**Important information**

This audit report is to be completed by a rehabilitation auditor who is commissioned by the holder of a Progressive Rehabilitation and Closure Plan (PRCP) schedule to carry out an audit of the schedule under section 285 of the EP Act.

Before completing the audit, the auditor must:

* read the [*Information Sheet Requirements for PRCP schedule audits (ESR/2024/6910)*](https://www.des.qld.gov.au/policies?a=272936:policy_registry/rs-is-prcp-schedule-audits.pdf)
* ensure that they meet the requirements stated in Appendix A of the Information Sheet to be a rehabilitation auditor.
* review and understand the contents of the PRCP schedule being audited.

The completed report must be submitted to the Department of Environment, Science and Innovation (the Department) by the PRCP schedule holder within 4 months of the end of the PRCP schedule audit period. It must be accompanied by a declaration from the schedule holder confirming that they have not knowingly given false or misleading information to the rehabilitation auditor and have given all relevant information to the rehabilitation auditor. A template for this declaration is provided in Appendix A.

**The completed audit report is to be submitted using one of the following methods:**

Email palm@des.qld.gov.au

Post Permit and Licence Management

Department of Environment, Science and Innovation

GPO Box 2454

BRISBANE QLD 4001

***Privacy statement***

The Department of Environment, Science and Innovation (the department) is collecting the information on this form to meet the requirements for PRCP schedule audit reports, under sections 285-286 of the EP Act.

Pursuant to section 540 of the *Environmental Protection Act 1994* (EP Act), the department is required to maintain a register of certain documents and information authorised under the EP Act. A copy of this document will be kept on the public register. The register is available for inspection by members of the public who can take extracts, or copies of the documents from the register. Documents that are required to be kept on the register are published in their entirety, unless alteration is required by the EP Act. There is no general discretion allowing the department to withhold documents or information required to be kept on the public register. For more information on the department’s public register, search ‘public register’ at [www.qld.gov.au](http://www.qld.gov.au/). For queries about privacy matters please email privacy@des.qld.gov.au or telephone 13 QGOV (13 74 68).

**Part 1 – PRCP schedule details**

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| PRCP Schedule Details |
| **PRCP schedule reference number:** | Click or tap here to enter text. |
| **Environmental authority number this PRCP schedule relates to:**  | Click or tap here to enter text. |
| **Mining tenement(s):** | Click or tap here to enter text. |
| PRCP schedule holder(s) |  |
| **Name(s)**Click or tap here to enter text. | **Registered address**Click or tap here to enter text. |
| **Contact name**Click or tap here to enter text. | **Contact details (telephone / email):**Click or tap here to enter text. |
| Mine details |
| **Mine name:** | Click or tap here to enter text. |
| **Mine type:** | Click or tap here to enter text. |
| **Site Representative (optional):** | Click or tap here to enter text. |

**Part 2: Rehabilitation Auditor details**

|  |
| --- |
| Rehabilitation Auditor Details |
| **Rehabilitation Auditor Name:**Click or tap here to enter text. | **Position:**Click or tap here to enter text. |
| **Company:**Click or tap here to enter text. | **ABN/ACN:** Click or tap here to enter text. |
| **Registered Address:**Click or tap here to enter text. | **Postal Address:**Click or tap here to enter text. |
| **Telephone:**Click or tap here to enter text. | **Email (business):**Click or tap here to enter text. |
| Technical Support |
| In undertaking the audit of the PRCP Schedule, the rehabilitation auditor may assemble a team, subcontract other suitably qualified persons and/or appropriately qualified persons, or access technical experts engaged by the environmental authority holder, to provide technical advice on a matter.Where technical advice has been provided to the rehabilitation auditor, the person(s) who provided the advice and the matter(s) advice was provided on should be detailed below.Where further space is required, add additional lines. |
| **Name / Organisation** | **Technical advice provided** | **Conflict of interest?****(If applicable note management actions)** |
|   |   |  |
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**Rehabilitation Auditor Declaration**

**Note:** If you have not told the truth in this audit report you may be liable for prosecution under the relevant Acts or Regulations.

* I have undertaken an audit of PRCP schedule INSERT PRCP schedule number in accordance with Section 285 of the *Environmental Protection Act 1994* and have completed the audit report.
* I meet the rehabilitation auditor requirements determined by the chief executive under the *Environmental Protection Act 1994*, including the impartiality requirements.
* I am not aware of any circumstance that may affect my independence or objectivity as a rehabilitation auditor for this PRCP schedule audit or that could be considered, or perceived to cause, a conflict of interest.
* Where I have engaged a technical specialist/s to support the audit of the PRCP Schedule, I have verified their experience and qualifications as appropriate for the technical support provided and ensured that appropriate strategies have been implemented to identify and manage any potential conflicts of interests that these technical specialists have.
* I have never been found guilty (whether convicted or not) of an indictable offence either in Australia or elsewhere.
* I have never been prosecuted for an offence under any environment protection legislation either in Australia or elsewhere.
* The opinions expressed in the document are honestly and reasonably held.
* I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.
* I have not knowingly provided information that contains incomplete information in a material particular.
* I acknowledge that all information supplied as part of this audit report and declaration, can be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

|  |  |
| --- | --- |
| REHABILITATION AUDITOR’S FULL NAME  | POSITION  |
| rehabilitation auditor’s SIGNATURE | DATE  |

