**COLCX Verification Report**

**(Project name)**

|  |
| --- |
| **VERIFICATION REPORT****INFORMATION OF THE EVALUATION** |
| Fill out this form following the instructions provided in each section. Follow the hierarchical structure of titles up to the third level and replicate the format of this table as many times as necessary. |
| **Basic Information** |
| Name of mitigation initiative |  |
| Mitigation Initiative ID |  |
| Version of this report |  |
| Date of completion of this form | dd/mm/yyyy |
| PMR Version No. |  |
| Period of monitoring reported | dd/mm/yyyy - dd/mm/yyyy |
| Sector and activity of the mitigation initiative |  |
| Name of the proponent of the mitigation initiative |  |
| Country of mitigation initiative |  |
| Start date of the mitigation initiative | dd/mm/yyyy |
| Crediting period applied | dd/mm/yyyy - dd/mm/yyyy |
| Methodology used (Source and version) |  |
| Total GHG reductions or removals in the monitored period | Click or tap here to enter text. tCO2e |
| Auditor's name |  |
| Name of technical reviewer |  |

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## Mitigation Initiative Information

### Description of the implemented mitigation initiative

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**Instructions (delete this box when filling out this form):**

Provide the objective of the mitigation initiative and a general description of the emission reduction or removal activity that has been implemented and verified, including: a brief indication of the location of the mitigation initiative, the technology or measures employed, the applicable limits, the baseline scenario, the total GHG emission reductions or removals that were achieved during the monitored period, a brief description of how the mitigation initiative contributed to sustainable development, the indication of the developer of the mitigation initiative, and an account of the main milestones achieved by the mitigation initiative.

## Validation and Verification Body information

### Description of the evaluation team

>>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name of evaluator | Title | Position in joint validation and verification | Role in validation and joint verification | Observations |
| Documentary review | On-site visit | Interviews | Generation of findings | Report preparation |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |

**Instructions (delete this box when filling out this form):**

Provide the exact reference of each member of the assessment team that has participated in the verification. Indicate for each one the full name of the person, the professional title, the position held in the verification (lead auditor, trainee auditor, technical reviewer, technical expert, financial expert, among others), the role played, and any other information considered relevant.

### VVB review and approval mechanisms

>>

**Instructions (delete this box when filling out this form):**

Provide a description of the different methods available to VVB to assess and approve the verification of the mitigation initiative. This may include quality control and quality assurance processes and technical review processes, among others.

## Means of verification applied by the VVB

### Consideration of materiality at verification

>>

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Risk identification** | **Risk assessment** | **Treatment of the identified risk** |
| **Risk level** | **Justification** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| … |  |  |  |  |

**Instructions (delete this box when filling out this form):**

Provide a description of the different risks identified that could lead to material errors, omissions or inaccuracies, including a risk assessment and proposed treatment either from the verification plan and/or sampling plan (where applicable). In considering the risk assessment, the level of each risk should be classified indicating whether it is high, medium or low (according to its probability of occurrence and impact) and justifying the choice.

Also explain how materiality was considered in determining whether the errors, omissions or misstatements detected were material or immaterial, either individually or in the aggregate, and whether any additional review or evaluation process was required.

### C.1. Documentary review

>>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Document** | **Author** | **Origin / source of the document** | **Connection to the mitigation initiative** | **Document use in verification** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| … |  |  |  |  |  |

**Instructions (delete this box when filling out this form):**

All documents that have been reviewed or consulted during the verification of the mitigation initiative during the monitored period should be listed. When necessary, a more extensive list can be attached as an annex to this report.

### C.2. Visit to the initiative's site

>>

|  |
| --- |
| **Purpose of the visit:** |
| **No.** | **Activities performed** | **Location** | **Date**(dd/mm/yyyy) | **Names of participants** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| … |  |  |  |  |

**Instructions (delete this box when filling out this form):**

The information from any on-site visit to the site of the mitigation initiative that has been carried out in the framework of the verification must be listed, describing the means used and justifying why they are sufficient for the purposes of verification of the results achieved. Such justification is mandatory when no on-site visit is carried out in accordance with the guidelines established by the COLCX Program.

### Interviews conducted

>>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Interviewee** | **Means of interview** | **Date of interview** (dd/mm/yyyy) | **Interviewer** |
| **Name** | **Last name** | **Role in the initiative** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| … |  |  |  |  |  |  |

**Instructions (delete this box when filling out this form):**

The pertinent information from each interview that has been carried out in the framework of the verification should be listed. This includes in-person interviews, teleconferences and video calls, among others).

