ESG
Assessment Body	Sinovoltaics
Assessment Type	Surveillance Year 1
Current grade	Bronze
Certification Performance Trend	■ Updated from Silver to Bronze
Certificate Issue Date	28/09/2026
Certificate Expiry Date	27/09/2027
Site Certified Since	28/02/2025

Authorised by:



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Head of Standards & Assurance

Understanding Assessment Types and Certification Performance Trend

- **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.

- **Certification Performance Trend**

The Certification Performance Trend reflects the change in the facility's overall certification grade from the Initial Assessment to the Surveillance Assessment, based on the number and classification of Minor Non-Conformances identified in accordance with SSI's Conformance Ratings Guideline. The trend may indicate an upgrade, downgrade, or no change. For Initial Assessments, this field is N/A as there is no previous certification grade.

For Surveillance Assessments, it reflects the change in the facility's certification grade.

Solar Stewardship Initiative:

Section 1: Site Information

Public Summary Report

CERTIFIED SITE OVERVIEW	
SSI Member	JA Solar GmbH
Certified Site	Shanghai JA Solar Technology Co.,Ltd.
Site Location	No.118,Lane 3111, Huancheng West Road, FengXian District, Shanghai, China 201401
Site Type	Module Manufacturer
Assessment Type	Surveillance Year 1
Assessment Date	Initial: 10-13/12/2024 Surveillance Y1: 22-23/01/2026
Next Assessment Type	Surveillance Year 2
Next Assessment Due	27/09/2027
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	15	4	7	0	4	8
Environment	21	8	8	0	0	0	13
Human and Labour Rights	52	29	22	3	0	4	23
TOTAL COUNT	96	52	34	10	0	8	44

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 or Not Assessed

Understanding Conformance Ratings

Note

“Total Standard Requirements” shows the full number of SSI 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 or Not Assessed (N/A):**

A requirement that is not applicable to the site due to the nature, scope, or activities of its operations, or, during a Surveillance Assessment, a requirement that is not selected for assessment based on the defined risk-based assessment approach, assessment scope, and priorities for the surveillance assessment.

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	2	0	0	1(i)	0
2. Policy and Management	7	4	2	0	0	2(ii) (iii)	3
3. Stakeholders and Communities	7	3	0	2 (v) (vi)	0	1(iv)	4
4. Transparency	1	0	0	0	0	0	1
5. Responsible Sourcing	5	5	0	5 (vii) (viii) (ix) (x) (xi)	0	0	0
TOTAL COUNT	23	15	4	7	0	4	8

Governance and Business Ethics

Non Conformances Overview

(i) 1.3 Anti-Corruption and Bribery — Observation

The Facility has established an anti-corruption and business ethics framework, including relevant policies, reporting and whistleblowing mechanisms, risk assessment and internal control processes, and requirements applicable to relevant business relationships.

However, the assessment identified opportunities to further strengthen the consistent implementation and effectiveness of these controls at site and supply chain levels. In particular, evidence of comprehensive awareness and training, coverage of relevant corruption and financial integrity risks, and systematic monitoring of implementation across applicable business relationships could be further strengthened.

This results in an Observation because an anti-corruption framework is established; however, evidence demonstrating its comprehensive implementation, coverage, and effectiveness could be further strengthened.

The Facility should continue to strengthen its anti-corruption controls by ensuring appropriate risk coverage, awareness and training, monitoring, and follow-up across relevant operations and business relationships.

(ii) 2.3 Management Systems — Observation

The Facility has established a management system for the development, review, communication, and implementation of relevant policies and procedures. Processes are in place for document control, periodic review, policy updates, communication, and supporting awareness activities.

However, the assessment identified opportunities to further strengthen the consistent application and effectiveness of policy management at site level. In particular, evidence of systematic review and version control, comprehensive communication to relevant workers and stakeholders, and verification of understanding and implementation could be further strengthened.

This results in an Observation because policy management and communication processes are established; however, consistent site-level application, stakeholder coverage, and effectiveness of these processes have not been fully demonstrated.

