**A picture containing food, sitting, room, holding

Description automatically generated**

**Worldwide Responsible Accredited Production Certification Program**

**Pre-Audit Self-Assessment**

**Introduction**

WRAP’s Pre-Audit Self-Assessment is a tool designed for facility’s management to assess their current social compliance standing. This document will help familiarize management with WRAP’s 12 Principles and prepare for a certification audit.

Facility’s management must complete this document and send it to their monitoring firm before the audit takes place. Facility management also must upload a copy of this document on WRAP’s Certification Management Platform by logging in at [my.wrapcompliance.org](https://my.wrapcompliance.org). For the instructions on how to upload the document, you can reach out to WRAP’s Compliance Team info@wrapompliance.org.

**Important Notes**

1. In this January 2022 Edition, new questions are added to further enhance WRAP’s policies on various issues, such as grievance mechanisms under Principle 9. For convenience purposes, the new questions are marked in red. A clean version is also available.
2. These new requirements will become mandatory from April 1, 2022, onward. All facilities, whether going through an initial or a follow-up audit, must meet the requirements.
3. Facilities must conduct internal monitoring at least once every six months.
4. To assist facilities with the requirements under Principle 12, this edition provides guidance and clarity on what is needed to meet them, including what is not applicable to facilities, such as those supplying only to local market. Please refer to Principle 12 for details.
5. A new facility to WRAP’s program going through the certification process for the first time must be in operation for at least 90 days prior to the audit, as auditors will check 90 days of the necessary records, including, but not limited to, production and payroll records besides business license and the other necessary licenses/permits. A facility without the sufficient documentation will require an onsite follow-up audit.
6. Facilities cannot renew its online recertification process more than 90 days prior to their current certification expiration, unless specifically instructed to do so by WRAP.
7. WRAP’s certification program is based on management systems across all Principles, and any business should have management systems in place for all aspects of its operations, including social compliance. Facilities must have a formalized structure that documents processes, procedures, and responsibilities for achieving policies, objectives, and goals.
8. Facilities needing help to set up their social compliance management systems can use consultants for that purpose, but a consultant cannot be a facility’s representative during a WRAP audit, and/or communicating with WRAP or with audit firms.
9. If emergency exit doors are not outward opening and cannot be changed to outward opening, they must be kept securely open with a locking mechanism during working hours.
10. Facilities must conduct a fire drill at least once every six months. Photos with date and time stamps must be maintained along with the record of evacuation times. Facilities must provide the last two fire drill dates conducted at the facility and any planned date(s) for the next drill.
11. Facilities producing goods to be exported to the US must maintain at least 30 consecutive days of 24/7 CCTV records for cargo handling and storage areas, yard and storage areas for containers, trucks, and trailers, packing areas, and entrance/exits.
12. For facilities in Canada and Mexico, please fill out Q50-52.



**Worldwide Responsible Accredited Production Certification Program**

**Pre-Audit Self-Assessment**

***Submit one completed copy to the monitoring company and one to WRAP***

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| **Facility Details** | | |
| 1. ***Completion date of facility Pre-Audit Self-Assessment:*** | Click or tap here to enter text. | |
| 1. ***Facility name (in English & local language, if needed):*** | Click or tap here to enter text. | |
| 1. ***Facility WRAP ID:*** | Click or tap here to enter text. | |
| 1. ***Facility address:*** | Click or tap here to enter text. | |
| 1. ***Last certification validation period：*** | Click or tap here to enter text. | |
| 1. ***a. Year facility was established:*** | Click or tap here to enter text.  Your facility must reside at the current location noted in the report and have at least 90 days of records before an audit can take place.  If your facility does not have any records at the time of the audit, the follow-up audit must occur at least 90 days after the initial audit so that sufficient records (a minimum of 90 days) are available for review. | |
| 1. ***Number of years facility has been in operation at this location:*** | Click or tap here to enter text. | |
| 1. ***Full description of building(s) (incl. # of buildings, # of floors, production processes in each floor, size and age of building(s)):*** | Click or tap here to enter text. | |
| 1. ***Does the facility have any sister facilities in the same location or nearby?*** | Yes  No  If Yes, describe: Click or tap here to enter text. | |
| 1. ***Does the facility share a building with other facilities/businesses?*** | Yes  No | If Yes, does the facility conduct a joint evacuation drill with other facilities/businesses?  Yes  No |
| 1. ***Does the facility share any workers or production processes with other facilities?*** | Yes  No  If Yes, describe in detail: Click or tap here to enter text. | |
| 1. ***Are there any plans for this facility to relocate?*** | Yes  No  If Yes, please indicate the date the relocation may occur: Click or tap here to enter text. | |
| 1. ***Is the registered business name and site address the same as listed above?*** | Yes  No  If No, explain & provide registered name & address: Click or tap here to enter text. | |

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| **Facility Contact Information** | | | |
| ***Contact name & title #1:*** | Click or tap here to enter text. | ***Contact name & title #2:*** | Click or tap here to enter text. |
| ***Contact #1 email address:*** | Click or tap here to enter text. | ***Contact #2 email:*** | Click or tap here to enter text. |
| ***Contact #1 phone:*** | Click or tap here to enter text. | ***Contact #2 phone:*** | Click or tap here to enter text. |

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| **Site Information** | | | | |
| 1. ***a. Provide applicable business license, other legally required license, and permits, such as environmental, H&S, building safety licenses and permits, etc.:*** | Click or tap here to enter text. | | | |
| ***b. Does your facility’s business license include other businesses/facilities/sites?*** | Yes  No  Click or tap here to enter text. | | | |
| ***c. Does the facility have a parent company or belong to a corporate group?*** | Yes  No  Click or tap here to enter text. | | | |
| 1. ***What are the main products manufactured at site?*** | Click or tap here to enter text. | | | |
| 1. ***List production processes in the facility:*** | Click or tap here to enter text. | | | |
| 1. ***Number of production lines and main equipment used:*** | Click or tap here to enter text. | | | |
| 1. ***Monthly production capacity:*** | Click or tap here to enter text. | | | |
| 1. ***Main buyers and their production percentages, and facility’s export market:***   ***(Only if facility agrees to disclose buyers)*** | Click or tap here to enter text. | | | |
| 1. ***List social compliance, environmental & CTPAT audits conducted in the past 6 months:***   ***(Only if facility agrees to disclose such info)*** | Click or tap here to enter text. | | | |
| 1. ***Employee turnover Rate:*** | Click or tap here to enter text.  **Employee turnover** refers to the percentage of workers who leave an organization as compared to the average number of workers in that organization over a 12-month period.  For example, a company averaged having 100 employees over the last 12 months. During that period, 6 employees left. The turnover rate for that company would be 6/100 = .06 = 6%. | | | |
| 1. ***Number of employees & others at this facility:*** | **Workers:**  **Male:** Click or tap here to enter text.  **Female:** Click or tap here to enter text. | | **Onsite subcontracted workers:**  **Male:** Click or tap here to enter text.  **Female:** Click or tap here to enter text. | |
| **Supervisors:**  **Male:** Click or tap here to enter text.  **Female:** Click or tap here to enter text. | | **Management & admin. staff working in the offices:** Click or tap here to enter text. | |
| 1. ***Language(s) spoken by workers:*** | Click or tap here to enter text. | | | |
| 1. ***Language(s) spoken by supervisors:*** | Click or tap here to enter text. | | | |
| 1. ***Language(s) spoken by management:*** | Click or tap here to enter text. | | | |
| 1. ***Full time contracted workers:*** | **Male**: Click or tap here to enter text.  **Female:** Click or tap here to enter text. | | | |
| 1. ***Short term contracted workers:*** | Click or tap here to enter text.  Please state length of contract: Click or tap here to enter text. | | | |
| 1. ***# of young workers (legal min. working age up to 18 years old):*** | **Male**: Click or tap here to enter text.  **Female:** Click or tap here to enter text. | | | |
| 1. ***Nationality of owner(s/entities):*** | Click or tap here to enter text. | | | |
| 1. ***Nationality of management:*** | Click or tap here to enter text. | | | |
| 1. ***Nationality of workers (top 5 countries)*** | Click or tap here to enter text. | | | |
| 1. ***a. Domestic migrant workers:*** | **Male**: Click or tap here to enter text.  **Female:** Click or tap here to enter text. | | | |
| 1. ***List ALL provinces/states where they are from:*** | Click or tap here to enter text. | | | |
| 1. ***Contract workers from agency(ies):*** | **Male:** Click or tap here to enter text.  **Female:** Click or tap here to enter text. | | | |
| 1. ***What form of worker representation exists in the facility?***   ***(Note: Some form of worker representation must exist to address workplace grievances.)*** | Click or tap here to enter text. | | | |
| 1. ***List any workers unrest/strike in the past 12 months:*** | Click or tap here to enter text.  **Provide reasons for such occurrence:**  Click or tap here to enter text. | | | |
| 1. ***Regular workdays (e.g., Mon-Sat):*** | Click or tap here to enter text. | | | |
| 1. ***Weekly rest day(s):*** | Click or tap here to enter text. | | | |
| 1. ***List daily shifts, incl. night production:*** | Click or tap here to enter text. | | | |
| 1. ***Facility’s peak season(s):*** | Click or tap here to enter text. | | | |
| 1. ***List daily legally required breaks (number and duration):*** | Click or tap here to enter text. | | | |
| 1. ***What is the lowest wage level paid for a regular work week/month?*** | Below minimum  At minimum  Above minimum | | | |
| 1. ***Are all relevant records, incl. wage and attendance records, kept in the audited facility for review?*** | Yes  No  If No, explain: Click or tap here to enter text. | | | |
| 1. ***Are there dorms/apartments provided by the facility/labor brokers/agents for workers/management?*** | Yes  No | **% of workforce residing in dorms/ apartments:** | | Click or tap here to enter text. |