### Applied sampling

>>

**Instructions (delete this box when filling out this form):**

Indicate whether sampling has been used as a means of validation, describing the methods applied including a description of how the sample size was determined and field verification was carried out.

## Treatment of Results

### Project Monitoring Report Findings

>>

|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

Compliance of the Project Monitoring Report must be established in accordance with the requirements defined for its preparation by the COLCX Program.

### Future Action Requests from previous validation and/or verifications

>>

|  |  |
| --- | --- |
| **Means of verification** |  |
| **Future Action Request** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

Indicate if for the monitoring period there are remaining FAR from previous validation and/or verifications that still need to be resolved. For these, explain how they have been evaluated and how they have been treated by the proponent.

### Implementation of the mitigation initiative in accordance with the information in the registered Project Design Document

>>

|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

Explain how the implementation and operation of the mitigation initiative was carried out during the monitored period, in compliance with the guidelines of the registered PDD. For projects in the AFOLU sector, in all cases explain how the land areas and the geographic delimitation of the project boundaries were assessed.

### Evaluation and management of environmental impacts

>>

**Instructions (delete this box when filling out this form):**

A description of the verification of the environmental impact mitigation methods granted by the proponent shall be provided. Reference documentation shall be provided in accordance with the applicable guidelines of the country's requirements.

### Adaptation to climate change

>>

**Instructions (delete this box when filling out this form):**

Provide a description of the verification of the mechanisms to adapt to climate change in accordance with the policies and strategies in place in the area of influence of the project. Verify how the results of the implementation of the activity reduce risks from climate shocks and improve resilience in the area. Finally, evaluate means, indicators and frequencies to monitor and evaluate the results of the implementation of these actions.

### Post-registration changes

>>

|  |  |
| --- | --- |
| **Nature of change** |  |
| **Findings** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

Explain how situations were identified and assessed that could lead to the need for changes to the mitigation initiative after registration of the mitigation initiative. The nature of the change may be:

* Temporary deviation: This may be in relation to the monitoring plan registered, the methodology applied or any other regulatory aspect; in all cases, the deviation and its duration must be explained, justifying how it complies with the COLCX Program's guidelines.
* Corrections: These can be on aspects of the mitigation initiative that were considered in the PDD and that do not affect the results of the validation performed; in all cases, it must be explained what the correction is about, what the expected impact is, and justify how the changes comply with the guidelines of the COLCX Program.
* Updating of relevant dates: These consider the dates related in the registered PDD, corresponding to the relevant milestones for the COLCX Program; in all cases it must be indicated which dates have been updated, what is the expected impact, and justify how they comply with the COLCX Program guidelines.
* Modification to the monitoring plan: This is made on the conditions that determine the development of the monitoring of the mitigation initiative; in all cases it must be explained what the required modification consists of, whether it is of a temporary or permanent nature, what the expected impact is and how it complies with the guidelines of the COLCX Program.
* Changes in the design of the mitigation initiative (including those specific to the AFOLU sector): These consider changes to aspects of the mitigation initiative that were considered in the PDD and that materialize during implementation or start of operation; in all cases the changes must be explained, what the expected impact is in terms of the results and validation performed, and justify how the changes comply with the COLCX Program's guidelines.

### Implementation of the monitoring plan in accordance with the applied methodology and other relevant documents

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|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

Explain how the monitoring plan complies with the provisions of the methodology(ies) applied and the other methodological documents applied, in accordance with the requirements of the COLCX Program.

### Monitoreo de la iniciativa de acuerdo con el plan de monitoreo registrado

>>

|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

Explain how the monitoring performed complies with the guidelines defined in the registered monitoring plan and in accordance with the COLCX Program requirements. Specifically explain the monitoring of ex-ante and ex-post monitored data and parameters, including aspects of the sampling plan (where applicable).

### Calibration requirements for monitoring equipment

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|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

*Repeat the table as many times as necessary*

**Instructions (delete this box when filling out this form):**

For each data and parameter monitored, explain the equipment or instruments used and how they were calibrated, including aspects of the monitoring plan related to frequency, methods used, and requirements considered, among others.

### Data and calculation of GHG reductions or removals

>>

|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

**Instructions (delete this box when filling out this form):**

Explain how the data and calculation of GHG reductions or removals were evaluated in accordance with COLCX Program requirements. In all cases, explain how the cause of any increase in GHG reductions or removals achieved in the monitoring period compared to those expected for the same period according to the registered PDD was evaluated.