The Facility should strengthen policy management by ensuring timely review and controlled updates, systematic communication of relevant requirements, and periodic verification of awareness, understanding, and implementation.

Governance and Business Ethics

Non Conformances Overview

(iii) 2.4 Risk and Impact Assessments — Observation

The Facility has established a structured process for identifying and assessing environmental, social, and human rights risks and impacts. The process considers factors such as likelihood and severity and provides for the implementation of relevant controls and mitigation measures.

However, the assessment identified opportunities to further strengthen the site-specific application and effectiveness of the risk and impact assessment process. In particular, the extent to which operational experience, relevant incidents, historical trends, stakeholder input, and other site-level information are systematically incorporated into the identification and evaluation of actual and potential impacts could be further strengthened.

This results in an Observation because a structured risk assessment system is established and implemented; however, the robustness, site-specific application, and use of supporting evidence in the assessment of risks and impacts have not been fully demonstrated.

The Facility should strengthen its risk and impact assessment process by ensuring that relevant site-specific information, operational experience, stakeholder input, and emerging trends are systematically considered to support comprehensive identification, evaluation, and management of environmental, social, and human rights impacts.

(iv) 3.2 Stakeholder Engagement — Observation

The Facility has established a stakeholder engagement process covering stakeholder identification, engagement methods, feedback collection, analysis, and follow-up. Relevant stakeholder groups are considered through established communication and consultation mechanisms, with feedback intended to support ongoing improvement.

However, the assessment identified opportunities to further strengthen the risk-based and site-specific application of stakeholder engagement. In particular, engagement approaches could be more consistently tailored to the characteristics, risks, impacts, and concerns of different stakeholder groups, with clearer evidence of how stakeholder feedback is evaluated and incorporated into operational decisions and improvement activities.

This results in an Observation because a stakeholder engagement system is established and implemented; however, the consistency, stakeholder-specific tailoring, and demonstrated effectiveness of engagement activities could be further strengthened.

The Facility should strengthen stakeholder engagement by applying approaches proportionate to the needs and potential impacts of different stakeholder groups, assigning clear site-level responsibility, and maintaining evidence of how stakeholder feedback is assessed, addressed, and incorporated into relevant decisions and improvement actions.

Governance and Business Ethics

Non Conformances Overview

(v) 3.5 Community Development — Minor Non-Conformance

The Facility has established processes for identifying and assessing environmental, social, and human rights impacts and has implemented management controls and community-related initiatives to address identified risks and support engagement with local communities.

However, the assessment identified a gap in systematically translating identified risks and opportunities into documented action plans with clearly defined actions, responsibilities, timelines, expected outcomes, and follow-up arrangements. Evidence of structured, risk-based planning and evaluation of the effectiveness and outcomes of community-related actions could be further strengthened.

This results in a Minor Non-Conformance because relevant risk assessment processes, management controls, and community initiatives are established and implemented; however, the systematic planning, monitoring, and documented evaluation of actions to mitigate adverse impacts and enhance positive community impacts have not been fully demonstrated. The Facility should strengthen its community development approach by establishing documented action plans that define appropriate mitigation and positive-impact measures, responsibilities, timelines, expected outcomes, and monitoring arrangements. The effectiveness and results of these actions should be periodically reviewed and used to support continual improvement.

(vi) 3.6 Community Development — Minor Non-Conformance

The Facility has established and implemented community engagement and public welfare initiatives involving relevant local stakeholders. These activities demonstrate ongoing engagement with and support for the surrounding community.

However, the assessment identified a gap in demonstrating that such initiatives form part of a systematic and impact-driven approach to fostering positive community outcomes. The activities are implemented through various initiatives, but defined objectives, expected outcomes, linkage to identified community needs and operational impacts, and systematic monitoring of results could be further strengthened.

This results in a Minor Non-Conformance because community engagement and welfare activities are established and implemented; however, a structured approach for planning, monitoring, and evaluating measures intended to generate positive community impacts has not been fully demonstrated.

The Facility should strengthen its approach by defining clear objectives and expected outcomes for community initiatives, considering identified community needs and the Facility's operational context, and maintaining appropriate records of implementation, monitoring, and evaluation to demonstrate the results and effectiveness of these activities.