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| **For Renewal Facilities Only** | | | |
| 1. ***Has your facility moved locations (or changed addresses) since the last WRAP audit?*** | Yes  No    If Yes, please state the old address and the new address: Click or tap here to enter text. | | |
| 1. ***Has your facility had any significant structural changes in the past 12 months?*** | Yes  No  If Yes, please provide a description of the structural changes: Click or tap here to enter text. | | |
| 1. ***Has there been a change in square footage in the past 12 months?*** | Yes  No  If Yes, explain: Click or tap here to enter text. | | |
| 1. ***Has there been a change in management/ownership within the facility in the past 12 months?*** | Yes  No  If Yes, explain: Click or tap here to enter text. | | |
| 1. ***Has your facility changed its name in the past 12 months?*** | Yes  No  If Yes, please provide the old name and the new name: Click or tap here to enter text. | | |
| 1. ***Has this facility had an increase or decrease in workers since the last WRAP audit?*** | Yes  No | ***Reason for change and %:*** | Click or tap here to enter text. |
| 1. ***Was a Post Certification Audit (PCA) conducted during the last certification cycle?*** | Yes  No    If Yes, please provide findings and your factory’s corrective actions taken: Click or tap here to enter text. | | |
| **Below questions are for facilities in Canada & Mexico only.** | | | |
| 1. ***Does the facility work with its transportation providers to track conveyances/trucks from origin to the final destination point?*** | Yes  No    If Yes, please provide findings and your factory’s corrective actions taken: Click or tap here to enter text. | | |
| 1. ***Does the facility have a “no-stop” policy if land border shipments are in proximity to the United States?*** | Yes  No    If Yes, please provide findings and your factory’s corrective actions taken: Click or tap here to enter text. | | |
| 1. ***Does the facility require its cargo movers to incorporate a “last chance” verification process for U.S. bound shipments?*** | Yes  No    If Yes, please provide findings and your factory’s corrective actions taken: Click or tap here to enter text. | | |

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| **WRAP’s Zero Tolerance Policy** |
| ***If at any time WRAP learns that any facility in the WRAP Program is actively participating in or associated with any of the below Zero Tolerance issues, THE FACILITY WILL BE AUTOMATICALLY DECERTIFIED (IF APPLICABLE) AND PERMANENTLY BANNED from the WRAP program in all capacities without the option to return nor be certified in the future.***   1. ***Deliberate and ongoing human rights violations***     * ***Child labor including the worst forms of child labor (slavery, forced labor, trafficking, serfdom, debt bondage, prostitution, pornography, work that involves children in illicit activity, or work that is likely to harm the child physically or morally)***    * ***Forced labor (bonded labor, not allowing workers to leave at their own will, forced to work overtime)***    * ***Inhumane treatment (use of threats of physical harm or extreme intimidation, corporal punishment, mental or physical coercion)*** 2. ***Unethical actions that encourage the auditor(s) to compromise their integrity, such as bribing an auditor*** 3. ***Threatening physical harm towards audit team*** 4. ***False representation of certificate or audit report (i.e. altered or fake certificates or reports)*** 5. ***False representation of production processes (i.e. hiding full/partial production floors and/or processes from auditor)*** |

***Please sign below to verify that you have read and understood WRAP’s Zero Tolerance Policy.***

**Completed** **by**: Click or tap here to enter text.

Signature of individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Print name: Click or tap here to enter text.

Title: Click or tap here to enter text.

**Written Policy and Responsible Person(s) Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **WRAP Principles** | | **Does the facility have written policies?** | **Responsible Person(s)’ Name and Title** |
| 1 | ***Compliance with Laws and***  ***Workplace Regulations*** | Yes  No | Click or tap here to enter text. |
| 2 | ***Prohibition of Forced Labor*** | Yes  No | Click or tap here to enter text. |
| 3 | ***Prohibition of Child Labor*** | Yes  No | Click or tap here to enter text. |
| 4 | ***Prohibition of Harassment or Abuse*** | Yes  No | Click or tap here to enter text. |
| 5 | ***Compensation and Benefits*** | Yes  No | Click or tap here to enter text. |
| 6 | ***Hours of Work*** | Yes  No | Click or tap here to enter text. |
| 7 | ***Prohibition of Discrimination*** | Yes  No | Click or tap here to enter text. |
| 8 | ***Health and Safety*** | Yes  No | Click or tap here to enter text. |
| 9 | ***Freedom of Association and***  ***Collective Bargaining*** | Yes  No | Click or tap here to enter text. |
| 10 | ***Environment*** | Yes  No | Click or tap here to enter text. |
| 11 | ***Customs Compliance*** | Yes  No | Click or tap here to enter text. |
| 12 | ***Security*** | Yes  No | Click or tap here to enter text. |

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| PRINCIPLE 1  Compliance with Laws and Workplace Regulations |
| **Facilities will comply with laws and regulations in all locations where they conduct business.**  ***All facilities will comply with the legal requirements and standards of their industry under the local and national laws of the jurisdictions in which the facilities are doing business, along with any applicable international laws. This will cover all labor and employment laws of those jurisdictions, as well as laws governing the conduct of business in general, including rules and standards of ethics dealing with corruption and transparency, and any relevant environmental laws.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1.1a Does your facility obtain current information on all relevant laws and regulations concerning each of the 12 Principles? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| Specifically, the following laws:   1. Labor and employment laws |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| When reviewing the relevant documents, provide the answers to the following questions in “OBJECTIVE EVIDENCE/ COMMENTS” section:  Is your facility’s hiring process in accordance with the law? | Click or tap here to enter text. | | | |
| Is any of your facility’s hiring done under government sponsorship? | Click or tap here to enter text. | | | |
| Has your facility received incentives to hire/train workers from private or government sponsored programs? | Click or tap here to enter text. | | | |
| 1. Ethics, anti-bribery, and anti-corruption laws |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. Environment |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. 1.2a Does the facility incorporate current information on all relevant laws and regulations in its business practices in a timely manner? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. Do you have written procedures for current information on all relevant laws and regulations on each of the ALL 12 WRAP Principles?   (Please give a summary of your objective evidence to support each Principle.) |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. Does your facility have a qualified person responsible for informing the facility and its workforce of changes to laws and regulations, or access to current publications on national and local labor laws? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. Please state the last major update your facility conducted concerning laws and regulations of the country of operation. If any major changes occurred, please give a summary. | *Note: Examples of a major change are compensation, hours of work, or minimum wage.*  Click or tap here to enter text. | | | |
| 1. 1.3a Does your facility have a policy ensuring that a worker can raise workplace concerns without fear of retaliation? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. How is the policy implemented? | Click or tap here to enter text. | | | |
| 1.4a Does your facility undertake ***at least twice (02) a year*** internal monitoring of its management system?  Please give a summary of your objective evidence to support this question.  A management system is the framework of policies, processes and procedures used by an organization to ensure that it can fulfill all the tasks required to achieve its objectives while ensuring compliance to applicable legal requirements. |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. Does the scope of these internal monitoring activities cover whether the written procedures and processes are meeting the requirements of local/national law and WRAP 12 Principles? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. Were the findings communicated with top management? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1. What were the findings from the last internal monitoring? | Click or tap here to enter text. | | | |
| 1. How were the findings corrected? | Click or tap here to enter text. | | | |
| 1.5 During the previous two years has your facility had any notices of noncompliance levied against it (including any legal proceedings or outstanding allegations concerning the facility’s operations)? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| **Subcontracting**  *Note: A facility is subcontracting when it appoints another facility to undertake part of the production processes for the manufacturing of goods. It involves circumstances where goods leave the facility to be partially completed and then sent back so the goods can be completed. Other services may also be subcontracted.* | | | | |
| 1.6 Does your facility subcontract any of its production operations?  *If your facility used sub-contracting in the past 12 months but does not do so now, note this under this question.* |  |  |  | *List the subcontracted production process(es):*  Click or tap here to enter text.  *List the name(s) and address(es) of subcontractor(s):* Click or tap here to enter text. |
| 1.7 Does your facility subcontract any other operations (such as canteen staff, security personnel, shipping services, cleaning staff, logistics, labor suppliers, etc.)? |  |  |  | *List the subcontracted service(s):* Click or tap here to enter text.  *List the name(s) and address(es) of subcontractor(s):* Click or tap here to enter text. |
| 1.8 Has your facility informed the subcontractor in writing of their obligations under the local labor law and WRAP 12 Principles? |  |  |  | Click or tap here to enter text.  If No, please explain:  Click or tap here to enter text. |
| 1.9 Does your facility keep receipt of sub-contractor acknowledgement of these requirements? |  |  |  | *List the last time the acknowledgment was received:*  Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1.10 Does your facility regularly review its list of subcontractors to make sure it is up to date? |  |  |  | *List the last time the review was conducted:* Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1.11 Has -your facility informed its top three (3) raw materials suppliers for finished goods, e.g., fabric, yarn, or leather, (by value of business transacted with them in the preceding 12 months), in writing, of the facility’s expectation that the supplier runs its operations in accordance with local/national laws and WRAP’s Principles? |  |  |  | Please provide the name and address of the top three raw materials suppliers for finished goods:  Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |

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| PRINCIPLE 2  PROHIBITION OF FORCED LABOR |
| **Facilities will not use involuntary, forced or trafficked labor**.  ***Facilities will maintain employment strictly on a voluntary basis. Facilities will not use any forced, prison, indentured, bonded or trafficked labor. This will include ensuring that any workers they hire will be under labor contracts that fully comply with all relevant legal requirements and do not impose any form of coercion (including imposing substantial fines or loss of residency papers by workers leaving employment or restricting a worker’s ability to voluntarily end his/her employment). In addition, workers should not be employed subject to any financial or collateral guarantee or debt security; any recruitment fees involved should be borne by facilities, not workers. Further, facilities will ensure that the workers’ travel documents are not withheld, and that all written contracts are in a language understood by the workers.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 2.1 Does your facility maintain a written procedure to avoid employing involuntary, forced, prison, indentured, bonded, or trafficked labor? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.2 Does your facility have a program and materials used to train relevant individuals, including all individuals responsible for the hiring process, on the facility’s policies and procedures prohibiting forced, prisoned, indentured, bonded, or trafficked labor? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.3a Are all employees working at your facility voluntarily, including overtime hours?  Please give a summary of your objective evidence to support this question. Objective evidence would include employee contract. |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is there evidence indicating that the facility forces any person (all onsite workers, including contracted ones) to work under the threat of any penalty or sanction? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If production quotas are applicable, are workers required to reach a production target before ending the work shift? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.4 Are workers’ movements restricted at any time, including, but not limited to, legal breaks, lunch break, and the use of toilet? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 2.5a Are there exaggerated security measures or logistics restricting freedom of movement in use at your facility? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 1. Are there exaggerated security measures or logistics restricting freedom of movement in the dorms/apartments? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 2.6 Do security personnel and management act in a non-threatening manner? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.7 Are security guards posted for normal security reasons, in a proportionately logical number? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.8 Are all security service agreements free of any language or terminology that may imply the existence of forced, imprisoned, indentured, bonded, or trafficked labor conditions? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.9 Do the job descriptions or individual contracts for security employees limit their tasks to normal security matters such as protection of facility property or facility personnel? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.10 Are the doors and gates of your facility locked only after business hours and housing security reasons and in compliance with applicable local and national fire codes? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 2.11 Does your facility prohibit all relevant individuals, including any person under the facility's direction (such as security guards) from coercing employees in any way, or unnecessarily limiting employees' freedom of movements? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 2.12 Is workers’ freedom of movement unimpeded upon their shift's conclusion? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 2.13 Is it mandatory for workers to use facility provided services, such as canteen, dorms, or transportation? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 1. 2.14 Does your facility require all hiring documents (e.g. an employment application or contract) to: 2. Include a statement affirming that applicants are seeking employment voluntarily and are not under threat of any penalty? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Be signed by each applicant? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Be maintained in the employee’s personnel file? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 2.15 Does your facility obtain proof that anyone seeking employment is legally entitled to work in the country of manufacture in accordance with national immigration laws? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 2.16a. Does your facility conduct adequate due diligence on labor brokers/agents used by the facility? 2. *Describe the policies and procedures used for vetting labor brokers/agents:* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does your facility obtain an executed statement from all labor brokers/agents used by the facility stating that the brokers/agents are not supplying labor that is involuntary, forced, prison, indentured, bonded, or trafficked? |  |  |  | Name(s) and contact info of any brokers/agents supplying labor to the facility and their business license:  Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is your facility’s hiring process, in part or in whole, managed by a 3rd party? | If yes, describe.  Click or tap here to enter text. | | | |
| 1. Are any of the workers recruited from vocational training centers? | If yes, describe the process and the name(s) of the center(s).  Click or tap here to enter text. | | | |
| 1. Were the basic terms of employment communicated to the migrant workers before they left their home country?   Provide details about how this was done. |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are migrant workers’ activities monitored by a person besides their facility supervisor? | If yes, describe: Click or tap here to enter text. | | | |
| 1. Do migrant workers (whether domestic or foreign) pay fees or give collateral to brokers/agents/ local government in receiving country? |  |  |  | Click or tap here to enter text.  If Yes, state the relevant laws: Click or tap here to enter text. |
| 1. If yes to g, describe the kinds of fees or collateral involved and how they are processed. | Click or tap here to enter text. | | | |
| 1. Does the facility have a plan to reimburse the fees directly to the affected workers over a reasonable period of time, not exceeding 3 years? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If yes to i, how is the reimbursement distributed over the period of the plan? | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | | | |
| 1. Does the facility have detailed records demonstrating the fees have been reimbursed to the affected workers according to their plan? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.17 Does your facility issue wages/compensation directly to workers, in an unambiguous system that clearly shows that the employee controls the destination of his/her wages, and access to his/her wages? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 2.18a. Does the facility provide pay advances or loans to workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If yes to a, is there a written policy about the terms and conditions in place? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is the policy communicated clearly to workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. The terms and conditions shall not be used to bind workers to employment. |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 2.19 Does your facility hold the *original* identification papers, travel documents, passports, or other valuable personal items of your workers? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 1. 2.20 Does your facility require any workers’ deposits or have any withholding/deduction payment practices either directly or on behalf of labor brokers/agents? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 1. 2.21a. Does your facility have prison labor in the facility? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 1. Does your facility subcontract production out to prison? |  |  |  | Click or tap here to enter text. |
| 1. 2.22a. Do workers understand the terms of their employment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are all work contracts in the language(s) understood by workers and signed by both parties (employer and employees)? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do contract provisions meet legal requirements and include all necessary information in a transparent and accurate manner?   *This includes, but is not limited to, wages, hours of work, days off, annual leave, disciplinary procedures that can result in termination, and, if relevant, dormitory terms and conditions.* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are copies of contracts provided to workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |

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| PRINCIPLE 3  PROHIBITION OF child LABOR |
| **Facilities will not hire any employee under the age of 15 (14 in less-developed countries) or under the minimum age established by law for employment, whichever is greater, or any employee whose employment would interfere with compulsory schooling.**  ***Facilities will ensure they do not engage in any form of child labor, including, but not limited to, the internationally recognized worst forms of child labor. Consistent with ILO Convention 138, facilities may not employ any person at an age younger than the law of the jurisdiction allows and in any case not below the age of 15 (14 in less-developed countries), even if permitted by local law. In addition, facilities will adhere to local legal requirements regarding mandatory schooling. Further, if, where permitted by local law, a facility employs young workers (defined as workers whose age is between the minimum age of employment and 18 years), the facility will also comply with any applicable legal restrictions on the nature and volume of work performed by such young workers, as well as any other requirements imposed by law, including limitations related to working hours and to ensuring that such young workers do not perform any hazardous work (e.g., chemical handling or operating heavy machinery).*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1. 3.1 What is the legal minimum age in the country where your facility is located? | Click or tap here to enter text. | | | |
| 3.2a Does your facility maintain a written procedure to avoid employing child labor? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility explicitly prohibit all forms of child labor? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 3.3 Does your facility retain proof of age for each employee and maintain the information in the employee’s personnel file for the length of time as required by law? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 3.4 Does your facility assess the authenticity of age documentation and make comparisons with sample documents? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 3.5 Does your facility obtain proof of age documentation from all applicants and review the documentation for authenticity prior to hiring through: 2. Interview process (interview checklist maintained)? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Compare photo on age document with physical appearance of person? |  |  |  | Click or tap here to enter text. |
| 1. Worker’s completed and signed employment application? |  |  |  | Click or tap here to enter text. |
| 1. others (Please list)   *Apply extra diligence in locations where child labor is common.* |  |  |  | Click or tap here to enter text. |
| 1. 3.6a Does your facility have a formally designated, qualified person with responsibility for communicating, deploying and monitoring child labor practices as they relate to the above requirements? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does your facility’s responsible person ensure that employee’s assigned tasks are appropriate for their age, where applicable? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 3.7 If young workers (*legal min. working age up to 18 years old*) are employed, does the facility ensure that: 2. It has written policies and procedures related to recruitment and employment practices of young workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. It has policies to safeguard young workers, including, but not limited to, ensuring young workers having access to the facility’s grievance mechanism? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Employee’s assigned tasks are appropriate for their age, including, but not limited to, no operating of heaving machinery, hazardous work environment, etc.? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Overtime/night working are complying with local law?   **NOTE:** WRAP’s approach to working hours does not allow the violation of other work hour related laws providing statutory protections aimed at young workers, pregnant women, or any other protected groups. |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Medical check/registration with local bureau (if applicable) are conducted? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. It maintains the list of young workers? |  |  |  | If No, please explain: Click or tap here to enter text. |

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| PRINCIPLE 4  PROHIBITION OF HARASSMENT AND ABUSE |
| **Facilities will provide a work environment free of supervisory or co-worker harassmentand abuse, and free of corporal punishment in any form.**  ***Facilities will ensure a workplace that is respectful of a worker’s rights and dignity. This includes ensuring that no corporal punishment or physical coercion be used. Facilities will not engage in or tolerate – either at the workplace or in residential quarters provided by facilities or labor brokers acting on their behalf – any sexual harassment or abuse, indecent or threatening gestures, abusive tone or language or any other kind of undesired physical or verbal contact, such as bullying. In particular, facilities will ensure proper training at all levels - including management, supervisors and workers - to secure a workplace free of harassment and abuse.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1. 4.1a Does the facility maintain a written procedure on the prohibition of harassment, abuse, and corporal punishment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. b. Are the definition(s) of the non-compliant behavior(s) and management policy(ies) consistent with the intent to prohibit all forms of this behavior? 2. *A written policy shall define specific behaviors that are forbidden and corresponding disciplinary action that will be taken.* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 4.2a Does the facility have an effective and mandatory program to train relevant individuals, including all individuals responsible for the supervision of workers, on the facility’s policies and procedures prohibiting all forms of harassment, abuse, and corporal punishment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| * 1. Does the facility provide the trainings to its workers on the facility’s policies and procedures prohibiting all forms of harassment, abuse, and corporal punishment? |  |  |  | Click or tap here to enter text. |
| * 1. How often does the training to relevant individuals and workers occur? | Click or tap here to enter text. | | | |
| * 1. When was the last training conducted? | Click or tap here to enter text. | | | |
| 1. 4.3a Does the policy on the prohibition of harassment and abuse include reasonable punitive repercussions for non-compliance and repeated non-compliance? 2. *Note: The policy must apply to the behavior of all workers with special emphasis placed upon supervisory personnel.* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| * 1. Are the punitive repercussions effectively communicated to workers? |  |  |  | Click or tap here to enter text. |
| * 1. Does the facility keep the records of all disciplinary action? |  |  |  | Click or tap here to enter text. |
| 1. 4.4 Has the facility’s management signed statements affirming their understanding of the facility’s anti-harassment and abuse policies? 2. *Note: If the facility has not required signed statements in the past, evidence of statements signed on a prospective basis, i.e., from a certain date forward, is acceptable.* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 4.5 Does your facility communicate the policy on the prohibition of harassment and abuse to workers, and third-party services (e.g., security guards, kitchen services) that will have significant contact with facility employees? |  |  |  | When was the last time of such communication internally and externally? Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 4.6a Does your facility encourage employees to report instances of harassment or abuse, without fear of retribution, through effective communication of such policies? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If any incidents of harassment or abuse were reported, were they resolved in a timely manner? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Describe the process | Click or tap here to enter text. | | | |