**Part 3 – Summary of Audit findings**

*In this section the rehabilitation auditor is to provide a summary of the audit findings. Full details to support these findings are to be provided in Part 4.*

|  |
| --- |
| Audit details  |
| PRCP Schedule audit period | Click or tap here to enter text. |
| Date audit due to the Department  | Click or tap here to enter text. |

|  |
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| Statement of compliance (s286(a)) |
| *In accordance with section 286(a) of the EP Act, the auditor is required to include a statement about whether the holder has complied with the PRCP schedule during the audit period. Please provide a statement of compliance below.* |
| **Compliance with PRCP schedule milestones (s286(a)(i)).** ***Note: Further information regarding actions the holder has taken or has failed to take in relation to rehabilitation milestones and/or management milestones must be provided in Part 4 – Section 1 of this report.***  |
| Did any milestones become due to be completed, or land become available, during the audit period?  | [ ]  Yes, continue to next row[ ]  No, continue to next section “Conditions imposed on PRCP schedule” |
| Has the holder of the PRCP Schedule met each rehabilitation milestone for each rehabilitation area that was due to be completed during the audit period? | Select |
| Has the holder of the PRCP Schedule met each management milestone for each improvement area that was due to be completed during the audit period? | Select |
| **Conditions imposed on the PRCP Schedule (s286(a)(ii))*****Note: Further information on whether the holder has complied, or failed to comply, with each condition of the PRCP Schedule and the evidence to support this position must be provided in Part 4 – Section 2 of this report.*** |
| Has the holder of the PRCP Schedule complied with all the conditions imposed on the schedule during the audit period? | Select |
| **Accuracy of rehabilitation information provided to the administering authority (s286(a)(iii))*****Note: Further detail to support the position stated below must be provided in Part 4 – Section 3 of this report.*** |
| Did a condition(s) of the PRCP Schedule require the holder to provide a statement of compliance to the administering authority during the audit period?*If yes* | Select |
| Was the information provided for each condition of the PRCP Schedule to the administering authority complete and accurate? | Select |
| Did the holder of the PRCP Schedule provide additional information to the administering authority about rehabilitation carried out under the schedule, during the audit period?*If yes* | Select |
| Was all the information provided to the administering authority about rehabilitation carried out under the schedule complete and accurate? | Select |
| Assessment of whether post-mining land use is likely to be achieved (s286(b)) |
| *In accordance with section 286(b) of the EP Act, the auditor is required to include an assessment of whether the post-mining land use for land the subject of the PRCP schedule is likely to be achieved. Please provide a statement of compliance below.****Further information is required to be provided in Part 4 – Section 1 of this report.***  |
| Having regard to the rehabilitation that has been and is to be carried out under the PRCP schedule, are the PMLU/s for land likely to be achieved? | [ ] Yes, for all areas[ ] Yes, for some areas[ ] No, for all areas |
| Recommended actions that the holder should take to ensure compliance with the PRCP schedule (s286(c)) |
| *In accordance with section 286(c) of the EP Act, the auditor is required to provide recommendations about actions the holder should take to ensure rehabilitation milestones and management milestones are achieved or conditions of the schedule are complied with.* |
| Recommendations have been provided in Part 4 – Sections 1 and 2 of this report.  | Select |
|  |

**Part 4 – Details of audit**

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| Section 1 – Compliance with PRCP schedule milestones  |

**Instructions for completing this section:** The following table should be used to indicate progress with PRCP schedule milestones according to this key:

A new table (consistent with that from the approved PRCP schedule) is to be inserted for each Rehabilitation area or Improvement area approved in the PRCP schedule. The table should be completed for all rehabilitation or management milestones completed during the audit period and for areas that have become available during the audit period. **See Appendix B for an example of how to complete this table.**

If no milestones, and no areas became available during the audit, continue to section 2.

|  |
| --- |
| **PRCP Audit** Dd/mm/yyyy |
| **Post-mining land uses (PMLU) / Non-use management area (NUMA)** |
| **Rehabilitation area / Improvement area** | Click or tap here to enter text. |
| **Relevant activities** | Click or tap here to enter text. |
| **Total size (ha)** | Click or tap here to enter text. |
| **First milestone reference to commence:** | Click or tap here to enter text. |
| **Commencement of first milestone:** | Click or tap here to enter text. |
| **PMLU / NUMA** | Click or tap here to enter text. |
| **Date area is available** | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy |
| **Cumulative area available (ha)** |  |  |  |   |   |   |   |   |   |   |
| **Milestone completed by** | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy |
| **Milestone Reference** | **Cumulative area achieved (ha)** |
| **RM** ## | ##  | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **RM** ## | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **RM** ## | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **RM** ## | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **Assessment of progress / information** | For each milestone you must provide the following information:* Whether the milestone has been completed or not, including the reasons why not e.g. natural disasters – drought, flood
* Details of milestones in progress (where land has become available during the audit period)
* Method of audit and evidence relied upon (including document or report references)
* Details of who provided technical expertise relevant to auditing progress with the milestone
* For a PMLU milestone - assessment of whether the PMLU is likely to be achieved having regard to the rehabilitation that has been and is to be carried out
* Whether any new / unforeseen risks were identified during the audit that mean existing milestones may not be suitable to achieve rehabilitation of land to a stable condition
* Recommendations about actions the holder should take to ensure rehabilitation milestones and management milestones are achieved and conditions of the schedule are complied with.
 |