Governance and Business Ethics

Non Conformances Overview

(vii) 5.1 Responsible Sourcing and Due Diligence — Minor Non-Conformance

The Facility has established a Responsible Sourcing framework covering relevant social, environmental, human rights, business ethics, and supply chain due diligence requirements. These requirements are incorporated into supplier management processes and communicated to relevant supply chain partners through contractual requirements, engagement, training, and awareness activities.

However, the assessment identified opportunities to strengthen the consistent implementation and effectiveness of the responsible sourcing framework throughout the supplier lifecycle and across the relevant supply chain. In particular, evidence of systematic risk-based monitoring, ongoing reassessment, corrective action follow-up, and verification of supplier compliance beyond initial onboarding could be further strengthened. The consistent coverage and effectiveness of supplier awareness activities and the cascading of relevant requirements to applicable upstream supply chain tiers were also not fully demonstrated.

This results in a Minor Non-Conformance because a responsible sourcing framework and supplier communication mechanisms are established and partially implemented; however, consistent operational implementation, effectiveness verification, and supply chain-wide application of the defined requirements have not been fully demonstrated.

The Facility should strengthen responsible sourcing due diligence throughout the supplier lifecycle by applying appropriate risk-based monitoring, verification, corrective action management, and periodic reassessment. Supplier awareness and communication should also be strengthened to ensure relevant requirements are understood, implemented, and appropriately cascaded across applicable supply chain tiers, with documented evidence of coverage and follow-up.

(viii) 5.2 Know Your Counterparty (KYC) Checks — Minor Non-Conformance

The Facility has established a KYC and supplier risk management process covering supplier onboarding, qualification, risk assessment, and supplier approval and management decisions. Additional controls are defined for higher-risk suppliers, including enhanced information requirements, assessment, follow-up, and corrective actions.

However, the assessment identified opportunities to strengthen the consistent application of KYC and enhanced due diligence throughout the supplier lifecycle and across relevant supply chain tiers. In particular, evidence of ongoing monitoring and reassessment beyond initial supplier onboarding, consistent linkage between KYC results and supplier risk management decisions, and systematic identification and assessment of high-risk and CAHRA-related conditions could be further strengthened. Supply chain due diligence is primarily focused on direct suppliers, with limited evidence demonstrating comprehensive consideration of relevant upstream risks.

This results in a Minor Non-Conformance because a KYC and supplier risk management system is established and implemented, including enhanced controls for higher-risk suppliers; however, ongoing due diligence, high-risk and CAHRA-related risk identification, and appropriate upstream supply chain coverage have not been fully demonstrated.

The Facility should strengthen its KYC and due diligence process by establishing clear and consistent criteria for identifying high-risk and CAHRA-related conditions, incorporating KYC results into ongoing supplier risk management, and extending due diligence to relevant upstream supply chain tiers where appropriate. Monitoring, reassessment, and follow-up actions arising from identified risks should be systematically documented and reviewed.

Governance and Business Ethics

Non Conformances Overview

(ix) 5.3 Communication of ESG Commitments — Minor Non-Conformance

The Facility has established mechanisms for communicating its ESG commitments and relevant responsible sourcing requirements to supply chain partners through contractual requirements, supplier standards, training, and awareness activities. These mechanisms are supported by documented communication and engagement activities.

However, the assessment identified opportunities to strengthen the consistency, coverage, and effectiveness of ESG communication across the relevant supply chain. Evidence was primarily demonstrated for direct suppliers, while the extent to which requirements are effectively cascaded to applicable upstream supply chain partners and understood and implemented beyond the immediate supplier level could be further strengthened. Systematic follow-up and verification of supplier participation, understanding, and application of communicated requirements were also not fully demonstrated.

This results in a Minor Non-Conformance because mechanisms for ESG communication and supplier awareness are established and implemented; however, comprehensive supply chain coverage and systematic verification of communication and training effectiveness have not been fully demonstrated.