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| PRINCIPLE 5  COMPENSATION AND BENEFITS |
| **Facilities will pay at least the minimum total compensation required by local law, including all mandated wages, allowances and benefits.**  ***Facilities will ensure proper compensation for their employees for all the work done, by providing in a timely manner all the wages and benefits that are in compliance with the local and national laws of the jurisdiction in which they are located. This will include any premiums for overtime work or work done during holidays, as well as any other allowances or benefits, including any mandatory social insurance, required by local law.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1. 5.1 Does your facility maintain compensation and benefits policy that includes all of the following: 2. A detailed description of the employees’ compensation and benefits at the time of employment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Both a written and verbal explanations of wage calculations provided at the time of employment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. A requirement that changes relating to compensation rates or methods of wage calculations shall be communicated timely and effectively? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. All compensation and benefits at least meet the local requirements? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 5.2 Does your facility compensate workers consistently with their terms of employment and in accordance with local laws and regulations on the following: 2. Minimum wage? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. On time wage payments? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Overtime premium? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. On time payment for termination/dismissal/severance? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Benefits, including but not limited to, entitled leave, maternity leave, etc.? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 5.3 Do your facility’s trainee and probation policies comply with the local/national laws? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 5.4a Does your facility meet its obligations on social insurance? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Does your facility cover all eligible workers under social insurance?   NOTE:   1. For Facilities in China: 2. 1. WRAP requires that facility have to provide work injury insurance to 100% of its workers.   2. For other types of insurance, if it is not 100% coverage, facility must provide explanations and a government issued waiver. |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Does your facility make the required payments to the government without delay? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. 5.5a Does your facility post legal minimum wage rates, overtime premium rates, benefit policies, social insurance and additional payment information in the language(s) understood by the facility workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are employees provided with adequate communication of their legally mandated minimum compensation rights, including overtime premiums? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 5.6a Does your facility produce and retain payroll records to support compensation, including overtime and benefits? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does your facility retain such records for such time as required by local/national laws? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. In case your facility pays its employees through wire transfers, do you produce and retain proof of bank statements showing all the transactions in a verifiable way? 2. Please give a summary of your objective evidence to support this question. 3. *Note: The name of the employee, salary amount, and the date of the transaction must appear on the bank slip showing the transaction, as well as the recipient’s bank name and account.* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 5.7a Does your facility provide all employees with a pay record or stub which lists the components of the wages paid, including all deductions? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do all workers sign off on wage pay records/stub, including when done by direct transfer into the worker’s bank account? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. List all deductions on workers’ paystubs. |  | | | |
| 1. 5.8 Are there any piece rate workers in the facility? |  |  |  | If Yes, please explain: Click or tap here to enter text. |
| 1. b. Does your facility have a written and coherent policy on piece rate compensation? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. c. Does the piece rate compensation at least satisfy the minimum compensation prescribed by law? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. d. Do workers sign off on material counts for piece rate systems? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 5.9a. Does your facility have a daily/weekly/ monthly quota for its production workers to meet? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. What percentage of workers reach the quota within the defined period? | Click or tap here to enter text. | | | |
| 1. What happens when the quota is not met? | Click or tap here to enter text. | | | |

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| PRINCIPLE 6  HOURS OF WORK |
| **Hours worked each day, and days worked each week and each month, should not exceed the limitations of the country’s law. Facilities will provide at least one day off in every seven-day period, except as required to meet urgent business needs.**  ***Facilities are required by local law to adhere to any limits set on regular working hours as well as any limits set on overtime work. Long term participation in the WRAP Certification Program is contingent upon meeting the limitations set by local law. WRAP recognizes that this can be a particularly challenging requirement, especially when taking into account local enforcement norms and customs. In light of this reality, WRAP will permit full compliance with local laws on working hours to be achieved incrementally, provided that a given facility meets the following conditions: is fully transparent about its working hours; ensures that those hours are all being worked voluntarily, in conditions that protect worker safety and health; compensates all employees in keeping with WRAP Principle 5; and shows improvement toward meeting the working hours requirements from one audit to the next.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1. 6.1 Does your facility have procedures to ensure compliance with national laws and WRAP principle? |  |  |  | If Yes, provide the Policy Name & No.: Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 6.2 Does your facility have a program and relevant materials to train all individuals, including all individuals responsible for production coordination and scheduling, to ensure that employees work no more than the legal maximum, including overtime ceilings? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 6.3 At the time of hiring, are workers made aware of facility policies and procedures, specifically the legal limitations on the following: 2. The maximum hours work per day, week and month, both regular and overtime? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. The maximum number of consecutive days they can legally be required to work? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 6.4a. Does your facility retain complete and accurate time records that reflect the day and date worked, the number of hours worked each day, and the employees’ acknowledgements? |  |  |  | Click or tap here to enter text.    If No, please explain: Click or tap here to enter text. |
| 1. Does your facility retain these records for at least the past 12 months (if the local requirement is more than 12 months, follow the local one)? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. 6.5a Are regular hours and overtime worked complying with local laws? |  |  |  | If No, please explain: Click or tap here to enter text. |
| 1. Daily? |  |  |  | Click or tap here to enter text. |
| 1. Weekly? |  |  |  | Click or tap here to enter text. |
| 1. Monthly? |  |  |  | Click or tap here to enter text. |
| 1. Yearly? |  |  |  | Click or tap here to enter text. |
| 1. 6.6a Are workers given one day off in every seven-day period (except under “urgent business needs”)? 2. Attendance records, wages, production records, and/or CCTV records will be reviewed during the audit. |  |  |  | Click or tap here to enter text.  f No, please explain: Click or tap here to enter text. |
| 1. Do your facility’s CCTV records show any 7th day work? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 6.7 Does your facility have a written, rational and well communicated policy defining "urgent business needs"? 2. Please give a summary of your objective evidence to support this question.   *Note: The definition of 'urgent business needs’ cannot be vague or open-ended. It must be limited to delays/interruptions in production caused by natural calamities, non-repetitive production deadlines or unforeseen circumstances beyond the employer’s control. A coherent and consistent rationale must be evident in the definition and infrequent deployment of 'urgent business needs'.* |  |  |  | If Yes, please state your urgent business needs policy: Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 6.8 If consecutive working days occurred under “urgent business needs”: 2. Does your facility provide one day off after 13 consecutive working days?    1. NOTE:    2. WRAP does NOT allow two back-to-back 13 consecutive working days. If your facility just had 13-consecutive working days and one day rest, your facility cannot have another 13-consecutive day work period. |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Number of instances urgent business needs occurred during the past 12 months. (Please state) | List the dates of the instances:  Click or tap here to enter text. | | | |
| 1. Department(s) & # of workers involved: | Department(s):  Click or tap here to enter text.  # of workers in each department:  Click or tap here to enter text. | | | |
| 1. Reasons for such occurrence(s). | Click or tap here to enter text. | | | |
| 1. 6.9 Are notifications of maximum regular and overtime hour policies visibly posted in the language(s) understood by your facility's workers and management personnel? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |

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| PRINCIPLE 7  DISCRIMINATION |
| **Facilities will employ, pay, promote, and terminate workers on the basis of their ability to do the job, rather than on the basis of personal characteristics or beliefs.**  ***Facilities will ensure that all terms and conditions of employment are based on an individual’s ability to do the job, and not on the basis of any personal characteristics or beliefs. Facilities will ensure that any employment decision – involving hiring, firing, assigning work, paying or promoting – is made without discriminating against the employees on the basis of race, color, national origin, gender, age, sexual orientation, religion, disability, or other similar factors (pregnancy, political opinion or affiliation, social status, etc.).*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1. 7.1 Does your facility have procedures and practices to ensure compliance and remediation with the facility policy? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.2 Are the facility’s written policy, practices and procedures on discriminatory behavior effectively communicated to and understood by all workers and management personnel? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.3 Does your facility have an effective program and materials used to train relevant individuals, including all individuals responsible for the supervisions of workers and for the hiring process, on the discrimination policy and practices? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.4 Does your facility effectively communicate in writing the requirements of this Principle to third parties (industrial parks, service providers, labor brokers/agencies, export processing zones, free trade zones, sub-contractors etc.) that may recruit and screen applicants on its behalf? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.5 Has your facility had any discrimination charges filed against it by employees, regulatory agencies or any outside agency during the past two years? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.6 Does your facility explicitly prohibit mandatory pregnancy testing as a condition of employment or continued employment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.7 Are workers with the same job and seniority paid the same rate, irrespective of race, color, national origin, gender, age, sexual orientation, religion, disability or other characteristics? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.8 Do all workers have an equal opportunity to work overtime? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.9 Do all workers sign statements (statements may be included in an employment application or contract), written in the language(s) understood by the workers, affirming their receipt and understanding of the facility’s anti- discrimination practices? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.10 Does your facility ensure pregnant women are not engaged in work that creates a risk for their pregnancy or reproductive health? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. 7.11a Does your facility have written policies and procedures related to termination and layoff? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do these policies and procedures comply with local laws? |  |  |  | If Yes, please identify the laws that support this question: Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility provide training to all employees on termination and retrenchment policies and procedures, in particular to newly hired employees? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 7.12 Can workers terminate employment by giving proper notice (defined by local laws or by contract terms) at any time and without penalty? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |

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| PRINCIPLE 8  HEALTH & SAFETY |
| **Facilities will provide a safe and healthy work environment. Where residential housing is provided for workers, either directly by facilities or through labor brokers, facilities will ensure it is safe and healthy housing.**  ***Facilities will provide a safe, clean, healthy and productive workplace for their employees. Facilities shall prioritize worker health and safety above all else, and proactively address any safety issues that could arise. This will include a wide variety of requirements, such as, ensuring, among other things, the availability of clean drinking water (at no charge to workers), adequate medical resources, emergency exits and safety equipment, well-lit and comfortable workstations, and clean restrooms. Further, facilities shall adequately train all their workers on how to perform their jobs safely.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | | ***NO*** | ***NA*** | | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. 8.1 Does your facility comply with all relevant health and safety laws and regulations, including any directives related to public health issued by relevant local authorities? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.2 Has your facility management deployed an adequate plan to address public health issues in the facility? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.3 Does your facility undertake internal monitoring of your health and safety systems, including fire safety, to ensure you are following the written procedures and processes and meeting the requirements of all relevant laws? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.4a Have risk assessments been carried out throughout your facility, including fire risk assessments? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. How often does your facility perform risk assessment? | Click or tap here to enter text. | | | | | | |
| 1. Were the findings communicated with management and health and safety committee? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Were actions taken to correct the findings? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.5 Does the responsible person work with health and safety committee to address findings from the facility’s internal monitoring and risk assessments? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.6a Does your facility conduct regular occupational health checks for hazardous job duties, if any? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Is the regular occupational health check free for the applicable workers? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.7 Does your facility track health, safety, and fire incidents in the past 12 months? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.8 Does your facility have a program and materials to train relevant individuals, including all individuals responsible for the supervision of workers, on all of the relevant occupational health and safety issues? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.9 Does your facility have a written safety program, including written procedures to handle natural disasters, fire safety, and emergencies and industrial accidents? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.10 Are the following safety documents maintained by your facility:   1. Health and safety reports? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Heavy machinery inspection (boilers, compressors, etc.)? |  | |  |  | | Click or tap here to enter text. | |
| 1. Maintenance reports? |  | |  |  | | Click or tap here to enter text. | |
| 1. Fire extinguisher records, noting date of inspection and expiration? |  | |  |  | | Click or tap here to enter text. | |
| 1. Emergency evacuation drill (at least semi-annual, roughly six months apart) records for all shifts, including night shift, noting date and detailed results? 2. NOTE: WRAP requires facilities to have 2 past fire drill records on file and 1 planned for the future. The records must have photos with date and time stamps on them. 3. Fire drill records should also note the time used to evacuate all employees to safety. The standard time for evacuation should not be more than 4 minutes. |  | |  |  | | Click or tap here to enter text. | |
| 1. Work injury reports? |  | |  |  | | Click or tap here to enter text. | |
| 1. Clinic logs, noting date and reason for visit? |  | |  |  | | Click or tap here to enter text. | |
| 1. 8.11 Have any government agencies inspected your facility for compliance with safety and health regulations during the past two years? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. 8.12 Does your facility address the following occupational health and safety needs required by the relevant laws and regulations for the following: 2. Heat stress/extreme temperatures? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Paint spray/spot cleaning booths? |  | |  |  | | Click or tap here to enter text. | |
| 1. Welding safety? |  | |  |  | | Click or tap here to enter text. | |
| 1. Respiratory safety? |  | |  |  | | Click or tap here to enter text. | |
| 1. Bloodborne pathogen program?   Bloodborne pathogen program is the procedures on how to clean up blood after an incident.  The purpose of bloodborne pathogen program is to protect employees from exposure to human blood and other potentially infectious materials. |  | |  |  | | Click or tap here to enter text. | |
| 1. Hearing (noise control program)? |  | |  |  | | Click or tap here to enter text. | |
| 1. Indoor air quality? |  | |  |  | | Click or tap here to enter text. | |
| 1. Cotton dust ventilation? |  | |  |  | | Click or tap here to enter text. | |
| 1. Workplace illumination? |  | |  |  | | Click or tap here to enter text. | |
| 1. Sanitary waste disposal? |  | |  |  | | Click or tap here to enter text. | |
| **GENERAL BUILDING REQUIREMENTS** | | | | | | |
| 8.13 Does a visual inspection of your facility building(s) suggest any concerns about the physical integrity of the facility? |  | |  |  | | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. | |
| 8.14 Are there any cracks on any of the building structures? |  | |  |  | | If Yes, please explain: Click or tap here to enter text. | |
| 8.15 What is the overall general appearance of your facility: Excellent  Good  Fair  Unacceptable |  | | | | | Please explain: Click or tap here to enter text. | |
| 8.16 Is the overall general appearance of the maintenance shop acceptable and not in a condition that can cause serious injury or harm? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.17 Is trash properly disposed of both inside and outside the facility? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.18 Are the toilets and washrooms in your facility:   1. In sanitary and serviceable condition? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Meeting minimum quantity required established by relevant law? |  | |  |  | | Click or tap here to enter text. | |
| 1. Soap and toilet paper provided? |  | |  |  | | Click or tap here to enter text. | |
| 8.19 Are emergency exits unlocked during times when the facility is occupied to allow free, unobstructed exit from the facility? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.20 Are any aisles blocked or restricting easy access to emergency exits? |  | |  |  | | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. | |
| 8.21a Has your facility appropriately identified areas that, for fire safety purposes, should be designated as “non-smoking”? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Is your facility properly enforcing the “non-smoking” policy for areas so designated? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.22a Does your facility maintain first aid supplies as required by law or if no legal requirement exists, as recommended by a local medical provider? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are these first aid supplies available and accessible to all areas of the facility? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.23 Is there clean and free drinking water and is it easily accessible at the facility?  List potability test report numbers, if applicable. If not, describe how your facility satisfies itself with drinking water that is suitable for consumption. |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.24a Is your facility’s crèche/childcare area operated and maintained in a safe and healthy manner? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does the location of the crèche/childcare meet the local law requirements? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.25a Is your facility’s canteen/cafeteria operated and maintained in a safe and healthy manner? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does the canteen/cafeteria have the required licenses to operate? |  | |  |  | | Click or tap here to enter text. | |
| 1. Does staff have the required health certificate? |  | |  |  | | Click or tap here to enter text. | |
| **PERSONAL PROTECTION EQUIPMENT (PPE)** | | | | | | |
| 8.26 Are appropriate PPE and the necessary training provided to affected workers in a timely manner and at no cost to workers? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.27 Are the PPE appropriate and adequate for the workers’ job and in good condition? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.28 Are all workers required to use PPE found using it? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **ELECTRICAL SAFETY** | | | | | | |
| 8.29 Is there a qualified electrician in your facility responsible for maintaining electrical safety?  If not, what is the facility doing to ensure electrical safety? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.30 Does a visual inspection of the wiring indicate the following:   1. Good general condition of the cabling? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text.  Question broke into 3 parts. | |
| 1. No exposed or loose wires? |  | |  |  | | Click or tap here to enter text. | |
| 1. Proper insulation/grounding/earthing? |  | |  |  | | Click or tap here to enter text. | |
| 8.31 Does a visual inspection of the electrical boxes and cabinets verify:   1. Complete enclosures with covers provided? |  | |  |  | | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Switches and outlets maintained in good working order? | |  |  |  | Click or tap here to enter text. | |
| 1. All knockouts/trips in place? | |  |  |  | Click or tap here to enter text. | |
| 1. Adequately labelled with safety warning? | |  |  |  | Click or tap here to enter text. | |
| **WORKER SAFETY AWARENESS** | | | | | | |
| 8.32a Does your facility maintain a safety committee comprised of workers and management, which holds quarterly meetings and keeps minutes of proceedings? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does the committee discuss the findings from internal monitoring/risk assessment and find solutions? | |  |  |  | Click or tap here to enter text.  When was the last time the discussion occurred?  Click or tap here to enter text. | |
| 1. Does the committee discuss the health, safety, and fire incidents, if any, that happened in the facility and make the necessary preventative changes as needed? | |  |  |  | Click or tap here to enter text. | |
| 8.33a. Does your facility conduct an orientation health and safety and fire training for all newworkers? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Do *ALL* workers have the right to remove themselves from serious imminent danger without seeking permission? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.34 Does the training cover the following with regards to fire safety:   1. Workers are informed of the locations of fire alarm pull/button stations? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Workers are informed of the locations of fire extinguishers in and near their work area? | |  |  |  | Click or tap here to enter text. | |
| 1. Workers have specific training concerning the dangers of smoke inhalation? | |  |  |  | Click or tap here to enter text. | |
| 1. Workers are informed of location of nearest exits and assembly points? | |  |  |  | Click or tap here to enter text. | |
| 8.35 Is worker training conducted for first aid and safety? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.36 Are first aid responders/emergency safety personnel identified and properly trained? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.37 Have selected workers been trained on the proper use of firefighting equipment? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.38 Have all employees who have any contact with chemicals been trained on how to safely handle and dispose of the specific chemicals and eliminate fire risk? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **FIRE SAFETY** | | | | | | |
| 8.39 a. Does your facility have an emergency evacuation plan in the language understood by workers/employees posted in view of the facility’s workers? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does the plan correspond accurately with the facility’s actual floor plan? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.40 Does a facility tour verify that emergency exits are:   1. In an adequate number? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. In adequate locations? | |  |  |  | Click or tap here to enter text. | |
| 1. Unimpeded, including path leading to emergency exits? | |  |  |  | Click or tap here to enter text. | |
| 1. Open outwards or always secured open during working hours?   NOTE: WRAP requires that all emergency exit doors must open outwards. If they do not, they must be kept securely open during working hours. | |  |  |  | Click or tap here to enter text. | |
| 1. Leading to a safe assembly point? | |  |  |  | Click or tap here to enter text. | |
| * 1. Assembly point(s) can accommodate ***ALL*** workers? | |  |  |  | Click or tap here to enter text. | |
| 8.42 Does a facility tour verify that safety equipment is:   1. Visible? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Appropriate in functionality and number? | |  |  |  | Click or tap here to enter text. | |
| 1. Properly distributed throughout the facility? | |  |  |  | Click or tap here to enter text. | |
| 1. Easily accessible? | |  |  |  | Click or tap here to enter text. | |
| 1. Properly mounted? | |  |  |  | Click or tap here to enter text. | |
| 1. Unblocked and free of obstruction? | |  |  |  | Click or tap here to enter text. | |
| 1. Fire extinguishers are appropriate for the class(es) of fires expected in the area? | |  |  |  | Click or tap here to enter text. | |
| 8.43 Are the fire-fighting water hoses and connections in usable condition? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.44 Does your facility have appropriate measures to ensure adequate water pressure for fire-fighting water hoses and sprinkler systems? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **SPRINKLER VALVES** | | | | | | |
| 8.45 If applicable, are sprinkler valves in good working order? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.46 Are all sprinkler heads kept unobstructed from storage or other materials? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **FIRE ALARM BOXES** | | | | | | |
| 8.47a Are fire alarms clear, unobstructed, and identified? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does the facility have a test schedule for all fire alarm boxes? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Do fire alarms have flashing lights? | |  |  |  | Click or tap here to enter text. | |
| 1. Are fire notification mechanisms audible? | |  |  |  | Click or tap here to enter text. | |
| **EMERGENCY EVACUATION** | | | | | | |
| 8.48 Are lighting and alarm systems adequate and fitted with back-up systems? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **EMERGENCY LIGHTING** | | | | | | |
| 8.49a Is appropriate lighting in place in your facility? | |  |  |  | Click or tap here to enter text.  If No, please explain: | |
| 1. Is the emergency power system working and in good condition? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does the facility regularly conduct tests to ensure the system is functioning properly? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **STAIRWELLS** | | | | | | |
| 8.50a Are all stairwell handrails in good condition? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are all stair treads in good condition? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are all stair widths in compliance with requirements of all relevant laws? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are the stairways provided with artificial and emergency lighting? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are stairwells completely clear of obstructions? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does your facility ensure stairwells are not used for storage? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **CHEMICAL SAFETY** | | | | | | |
| 8.51 Does your facility have a chemical safety program? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.52 Where applicable, does your facility properly store hazardous/toxic materials? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.53 Does your facility have the required government storage and usage permits for chemicals, if required? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.54 Does your facility maintain documentation for chemical labeling (including fire safety), chemical usage warnings, and proper handling instructions? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.55a Are MSDS available (in appropriate language(s)) for all chemicals used by the facility? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does your facility have functional eye washing machines if applicable? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.56a Does your facility ensure that all solvent wastes and flammable liquids are properly stored (including being kept in closed containers when not in use) at all times? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are all solvent wastes and flammable liquids kept away from potential ignition sources? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.57 Are the chemical storage areas free of ignition sources, including lamps and lights? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **BOILER & COMPRESSOR ROOMS** | | | | | | |
| 8.58a Is the location of the boiler/compressor/ generator room consistent with all relevant requirements?  (If no local or national laws apply, please describe the location of the boiler and compressor room.) | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are boilers/compressors/generators separated from production floor/office space as required by the relevant laws? | |  |  |  | Click or tap here to enter text. | |
| 8.59 Are there housekeeping and maintenance procedures in place for the boiler/compressor/ generator room? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.60 Are there any fuel leaks? | |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. | |
| 8.61 Are the boilers and compressors inspected and serviced periodically? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **MACHINE SAFETY** | | | | | | |
| 8.62 Do machines have the required safety measures? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.63 Do machines have relevant safety warnings in the language(s) spoken by workers/machine operators? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.64a Do machine operators have the required license? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Do machine operators have the trainings as required by law? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **SHARED BUILDING (IF APPLICABLE)** | | | | | | |
| 8.65 Does your facility conduct joint risk assessments with other operations in the building? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **DORMITORIES (IF APPLICABLE)**  *If No to 8.66a &b, the rest of the questions in this section can be left blank.* | | | | | | |
| 8.66a Does your facility or the labor brokers/agents you use provide dorms/apartments for:   1. Workers? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Management? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. If Yes to 8.66a or b, are the dorms/apartments ***physically*** separated from the production building(s)? | |  |  |  | Click or tap here to enter text. | |
| 8.67 Does the dormitory/apartment have a written safety program, including written emergency procedures to handle natural disasters, fire safety, and emergencies and industrial accidents? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.68 What is the general appearance of your dormitory/apartments:  Excellent  Good  Fair  Unacceptable | |  | | | Click or tap here to enter text. | |
| 8.69 Does a visual inspection suggest concerns regarding the physical integrity of the dormitory/apartment building, proper lighting and ventilation, sanitary toilet areas, or clean dormitory facilities? | |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. | |
| 8.70 Does your facility have an emergency evacuation plan of the dormitories/apartments in the native language(s) posted in view of the facility's workers? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.71 Does the facility conduct regular emergency evacuation drills (at least semi-annual) in the dormitories/apartments? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.72 Is the safety equipment in the dormitories/apartments in compliance with the law requirements? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.73 Are exits unlocked during times when the dormitories/apartments are occupied to allow free, unobstructed exit from the dormitories? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.74 Are any aisles blocked or restricting easy access to emergency exits and to a safe assembly point? | |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. | |
| 8.75 Is there clean drinking water that is easily accessible in the dormitories/apartments? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.76 Are the toilets and washrooms in the dormitories/apartments in sanitary and in serviceable condition? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.77 Is trash properly disposed of both inside and outside the dormitory facilities? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **FIRE ALARM** | | | | | | |
| 8.78a Are emergency exits in compliance with the local law requirements? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Are fire alarms clear, unobstructed and identified? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 1. Does your facility have a test schedule for all fire alarm boxes? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **EMERGENCY LIGHTING** | | | | | | |
| 8.79 Is the emergency power system working and in good condition? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| **STAIRWELL** | | | | | | |
| 8.80 Are all stairwell handrails in good condition within the dormitories/ apartments? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.81 Are all stair treads in good condition within the dormitories/ apartments? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |
| 8.82 Are stairwells in the dormitories/apartments completely clear of obstructions? | |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | |

|  |
| --- |
| PRINCIPLE 9  FREEDOM OF ASSOCIATION & COLLECTIVE BARGAINING |
| **Facilities will recognize and respect the right of employees to exercise their lawful rights of free association and collective bargaining.**  ***Facilities will respect the freedom of each employee to choose for him- or her-self whether or not to join a workers’ association. Facilities cannot discriminate against workers based on whether or not they choose to associate. Both the facility and the workers shall ensure they conduct themselves in accordance with all relevant laws in this regard. Facilities will ensure an effective mechanism is in place to address any workplace grievances.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 9.1 Does your facility have written procedures that recognize and respect the right of workers to exercise their lawful rights of free association and collective bargaining? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 9.2a Which of the following does your facility have:   1. *Note: Facility is required to indicate whether an informal or formal association of workers exists. If a lawful association of workers exists, include a representative of such association in the interview process.* 2. *Some form of effective mechanism must exist to address workplace grievances.*   List the name of the lead workers’ representative (in the union, association, workers’ committee, or collective representation of workers.)  A union |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| An association |  |  |  | Click or tap here to enter text. |
| Workers’ committee |  |  |  | Click or tap here to enter text. |
| Collective representation of workers |  |  |  | Click or tap here to enter text. |
| 1. Does this workers’ group operate free from coercion or illegal restrictions to its operations? |  |  |  | Click or tap here to enter text. |
| 1. Does your facility consult with the worker representatives on any issues that are a requirement by law such as facility disclosures, mass lay-offs, restructuring of the business etc.? |  |  |  | Click or tap here to enter text. |
| 1. Is there any collective bargaining agreement (CBA) or labor-management negotiation on workplace issues? |  |  |  | *Specify what agreement exists.*  Click or tap here to enter text. |
| 1. If yes to 9.2d, how is the CBA/bargaining agreement implemented? |  | | | |
| 1. If there is an CBA/bargaining agreement, do the terms meet the legal minimum requirements? |  |  |  | Click or tap here to enter text. |
| **GRIEVANCE MECHANISM** | | | | |
| 9.3a Does your facility have a *documented* grievance mechanism?  (*Note: With explanation, please state*  *procedure used to submit and collect grievances.*)  *Please provide reference numbers to any evidence of the grievance mechanism being used.* |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does your facility’s responsible person(s) regularly review whether there were submissions of any grievances? |  |  |  | Click or tap here to enter text. |
| 1. What is the frequency of such review?   ***Note that the frequency should not be less than once a week.*** |  |  |  | Click or tap here to enter text. |
| 1. How does the facility address the grievances in a timely manner? |  | | | |
| 1. Does your facility maintain the records of such review? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. How many grievances were received in the past 6 months? | Click or tap here to enter text. | | | |
| 1. Does your facility have the resolution policy in place regarding the reported grievances by workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. What is the resolution process undertaken by your facility and human resources management in response to the grievances? | Click or tap here to enter text. | | | |
| 1. Describe any appeal process available to workers? | Click or tap here to enter text. | | | |
| 1. Is the grievance mechanism known to all workers? |  |  |  | Click or tap here to enter text. |
| 1. Are there any penalties associated with using the grievance mechanism? |  |  |  | Click or tap here to enter text. |
| 1. Describing any confidential reporting channel available to workers. | Click or tap here to enter text. | | | |
| 1. Does your facility provide effective grievance mechanism trainings to its managers and supervisors? |  |  |  | Click or tap here to enter text. |
| 1. 9.4 If there is a union, 2. Are workers aware of the existence of it? Its name? Date of unionization? Number of union members? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is the organization legally constituted in the country? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are organization meetings held in the factory premises? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 9.5a Are there formal communication procedures between worker representatives and management? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. What are the procedures for workers’ representatives meeting with management to discuss workplace issues?   Please give a summary of your objective evidence to support this question.  *Note: objective evidence including citing specifically how grievances are collected.* | Click or tap here to enter text. | | | |
| 1. Are union/workers’ representatives consulted in establishing safe working conditions?   Please give a summary of your objective evidence to support this question. |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does management respond to union/ workers’ representatives within a defined time? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 9.6 Does your facility enter into discussions with the workers representatives in an open manner and within the terms of local law?  Please give a summary of your objective evidence to support this question. |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 9.7 Are minutes of facility/worker representative meetings documented and available to the workers? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 9.8 Are workers representatives elected on a free and confidential basis by the workers without interference from management?  *If no, what is the election process?* |  |  |  | Click or tap here to enter text.  If No, what is the election process? Click or tap here to enter text. |
| 9.9 Does your facility discriminate, harass, or abuse against workers   1. who form or participate in lawful associations? |  |  |  | Click or tap here to enter text.  If Yes, please explain: Click or tap here to enter text. |
| 1. who choose not to join any association? |  |  |  | Click or tap here to enter text.If Yes, please explain: Click or tap here to enter text. |
| 9.10 Does your facility communicate its policies and practices pertaining to this Principle to   1. all facility workers that may perform recruitment or screening of applicants? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. third parties (e.g., free zone office services, employment agencies) that may perform recruitment or screening of applicants? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |

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| **PRINCIPLE 10**  **ENVIRONMENT** |
| **Facilities will comply with environmental rules, regulations and standards applicable to their operations, and will observe environmentally conscious practices in all locations where they operate.**  ***Facilities will ensure compliance with all applicable legally mandated environmental standards, and should demonstrate a commitment to protecting the environment by actively monitoring their environmental practices. In particular, facilities will ensure proper waste management, including monitoring the disposal of any waste material - whether solid, liquid or gaseous - to ensure such disposal is done safely and in a manner consistent with all relevant laws. Facilities are encouraged to minimize their impact on the environment by applying the principles of reduce, reuse and recycle throughout their operations.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 1. 10.1 Does your facility have an environmental management system relevant to its industry? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 10.2a Does the facility’s environmental management system address where and how solid, chemical, sanitary, and wastewater substances are disposed of? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| b. Does the facility recycle as required by the law? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 10.3 Does the facility have a program and materials to train relevant individuals on each practice of the environmental management system, including the prevention and control of harmful release of industrial waste into the environment? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 10.4a Does the facility maintain records of emission events? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do emissions meet the permissible standards as defined by the law? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 10.5 What is your facility’s long-term sustainability management plan, including monitoring its water and electricity consumption and utilize renewable energy? | Click or tap here to enter text. | | | |