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| Section 2 – Compliance with PRCP schedule conditions  |
| Provide details of PRCP schedule conditions below, along with an assessment of whether the holder has complied with these conditions.  |
| **Schedule condition** | **Compliant (Yes / No)** | **Details, including method of verification** |
| E.g. Where land becomes available for rehabilitation earlier than the nominated ‘Date area is available’, progressive rehabilitation for that land must commence as soon as practicable. Progressive rehabilitation commenced early under this condition must be carried out in accordance with the milestones and criteria in this schedule, except that each of the dates by which milestones are to be completed is brought forward by the same amount of time as the commencement was brought forward. |  |  |
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| Section 3 – Accuracy of information provided by the holder  |
| Provide an assessment of whether the PRCP schedule holder has provided complete and accurate information to the administering authority regarding rehabilitation carried out under the schedule.  |
| **Rehabilitation Information provided** | **Was information provided accurate?** | **Method of verification** |
|  |  |  |
| **Further information**  |

**Appendix A – PRCP schedule holder declaration**

**Note:** If you have not told the truth in this submission, you may be liable for prosecution under the *Environmental Protection Act 1994*.

I/We declare that I:

1. have not knowingly given false or misleading information to the rehabilitation auditor; and
2. have given all relevant information to the rehabilitation auditor.

I understand it is an offence under sections 480 and 480A of the *Environmental Protection Act 1994* to give the administering authority or authorised person a document containing information that I know, or ought reasonably to know, is false, misleading or incomplete in a material particular.

|  |
| --- |
| Where an agreement is in place between all holders of the PRCP schedule, one holder can sign on behalf of the other joint holders. Please tick the checkbox below.  |
| [ ]  I HAVE AUTHORITY TO SIGN THIS FORM ON BEHALF OF ALL THE JOINT HOLDERS OF THE PRCP SCHEDULE. |

|  |
| --- |
| NAME: Insert name. |
| SIGNATURE If the holder is an individual the declaration must be signed by the holder. If the holder is a corporation the declaration must be signed by an executive officer of the corporation. |
| POSITION OF SIGNATORYInsert position. | DATEInsert date.  |

**Joint holder (s) signature if applicable**

|  |
| --- |
| NAME: Insert name. |
| SIGNATURE If the holder is an individual the declaration must be signed by the holder. If the holder is a corporation the declaration must be signed by an executive officer of the corporation. |
| POSITION OF SIGNATORYInsert position. | DATEInsert date.  |

|  |
| --- |
| NAME: Insert name. |
| SIGNATURE If the holder is an individual the declaration must be signed by the holder. If the holder is a corporation the declaration must be signed by an executive officer of the corporation. |
| POSITION OF SIGNATORYInsert position. | DATEInsert date.  |

**Appendix B – Compliance with PRCP Schedule milestones (Part 4, Section 1) example**

|  |
| --- |
| **PRCP Audit 29/6/2024** |
| **Post-mining land uses (PMLU)** |
| **Rehabilitation area** | RA2 |
| **Relevant activities** | Open cut mining pits; In pit waste rock dumps |
| **Total rehabilitation area size (ha)** | 131 |
| **First milestone reference to commence:** | RM3 |
| **Commencement of first milestone:** | 1 August 2023 |
| **PMLU** | Low intensity cattle grazing |
| **Date area is available** | 31/07/21 | 31/07/2022 | 31/07/2023 | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy | Dd/mm/yyyy |
| **Cumulative area available (ha)** |  10 | 61  |  131 |   |   |   |   |   |   |   |
| **Milestone completed by** | 10/05/2022 | 10/12/2023 | 10/12/2026 | 10/12/2027 | 10/12/2035 | 10/12/2036 | 10/12/2037 | 10/12/yyyy | 10/12/yyyy | 10/12/yyyy |
| **Milestone Reference** | **Cumulative area achieved (ha)** |
| **RM** 3 | 10 | 61 | 131 | ## | ## | ## | ## | ## | ## | ## |
| **RM** 4 | ## | 10 | 61 | 131 | ## | ## | ## | ## | ## | ## |
| **RM** 5 | ## | 10 | 61 | 131 | ## | ## | ## | ## | ## | ## |
| **RM** 6 | ## | ## | ## | ## | 10 | 61 | 131 | ## | ## | ## |
| **RM** 7 | ## | ## | ## | ## | 10 | 61 | 131 | ## | ## | ## |
| **RM** 8 | ## | ## | ## | ## | 10 | 61 | 131 | ## | ## | ## |