### Co-benefits and contribution to sustainable development

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|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

**Instructions (delete this box when filling out this form):**

Explain how the monitoring of other non-carbon benefits achieved and the contribution to sustainable development by the mitigation initiative implemented and operated was evaluated, in compliance with the guidelines defined in the registered PDD and the COLCX Program.

### Stakeholder consultation

>>

|  |  |
| --- | --- |
| **Means of verification** |  |
| **Findings** |  |
| **Conclusion** |  |

**Instructions (delete this box when filling out this form):**

Explain how any local stakeholder consultation process conducted during the monitored period was evaluated in accordance with COLCX Program requirements.

## Quality Control

>>

**Instructions (delete this box when filling out this form):**

The measures that have been applied for the control and quality assurance of the verification activities performed should be described.

## Verification statement

>>

**Instructions (delete this box when filling out this form):**

The verification opinion of the audit team regarding the verification of the monitored period must be presented, in accordance with the criteria and requirements of the COLCX Program.

## F.2. Certification of results

>>

| Activity: |
| --- |
| Reservoir: |
| Application: (Voluntary Market or Regulated Market) |
| Year | Baseline emissions or removals(tCO2e) | Gross project emissions or removals(tCO2e) | Leaks (tCO2e) | Buffer (%) | Net project emissions or removals(tCO2e) |
|  |  |  |  |  |  |

*Repeat the table as many times as necessary according to activity, reservoir and application of COLCERs.*

**Instructions (delete this box when filling out this form):**

A certification from the audit team must be submitted regarding the amount of GHG reductions or removals achieved in the monitored period, in accordance with the criteria and requirements of the COLCX Program. When the monitored period is longer than 1 year, the information on the results achieved shall be disaggregated into annual periods (January to December).

1. Contact Information of the Evaluator

>>

|  |  |
| --- | --- |
| Name of evaluator: |  |
| Country and city: |  |
| Address: |  |
| Phone: |  |
| Cell phone: |  |
| E-mail: |  |
| Website: |  |
| Name of contact person: |  |
| Position: |  |

**Instructions (delete this box when filling out this form):**

The table should be completed with the information of the person responsible for the evaluation of the mitigation initiative.

Information on the competence of the audit team

>>

**Instructions (delete this box when filling out this form):**

Information can be provided to support the competence required by the assessment team related to the verification of the mitigation initiative.

Report on findings

>>

Request for Clarification (RC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SA-No.** |  | **PMR Section** |  | **Date:** dd/mm/yyyy |
| **Description of the RC** |
|  |
| **Proposer's Response** | **Date:** dd/mm/yyyy |
|  |
| **Supporting documents provided** |
|  |
| **Concept of the VVB** | **Date:** dd/mm/yyyy |
|  |

Corrective Action Request (CAR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAC-No.** |  | **PMR Section** |  | **Date:** dd/mm/yyyy |
| **Description of the CAR** |
|  |
| **Proposer's Response** | **Date:** dd/mm/yyyy |
|  |
| **Supporting documents provided** |
|  |
| **Concept of the VVB** | **Date:** dd/mm/yyyy |
|  |

Future Action Request (FAR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAF-No.** |  | **PMR Section** |  | **Date:** dd/mm/yyyy |
| **Description of the FAR** |
|  |
| **Proposer's Response** | **Date:** dd/mm/yyyy |
|  |
| **Supporting documents provided** |
|  |
| **Concept of the VVB** | **Date:** dd/mm/yyyy |
|  |

**Instructions (delete this box when filling out this form):**

Information must be provided to support the treatment of each of the findings resulting from the verification.

*(Signature of VVB representative)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of VVB representative:

Position of the VVB representative:

Date of signature:

**---**

| **Control of changes to the Verification Report** |
| --- |
| ***Version*** | ***Date*** | ***Description*** |
| 1. 1.0
 | 1. dd/mm/yyyy
 | Initial version of the project verification report |
|  |  |  |
| **History of the COLCX form** |
| 1. ***Version***
 | 1. ***Date***
 | ***Description*** |
| 1. 1.0
 | 1. 13/07/2023
 | Initial version. |
| 1. 2.0
 | 1. 14/04/2024
 | * Adjustment to version 1.0
* Adjustments to this form, improved wording and presentation.
* Update to D4 and F2
 |