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| **PRINCIPLE 11**  **CUSTOMS COMPLIANCE** |
| **Facilities will comply with applicable customs laws, and in particular, will establish and maintain programs to comply with customs laws regarding illegal transshipment of finished products.**  ***Facilities will ensure that all merchandise is accurately marked or labeled in compliance with all applicable laws. In addition, facilities will keep records for all materials and orders, as well as maintain detailed production records.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** |
| --- | --- | --- | --- | --- |
| 11.1 Does your facility keep copies of all applicable customs/trade program laws and regulations? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 11.2 Does your facility’s procedures on customs compliance/ trade program cover the following requirements:   1. Compliance with all applicable customs laws and maintains practices to comply with customs laws regarding illegal transshipment of products. In the event possible illegal transshipment activity, appropriate host government agency will be notified? |  |  |  | Click or tap here to enter text. |
| 1. Monitors its productions on a per style basis? |  |  |  | Click or tap here to enter text. |
| 1. Traces country of origin using records such as production, shipping, verification reports, quality control reports, and individual piecework sheets, for all inputs? |  |  |  | Click or tap here to enter text. |
| 1. Verifies production on an ongoing basis at sub-contracting facilities, including keeping records of such verification? |  |  |  | Click or tap here to enter text. |
| 1. Maintains a facility machine inventory and updates it annually? |  |  |  | Click or tap here to enter text. |
| 1. Ensures that the proper category designation is determined for all goods destined for the US market? |  |  |  | Click or tap here to enter text. |
| 11.3 Does the responsible person ensure that origin determining documents are maintained for at least the period of records retention required by law? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 11.4 Does your facility stay current with possible illegal transshipment activities in the host country through communication with appropriate bodies such as the host government, trade associations, etc.? |  |  |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 11.5 Does your facility maintain an organized system of production documentation that contains the following records:   1. Records of the country of origin for all goods produced in this facility? |  |  |  | Click or tap here to enter text. |
| 1. A production profile (indicating name, address, production process, production type, machine inventory) of any subcontracting facility? |  |  |  | Click or tap here to enter text. |
| 1. Production/purchase orders (with information such as conditions of production, payment, and finished product specifications)? |  |  |  | Click or tap here to enter text. |
| 1. Raw material invoices (indicating country/origin/manufacturing facility)? |  |  |  | Click or tap here to enter text. |
| 1. Payment proof of raw material, local transportation and employee salary? |  |  |  | Click or tap here to enter text. |
| 1. Shipping/receiving documents (outgoing and incoming records of components/inputs sent to or received from another facility)? |  |  |  | Click or tap here to enter text. |
| 1. Employee work records – accurate records of work hours that can be linked to the production of specific products? |  |  |  | Click or tap here to enter text. |
| 1. Quality control records (which may include facility name and address, purchase order number, style number, date of the quality check, buyer, name, stamp or signature of inspector, comments on production)? |  |  |  | Click or tap here to enter text. |
| 1. Export documents (including: packing list, manifest, bill of lading/airway bill from truck, ship, plane or train indicating the export date, exporting entity, destination, shipping lines, importing entity, and any charges incurred)? |  |  |  | Click or tap here to enter text. |
| 1. Number of units produced marked with a traceable mark? |  |  |  | Click or tap here to enter text. |
| 1. Documented confirmation of the correct category and country of origin for goods through verification of correct country of origin such as binding rulings from the US Customs Service, confirmation with purchasing company, knowledgeable/trained staff, etc.? |  |  |  | Click or tap here to enter text. |
| 11.6a Do your facility’s production records include verification of subcontractor performance? |  |  |  | Click or tap here to enter text. |
| 1. What records are used:   Date and location of the verification? |  |  |  | Click or tap here to enter text. |
| Product(s) verified? |  |  |  | Click or tap here to enter text. |
| Purchasing company? |  |  |  | Click or tap here to enter text. |
| Style number? |  |  |  | Click or tap here to enter text. |
| Phase of production? |  |  |  | Click or tap here to enter text. |
| Reference indicator for employee(s) performing operation? |  |  |  | Click or tap here to enter text. |
| Name/stamp or signature of verifying official? |  |  |  | Click or tap here to enter text. |

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| **PRINCIPLE 12**  **SECURITY** |
| **Facilities will maintain appropriate procedures in order to ensure proper corporate security, transportation security, and people and physical security at the facility.**  ***Facilities will ensure adequate controls are in place to safeguard against introduction of any non-manifested cargo. In this regard, WRAP recognizes the United States Customs and Border Protection (CBP)’s C-TPAT Guidelines for Foreign Manufacturers as minimum requirements and has adopted those guidelines under this Principle.*** |