The Facility should strengthen its ESG communication and supplier outreach processes by ensuring relevant requirements are effectively communicated and, where applicable, cascaded across relevant supply chain tiers. The Facility should also maintain systematic records of communication coverage and participation, follow up on gaps, and periodically verify supplier understanding and implementation of the communicated requirements.

(x) 5.4 Sourcing from High-Risk Areas — Minor Non-Conformance

The Facility has established a responsible sourcing and supply chain due diligence framework that includes supplier screening, risk assessment, due diligence, and risk mitigation measures to address responsible sourcing risks. The framework provides a basis for identifying and managing potential risks associated with sourcing activities and relevant supply chain relationships.

However, the assessment identified opportunities to further strengthen the alignment and completeness of the responsible sourcing framework for high-risk sourcing conditions. In particular, the scope of applicable materials and risks, the methodology for systematically identifying and assessing relevant adverse impacts, and the linkage between identified risks and subsequent due diligence, mitigation, and monitoring activities could be more clearly defined and documented.

This results in a Minor Non-Conformance because a responsible sourcing and due diligence framework is established and implemented; however, the completeness of the policy scope and systematic identification, assessment, and management of applicable high-risk and adverse-impact risks have not been fully demonstrated.

The Facility should review and strengthen its responsible sourcing framework to clearly address all applicable in-scope materials and relevant high-risk conditions. A documented risk-based methodology should be maintained for identifying, assessing, and managing applicable adverse impacts, with clear linkage between identified risks, supplier risk classification, due diligence activities, mitigation measures, and ongoing monitoring.

Governance and Business Ethics

Non Conformances Overview

(xi) 5.5 Management Systems — Minor Non-Conformance

The Facility has established a supply chain due diligence and risk management framework covering supplier risk assessment, risk classification, corrective actions, supplier performance management, defined responsibilities and resources, stakeholder engagement, and reporting. The framework also provides mechanisms for risk mitigation, follow-up, escalation, and consideration of relevant third-party information.

However, the assessment identified opportunities to strengthen the consistent implementation and effectiveness of the due diligence and risk management framework across the Facility and relevant supply chain. In particular, the linkage between identified risks, mitigation measures, corrective actions, follow-up, and effectiveness verification could be more systematic. The identification and management of higher-risk and upstream supply chain conditions, as well as the consideration of leverage in addressing identified risks, could also be further strengthened.

In addition, stakeholder involvement in risk management and transparent reporting of due diligence outcomes could be enhanced. Greater evidence of how mitigation measures address identified risks and how results are evaluated and incorporated into subsequent due diligence activities would further strengthen the overall management system.

This results in a Minor Non-Conformance because a documented supply chain due diligence and risk management framework is established, with relevant controls, resources, corrective action mechanisms, and reporting arrangements in place; however, consistent implementation, effectiveness verification, upstream risk management, stakeholder engagement, and transparent reporting of outcomes have not been fully demonstrated. The Facility should strengthen its management system by establishing clear linkages between identified supply chain risks and proportionate mitigation and corrective actions, including defined responsibilities, timelines, follow-up, and effectiveness review. The Facility should also enhance visibility and risk assessment across relevant upstream supply chain levels, strengthen consideration of leverage and stakeholder input, and improve reporting of key risks, actions, outcomes, and effectiveness to support continual improvement.

Findings Breakdown

ESG - ENVIRONMENT							
Topic	TSR	TRA	C	Mi NC	Ma NC	O	N/A
6. Greenhouse Gas Emissions Management	3	2	2	0	0	0	1
7. Water Management	4	3	3	0	0	0	1
8. Waste Management	2	1	1	0	0	0	1
9. Pollution Management	3	1	1	0	0	0	2
10. Biodiversity Management	5	1	1	0	0	0	4
11. Circularity	4	0	0	0	0	0	4
TOTAL COUNT	21	8	8	0	0	0	13

Findings Breakdown

ESG - HUMAN AND LABOUR RIGHTS							
Topic	TSR	TRA	C	Mi NC	Ma NC	O	N/A
12. Human Rights	7	3	0	1(i)	0	2(ii) (iii)	4
13. Labour Rights	29	16	15	1(iv)	0	0	13
14. Occupational Health and Safety (Worker's Protection)	16	10	7	1 (v)	0	2(vi) (vii)	6
TOTAL COUNT	52	29	22	3	0	4	23

