Title

|  |  |
| --- | --- |
| Company |  |
| Address |  |
|  |
| Management Repr., Position |  |
| Managing Director / CEO |  |
| Worker Representative |  |
| Telephone |  | Extension |  |
| Fax |  | Email |  |
| Weekly Holiday |  | Work Timings |  |
| Legal Form of Organisation |  | Business since  |  |
| Industrial Sector in which you operate |  |
| Main Productssupplied by you |  |
|  |
| Actual Manufacturing Process(es) (exclude outsourced activity) |  |
|  |
|  |
| Names of major clients |  |
|  |

***NOTE:*** *Additional sites/ units, please provide relevant information in attachment (company name, address, activity at that site/ unit, shifts, size ( total & breakup Male and Female etc.). Please note employees should include all employees from Top Management up to workers, including contract/ temporary workers working on-site.*

**Please include all sites and operations.** Mandatory to include all sites and operations (including remote sites and home workers) in the scope of certification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. of employees at the location | **Total** | **Factory**  | **Support (office )** | **Contract/Temporary Employees** | **Employees at Site****(if any)** |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. of employees at the location | **Office staff/ Management** | **General** | **Shift 1** | **Shift 2** | **Shift 3** |
| Shift Timings |  |  |  |  |  |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |
| Total Number of Migrant Workers: | Migrants ( National): | Migrants (foreign): |

* Is the company unionized? 🞎 yes 🞎 no 🞎 other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes: Union membership / affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Languages / dialects generally spoken by the employees **with percentages** (especially Work force/ staff):

|  |
| --- |
|  |

* Outsourced Activities/Processes:

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

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

* Has your organization developed documented procedures for SA8000?
Please mention Procedure Number

|  |  |
| --- | --- |
| **SA8000 Requirements** | **Procedure Number** |
| 1 | Child Labor |  |
| 2 | Forced & Compulsory Labor |  |
| 3 | Health & Safety |  |
| 4 | Freedom of Association & Right to Collective Bargaining |  |
| 5 | Discrimination |  |
| 6 | Disciplinary Practices |  |
| 7 | Working Hours |  |
| 8 | Remuneration |  |
| 9 | Management Systems |  |
| (i) | Policy, Procedures, Records,  |  |
| (ii) | Social Performance Team  |  |
| (iii) | Identification and Assessment of Risks |  |
| (iv) | Monitoring |  |
| (v) | Internal Involvement and Communication |  |
| (vi) | Complaint Management and Resolution |  |
| (vii) | External Verification and Stakeholder Engagement |  |
| (viii) | Corrective and Preventive Actions |  |
| (ix) | Training and Capacity Building |  |
| (x) | Management of Suppliers and Contractors  |  |

* Has your organization conducted an internal audit?

🞎 yes, on: 🞎 no

* Has you organization conducted a management review?

🞎 yes, on: 🞎 no

* Has the organization taken the Social Fingerprint Assessment on the SAI website?

🞎 yes 🞎 no

* Is your company previously certified to SA 8000?

🞎 yes 🞎 no

* If yes: Please attach copy of the certificate

🞎 yes 🞎 no

* Date of Initial Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If Certificate not valid (reasons): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* For how long has the SA-8000 system been implemented?

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

* Please state your requirements for the certification date:

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

* Do you request a pre-audit? ( Optional)

🞎 yes 🞎 no

NOTES**: Please ensure all fields are filled and the questionnaire is Complete.**

**Please note that the company shall cover the full continuous processes inside the premises for certification and also that all the continuous premises inside the site has to be covered for certification.**

**In case of doubt please clarify with the Certification Body.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by:**  |  |  |  |
|  | Place/Date |  | Stamp/Signature |