| ***PRE-AUDIT SELF-ASSESSMENT QUESTIONS*** | ***YES*** | ***NO*** | ***NA*** | | ***PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE*** | |
| --- | --- | --- | --- | --- | --- | --- |
| **Corporate Security** | | | | | |
| 1. **Security Vision & Responsibility** | | | | | |
| 12.1.1a Does the facility have a security program to ensure the security of its premises, its goods in the facility? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility top management demonstrate their commitment to the program by signing the security statement? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is such document posted onsite or shared during security trainings? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility communicate its security program within its facility and also with its business partners?   Business partners refer to the entities the facility has business relationship with, in particular, transportation/logistics providers, customers, raw material suppliers, subcontractors, service providers (including IT service providers), etc. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.1.2 Does the facility have a cross-functional team from the relevant departments responsible for the implementation and monitoring of its security program?  List at least two (2) people and their department from the team: |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.1.3 Does the facility have an effective written review process for its security program that is updated promptly when pertinent changes are made in the facility’s operation and level of risk? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.1.4a Does the facility have Point(s) of Contact (POC) – responsible persons - for its security program? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are these individuals trained to have the necessary knowledge on CTPAT program requirements? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do POCs have a mean of obtaining and validating updates of security requirements? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do the POCs provide regular updates to top management on issues related to the program, including the progress or outcomes of any audits, security related exercises, and CTPAT validations? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Risk Assessment** | | | | | |
| 12.2.1 Has the facility conducted security risk assessment (RA) to identify any security vulnerabilities in its facility and mitigate them by taking the necessary measures? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.2.2 Does your risk assessment document and map the movement of your cargo? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.2.3 Does the facility review its security risk assessment (RA) at least once a year?  *More frequent reviews must be done if risk factors dictate so.* |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.2.4 Does the facility ensure risks addressing towards crisis management, business continuity, security recovery plan and business resumption? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Business Partners Security** | | | | | |
| 12.3.1a Does a written and up-to-date risk-based process exist for screening of new and monitoring of existing business partners? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility address the weaknesses found in its business partners’ security assessments? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are the actions, taken to mitigate any identified deficiency, effective and in time? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.3.2 If the facility has undergone any CTPAT/AEO (Authorized Economic Operator) audit within the past 24 months, provide the evidence. | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. | | | | |
| 12.3.3 If the facility subcontracts transportation services to a highway carrier, the carrier has to be CTPAT certified.  Does the facility meet this requirement?  ONLY applicable for land transportation to the US. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.3.4 If a highway carrier works directly for the facility’s buyer through a written contract, does the contract stipulate adherence to CTPAT’s Minimum Security Criteria (MSC) requirements?  ONLY applicable for land transportation to the US. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Cybersecurity** | | | | | |
| 12.4.1 Does the facility have written cybersecurity policies and procedures to protect its information technology (IT) systems, including procedures for the recovery (or replacement) of IT systems and/or data if a data breach occurs? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.4.2 Does the facility have installed sufficient software/hardware protection from malware and internal/external intrusion (firewalls) in its computer system? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.4.3 Does the facility regularly test the security of its IT infrastructure based on the defined frequency (but at the minimum once a year)? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.4.4 Does the facility have a system in place to identify unauthorized access of IT systems/data or abuse of policies and procedures? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.4.5a Does the facility restrict user access based on job description or assigned duties? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility require its system users to update their passwords regularly (but at the minimum once a year)? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility employ secure technologies to safeguarded its IT systems used by remote users? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. For facility staff using personal devices to conduct company work, does the facility require the staff to adhere to the company’s cybersecurity policies and procedures? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility remove employee’s computer and network access upon ending of employment? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.4.6 Does the facility follow any national cybersecurity framework for establishing cyber security protocols?  (N/A for US facilities.) |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| **Transportation Security** | | | | | |
| 1. **Conveyance & Instruments of International Traffic Security**   **Instruments of International Traffic (IIT)** includes containers, flatbeds, unit load devices (ULDs), lift vans, cargo vans, shipping tanks, bins, skids, pallets, caul boards, cores for textile fabrics, or other specialized containers arriving (loaded or empty), in use or to be used in the shipment of merchandise in international trade.  Conveyance and IIT refer to means of transportation. It could be a container, or a truck, or any other means that a facility uses to transport its goods in and out of the facility. Regardless of the type of transportation used by facilities, they must conduct an inspection of the means of transportation they deploy and must have a locking mechanism for it. | | | | | |
| 12.5.1 If the containers/trucks stay in the facility, does the facility ensure that:   1. They are not tampered? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. They are parked in an access-controlled area? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.5.2a Does the facility have documented procedures in place to verify the physical integrity of the container structure prior to loading? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the procedure include the reliability of the locking mechanisms of the doors? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Prior to loading/stuffing/packing, does the facility conduct 7-point inspection on its containers and unit load devices (ULD):   Front wall |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| Left side |  |  | |  | Click or tap here to enter text. |
| Right side |  |  | |  | Click or tap here to enter text. |
| Floor |  |  | |  | Click or tap here to enter text. |
| Ceiling/Roof |  |  | |  | Click or tap here to enter text. |
| Inside/outside doors, including the reliability of the locking mechanisms of the doors |  |  | |  | Click or tap here to enter text. |
| Outside/Undercarriage |  |  | |  | Click or tap here to enter text. |
| 12.5.3a Does the facility conduct inspections of conveyances at the point of loading/stuffing?  Moved from old 12.5.3b. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If conveyances are stored in the facility, does the facility inspect them when they enter and depart the storage yards? |  |  | |  | Click or tap here to enter text. |
| 1. Does your facility inspect trailers for the following:   Fifth wheel area - check natural compartment/skid plate |  |  | |  | Click or tap here to enter text. |
| Rear - bumper/doors |  |  | |  | Click or tap here to enter text. |
| Front wall |  |  | |  | Click or tap here to enter text. |
| Left side |  |  | |  | Click or tap here to enter text. |
| Right side |  |  | |  | Click or tap here to enter text. |
| Floor |  |  | |  | Click or tap here to enter text. |
| Ceiling/roof |  |  | |  | Click or tap here to enter text. |
| Inside/outside doors and locking mechanisms |  |  | |  | Click or tap here to enter text. |
| Outside/Undercarriage |  |  | |  | Click or tap here to enter text. |
| 1. Does your facility conduct inspections of its tractors on the following, if applicable:   ONLY applicable for  land transportation to the US.  Bumper/tires/rims |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| Doors, tool compartments and locking mechanisms |  |  | |  | Click or tap here to enter text. |
| Battery box |  |  | |  | Click or tap here to enter text. |
| Air breather |  |  | |  | Click or tap here to enter text. |
| Fuel tanks |  |  | |  | Click or tap here to enter text. |
| Interior cab compartments/sleeper |  |  | |  | Click or tap here to enter text. |
| Faring/roof |  |  | |  | Click or tap here to enter text. |
| 12.5.4a Does the facility ensure that conveyances are equipped with external hardware that can reasonably withstand attempts to remove it? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Prior to attaching any locking device, does your facility inspect a container/truck or any other means of transportation and its locking mechanism to detect tampering? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.5.5 Does the facility’s security inspection of its conveyances include the following elements:  Container/Trailer/Instruments of International Traffic number |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| Date of inspection |  |  | |  | Click or tap here to enter text. |
| Time of inspection |  |  | |  | Click or tap here to enter text. |
| Name of employee conducting the inspection |  |  | |  | Click or tap here to enter text. |
| Specific areas of the Instruments of International Traffic that were inspected |  |  | |  | Click or tap here to enter text. |
| 12.5.6a Does the facility perform its security inspections in an area of controlled access and monitored by CCTV if applicable?  Facilities supplying only to local markets or not exporting to the US are not required to have CCTV, but they must have security inspections in the areas with controlled access. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are CCTV records, minimum of 24/7 and 30 consecutive days, kept in sensitive areas (cargo handling and storage areas, yard and storage areas for containers, trucks and trailers, packing areas and entrance/exit)?   Facilities supplying only to local markets or not exporting to the US are not required to have CCTV records. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Seal Security**   For the facilities supplying only to local markets, the facilities not direct exporters, or  the facilities using Less Than Container Load (LCL) or using local Inland Container Depots (ICDs),  only questions 12.6.8, 12.6.9, and 12.6.10a & b are applicable under THIS section. | | | | | |
| 12.6.1a Does the facility affix a high-security seal to all loaded trailers and containers bound for the U.S.? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do the seals meet or exceed the current ISO 17712 standards for high-security seals? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility have documented procedures stipulating how seals are to be controlled and affixed to loaded containers and trailers? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility have documented procedures for recognizing and reporting compromised seals and/or containers/trailers to US Customs and Border Protection or the appropriate local authority? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility have designated workers for the distribution of seals for integrity purposes? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Controlling access to seals must have the following elements:   Management of seals must be restricted to authorized personnel only. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| Secure storage |  |  | |  | Click or tap here to enter text. |
| Inventory, Distribution, & Tracking (Seal Log)  Recording the receipt of new seals |  |  | |  | Click or tap here to enter text. |
| Issuance of seals recorded in log |  |  | |  | Click or tap here to enter text. |
| Track seals via the log |  |  | |  | Click or tap here to enter text. |
| Only trained, authorized personnel may affix seals to Instruments of International Traffic (IIT) |  |  | |  | Click or tap here to enter text. |
| 12.6.2 Does the Seal security policy and procedure include “controlling seals in transit” and “seals broken in transit”? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.3 If seals are found broken in transit, the following must be done:   1. If a load is examined, record replacement seal number. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. The driver must immediately notify dispatch when a seal is broken, indicate who broke it, and provide the new seal number. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. The carrier must immediately notify the shipper, broker, and importer of the seal change and the replacement seal number. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. The shipper must note the replacement seal number in the seal log. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.4 Seal discrepancies are found:   1. Does the facility retain altered or tampered seals to aid in investigations? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility investigate the discrepancy and follow-up with corrective measures (if warranted)? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If applicable, does the facility report compromised seals to CBP and the appropriate foreign government to aid in the investigation? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.5 Are all shipments sealed right after loading/stuffing/packing? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.6a Does the facility maintain an inventory of seals? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If yes, does your facility management or a security supervisor conduct audits of seals that includes periodic inventory of stored and reconciliation against seal inventory logs and shipping documents? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.7 Does the facility seal verification process followed the VVTT process:  V – View seal and container locking mechanisms; ensure they are OK |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| V – Verify seal number against shipment documents for accuracy |  |  | |  | Click or tap here to enter text. |
| T – Tug on seal to make sure it is affixed properly |  |  | |  | Click or tap here to enter text. |
| T – Twist and turn the bolt seal to make sure its components do not unscrew, separate from one another, or any part of the seal becomes loose |  |  | |  | Click or tap here to enter text. |
| Below section is appliable to the facilities supplying only to local markets,  the facilities not direct exporters, or the facilities using  Less Than Container Load (LCL) or using local Inland Container Depots (ICDs). | | | | | |
| 12.6.8 Does the facility apply a locking device to all its shipments right after loading/stuffing/ packing? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.9 Does the facility maintain records of the locking devices as required by the applicable custom rules or for at least 3 months? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.6.10a Does the facility record any broken locking device incidents and take the necessary preventative measures? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility have the procedures to address any incidents occurred during transit? |  |  | |  | Click or tap here to enter text. |
| 1. **Procedural Security** | | | | | |
| 12.7.1 Does the facility have security officer/manager or other designated personnel during the loading/stuffing of cargo into containers/trucks? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.7.2 Does the facility have procedures in place to ensure complete and necessary information in clearing of merchandise/cargo?  Not applicable to non-exporting facilities. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.7.3 Does the facility verify the accuracy of the information in the bill of ladings (BOLs) and/or manifests with the shipper or its agent?  Not applicable to non-exporting facilities. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.7.4 Does the facility have written procedures for reporting an incident?  ***Note***: The report must include a description of its internal escalation process. |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.7.5 Does the facility have documented procedures in place to identify, challenge and address unauthorized/unidentified persons? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.7.6 Does the facility investigate and resolve any shortages, overages and other significant discrepancies or anomalies? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.7.7a Is cargo that is being shipped reconciled against information on the cargo manifest? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is all cargo accurately described, and are the weights, labels, marks, and piece count indicated and verified? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility verify departing cargo against purchase or delivery orders? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are drivers delivering or receiving cargo positively identified before cargo is received or released? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Are documented procedures in place to track the timely movement of incoming and outgoing goods? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Agricultural Security** | | | | | |
| 12.8.1 Does the facility have written procedures designated to prevent visible pest contamination to include compliance with Wood Packaging Materials (WPM) regulations? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.8.2 Does the facility inspect its cargo staging areas and its immediate surrounding areas to ensure these areas remain free of visible pest contamination? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.8.3a Has pest contamination been found during the conveyance/ instruments of international traffic inspection? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. If so, was washing/vacuuming carried out to remove such contamination? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.8.4 Has the facility documented its pest contamination activities and maintained the records for at least one (1) year? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| **People & Physical Security** | | | | | |
| 1. **Physical Access Controls** | | | | | |
| 12.9.1a Does the facility have a physical access control procedure for cargo handling and storage facilities? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Do the facility’s cargo handling and storage facilities have physical barriers and/or deterrents that prevent unauthorized access?   If no, describe what measures are in place to prevent unauthorized access? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.9.2a Is there perimeter fencing enclosing the areas around cargo handling and storage facilities? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is interior fencing within a cargo handling area used to segregate domestic, international, high value, and hazardous cargo? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Is all fencing regularly inspected for integrity and damage? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.9.3 Are gates through which vehicles and/or personnel enter or exit manned and/or monitored?  *The number of gates should be kept to the minimum necessary for proper access and safety.* |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.9.4 Are private passenger vehicles prohibited from parking in or adjacent to cargo handling and storage areas? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.9.5 Is there adequate lighting provided inside and outside the facility including the following areas: entrances and exits, cargo handling and storage areas, fence lines and parking areas? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.9.6 Does the facility ensure its security technology physical infrastructure from unauthorized access? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Physical Security** | | | | | |
| 12.10.1a Does the facility have written procedures governing how identification badges and access devices are granted, changed and removed? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility restrict access to sensitive areas based on job description or assigned duties?   *Sensitive areas include cargo handling and storage areas, yard and storage areas for containers, trucks and trailers, packing areas and entrance/exit, IT server rooms, shipping/receiving areas where import documents are kept, and seal storage areas.* |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility remove access of devices upon the employee’s end of employment? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.10.2 Are visitors required to register at the main entrance and provided with proper visitor badges?  Facility visitor log must include the following:  Date of visit |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| Visitor’s name |  |  | |  | Click or tap here to enter text. |
| Verification of photo identification |  |  | |  | Click or tap here to enter text. |
| Time of arrival |  |  | |  | Click or tap here to enter text. |
| Company point of contact |  |  | |  | Click or tap here to enter text. |
| Time of departure |  |  | |  | Click or tap here to enter text. |
| Visitor’s Signature |  |  | |  | Click or tap here to enter text. |
| 12.10.3 Does the facility require positive identification from driver before cargo is received or released? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.10.4a Does the facility keep a cargo pickup log? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility personnel (not cargo drivers) log in and out of cargo drivers? |  |  | |  | Click or tap here to enter text. |
| 1. Is the cargo log securely kept? |  |  | |  | Click or tap here to enter text. |
| 1. Does the cargo pickup log have the following item recorded:   Driver’s name |  |  | |  | Click or tap here to enter text. |
| Date and time of arrival |  |  | |  | Click or tap here to enter text. |
| Employer |  |  | |  | Click or tap here to enter text. |
| Truck number |  |  | |  | Click or tap here to enter text. |
| Trailer number |  |  | |  | Click or tap here to enter text. |
| Time of departure |  |  | |  | Click or tap here to enter text. |
| The seal number affixed to the shipment at the time of departure |  |  | |  | Click or tap here to enter text. |
| 12.10.5 Does the facility require carrier to make deliveries and pickups by appointment only with driver’s name and truck number? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.10.6 Does the facility have documented procedures in place to check mails and parcels upon arrival? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.10.7 If the facility use security guards, does it have written policies and procedures for security guards’ work instructions? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Personnel Security** | | | | | |
| 12.11.1 Does the facility verify applicant’s employment history and conduct reference checks prior to hiring, to the extent possible and allowed under the law? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.11.2 Once employed, are periodic checks and reinvestigations performed based on cause, and/or the sensitivity of the worker’s position? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.11.3 Does the facility have a code of conduct for security personnel? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. **Education, Training & Awareness** | | | | | |
| 12.12.1a Has the facility established and maintained a security training and awareness program, including code of conduct training, for its personnel in sensitive areas and positions? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility keep training records which include the date of the training, names of attendees and the topics of the training? |  |  | |  | Click or tap here to enter text. |
| 12.12.2a Does the facility train its relevant personnel who conduct security inspections of empty conveyances and Instruments of International Traffic (IIT)? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 1. Does the facility training contain the following contents:  * Signs of hidden compartments |  |  | |  | Click or tap here to enter text. |
| * Concealed contraband in naturally occurring compartments |  |  | |  | Click or tap here to enter text. |
| * Signs of pest contamination |  |  | |  | Click or tap here to enter text. |
| 12.12.3 Does the facility train its relevant personnel on its cybersecurity policies and procedures? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.12.4 Does the facility train its relevant personnel operating and managing security technology systems? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |
| 12.12.5 Does the facility train its relevant personnel on how to report security incidents and suspicious activities? |  |  | |  | Click or tap here to enter text.  If No, please explain: Click or tap here to enter text. |