Human and Labour Rights

Non Conformances Overview

(i) 12.1 Human Rights Policy — Minor Non-Conformance

The Facility has established and communicated a Human Rights Policy aligned with the UN Guiding Principles on Business and Human Rights (UNGP) and relevant international human rights standards. The policy applies to relevant workers and business relationships and addresses key areas including human rights risk management, training and awareness, grievance mechanisms, and implementation oversight. Responsibilities for implementation and monitoring have also been defined.

However, the assessment identified a gap in the ongoing verification of the implementation and effectiveness of the Facility's human rights commitments. While the policy and supporting mechanisms are established, current evidence was not sufficient to demonstrate that the continued implementation and effectiveness of the policy are being systematically reviewed and verified as part of ongoing assessment activities.

This results in a Minor Non-Conformance because an appropriate Human Rights Policy framework and related implementation mechanisms are established; however, periodic verification of continued implementation and effectiveness has not been fully demonstrated.

The Facility should strengthen ongoing oversight of its Human Rights Policy by incorporating periodic verification of implementation and effectiveness into relevant assessment and monitoring activities. Such verification should consider the continued application of human rights risk management, awareness and training, grievance mechanisms, controls, and other relevant implementation measures, with documented follow-up to demonstrate continued alignment with the UNGP.

(ii) 12.2 Human Rights Due Diligence — Observation

The Facility has established a human rights due diligence process covering relevant workers, business relationships, suppliers, customers, and communities. The process includes identification and assessment of actual and potential human rights impacts, risk classification, implementation of controls, consideration of stakeholder information, and periodic review. Human rights considerations are also incorporated into supplier management through established assessment and contractual processes.

However, the assessment identified opportunities to further strengthen the robustness and effectiveness of the human rights due diligence process. In particular, the extent to which identified risks are critically validated using site-specific, external, or other supporting evidence, including verification of supplier-related risks, could be further strengthened. Evidence demonstrating how identified or potential impacts are systematically tracked, mitigated, and evaluated over time was also limited.

This results in an Observation because a structured human rights due diligence system is established and extends to relevant business relationships; however, the robustness of risk identification and validation, implementation of mitigation measures, and monitoring of their effectiveness have not been fully demonstrated.

The Facility should strengthen its human rights due diligence by using appropriate evidence-based methods to identify and validate actual and potential impacts, including enhanced verification of relevant supplier and business relationship risks. The Facility should also establish clear linkages between identified risks, mitigation or remediation measures, responsibilities, timelines, and follow-up verification, and periodically evaluate the effectiveness of actions taken. Relevant results and lessons learned should be incorporated into subsequent risk assessments to support continual improvement.

Human and Labour Rights

Non Conformances Overview

(iii) 12.4 Security Forces — Observation

The Facility has established arrangements for managing security personnel that incorporate relevant human rights requirements and oversight of contracted security services. Security personnel receive training on appropriate conduct and respect for human rights, and routine supervision and performance monitoring arrangements are in place.

However, the assessment identified opportunities to further strengthen the systematic identification and management of human rights risks associated with security personnel. In particular, documented processes for assessing security-related human rights risks, reporting and investigating potential incidents, escalation and remediation, and linkage with relevant grievance mechanisms could be further strengthened. Evidence demonstrating the effectiveness of existing training, supervision, and preventive controls was also limited.

This results in an Observation because human rights requirements, training, and oversight arrangements for security personnel are established; however, systematic risk management and effectiveness verification for security-related human rights risks have not been fully demonstrated. The Facility should strengthen its security-related human rights controls by periodically assessing relevant risks and maintaining clear processes for incident reporting, investigation, escalation, remediation, and linkage to grievance mechanisms. The Facility should also periodically evaluate the effectiveness of security personnel training, supervision, and preventive controls, and use relevant findings to support continual improvement.

(iv) 13.4 Minimum Working Age — Minor Non-Conformance

The Facility has established a child labour remediation framework defining responsibilities and measures to be taken in the event that an individual below the minimum working age is identified. The framework includes provisions for immediate protection, appropriate support, engagement with relevant parties, access to education and welfare measures, and follow-up in accordance with applicable requirements.

However, the assessment identified a gap in the formal implementation and operational readiness of the child labour remediation process. The procedure had not yet been formally approved and implemented at the time of assessment, and therefore its practical application, staff awareness, and effectiveness could not be fully demonstrated.

This results in a Minor Non-Conformance because a structured child labour remediation framework with defined responsibilities and support measures has been developed; however, formal implementation and verification of its operational readiness have not been fully demonstrated. The Facility should complete the formal approval and implementation of the child labour remediation procedure and ensure that relevant personnel understand their roles and responsibilities. The Facility should also periodically verify the readiness and effectiveness of the remediation arrangements, including protection, welfare support, engagement with relevant parties, access to education, reporting, and follow-up measures, to ensure timely and appropriate action if a case is identified.

Human and Labour Rights

Non Conformances Overview

(v) 14.10 Safety and Hygiene — Minor Non-Conformance

The Facility has established an occupational health and safety management system covering hazard identification and assessment, risk-based controls, safety training, PPE, emergency preparedness, and communication of workplace safety requirements. Controls have been defined for identified hazards and are supported by documented risk assessments and management measures.

However, the assessment identified instances where established safety controls were not consistently implemented and maintained at the point of work. These conditions indicate opportunities to strengthen routine supervision, workplace inspections, reinforcement of safe operating practices, and verification of critical safety controls to prevent foreseeable incidents.

This results in a Minor Non-Conformance because a formal occupational health and safety risk management system is established; however, observed conditions demonstrate that certain established controls are not being consistently implemented and maintained in practice.

The Facility should strengthen routine verification of critical safety controls through effective workplace inspections, supervisory oversight, and reinforcement of safe operating requirements. Where appropriate, visual, engineering, or other preventive controls should be introduced to reduce reliance on individual actions, and findings from inspections and incidents should be used to strengthen training and continually improve safety controls.

(vi) 14.11 Safety and Hygiene — Observation

The Facility has established arrangements for providing accessible potable drinking water and periodically verifying water quality. Drinking water is available across relevant workplace and living areas, with controls in place to support its quality and availability.

However, the assessment identified an opportunity to further strengthen hygiene controls at drinking water points. In particular, the physical separation and hygiene management of drinking water facilities from nearby cleaning and wastewater-related activities could be improved to reduce foreseeable contamination risks.

This results in an Observation because adequate arrangements for the provision and testing of potable water are established; however, point-of-use hygiene and environmental controls could be further strengthened to prevent potential sources of contamination.

The Facility should strengthen hygiene controls around drinking water facilities by ensuring appropriate separation from cleaning and wastewater-related activities and incorporating drinking water points into routine workplace hygiene inspections. Where necessary, additional physical or sanitation controls should be implemented to prevent contamination.

Human and Labour Rights

Non Conformances Overview

(vii) 14.16 Fire Safety, Emergency Preparedness and Response — Observation

The Facility has established arrangements for emergency first-aid preparedness, including accessible first-aid supplies, trained personnel, emergency information, and additional emergency equipment appropriate to identified workplace hazards. Routine inspection arrangements are also in place to support the availability and readiness of emergency resources.

However, the assessment identified an opportunity to strengthen the completeness of first-aid equipment inspection and verification. Not all emergency medical supplies were consistently reflected within the applicable inspection arrangements, which may reduce assurance that all equipment remains available, complete, and suitable for use when required.

This results in an Observation because adequate first-aid provisions, trained personnel, and inspection arrangements are established; however, the inspection process does not fully cover all emergency medical equipment.

The Facility should review and strengthen its first-aid inspection process to ensure that all emergency medical supplies and equipment are included within defined periodic checks. Inspection records should verify availability, condition, and suitability for use, with identified deficiencies promptly addressed and tracked to closure.



Solar Stewardship Initiative:

Section 4: Feedback & Liability

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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>