# General Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: with legal form |  | | | | | | | | | | |
| Address: |  | | | | | | | | | | |
| Postcode, Town: |  | | | | | | | | Country: | | |
| GPS Coordinates *(mandatory)*: | Latitude: | | | | | | Longitude: | | | | |
| SEDEX ZC no.:  *(SEDEX specific company number)* |  | | SEDEX ZS no.:  *(SEDEX specific location number)* | | | |  | | | | |
| Contact: | Mr/Mrs (First name / Second name) | | | | | | | | | | |
| Function: | Quality Representative  Other: | | | | | | | | | | |
| Telephone: |  | Internet: | | | www. | | | | | | |
| Telefax: |  | E-Mail: | | |  | | | | | | |
| Sector: |  | | | | | | | | | | |
| Comp. Reg. No. |  | | | VAT No. | | | |  | | | |
| Products: |  | | | Activities: | | | |  | | | |
| Total no. of workers:  (full time/part time worker) excluding management | | | | | |  | | | | Male: |  |
| Female: |  |
| Is the audit required by Nestlé? | | | | | | | | | | Yes | No |

# SVA specific information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Which assessment type do you require? | | | Initial | | Periodic | | Follow-up | |
| 2 | Does your company provide stable and reliable **Wi-Fi network** within all areas of the factory? | | | | | | Yes | | No |
| 3 | Is stable and reliable **mobile network** available within all areas of the factory? | | | | | | Yes | | No |
| 4 | Do you have a smartphone or tablet (mobile device) on site with high resolution (minimum 8MP rear camera)? | | | | | | Yes | | No |
| 5 | If yes, please specify (e.g. type etc): | |  | | | | | | |
| 6 | Is it possible to visit all areas of the site? | | | | | | Yes | | No |
| 7 | If no, please specify | |  | | | | | | |
| 8 | At what capacity is the site running | | Low | | Medium | | | High | |
| 9 | Please provide explanation | |  | | | | | | |
| 10 | Are all workers in all areas available during the audit (or is the number of workers reduced e.g. due to the pandemic situation)? | | | | | | Yes | | No |
| 11 | The following documents shall be provided on successful completion of the quote, if applicable | | | | | | ***Please tick as available*** | | |
| 12 | * Business License | | | | | | Yes | | No |
| 13 | * Site Map (also including external site (e.g. parking site, dormitories), if applicable) including and marked:   + Fire and emergency exists   + Evacuation routes and emergency assembly points   + Firefighting equipment   + First aid boxes   + Electrical boxes | | | | | | Yes | | No |
| 14 | * Audit report and non-compliance reports of the previous two years of any kind of social audits. | | | | | | Yes | | No |
| 15 | * Policies and Procedures | | | | | | Yes | | No |
| 16 | * Site risk assessment | | | | | | Yes | | No |
| 17 | * Employee handbooks | | | | | | Yes | | No |
| 18 | * Fire records | | | | | | Yes | | No |
| 19 | * Site and business licenses and certificates | | | | | | Yes | | No |
| 20 | * Production Records | | | | | | Yes | | No |
| 21 | * Training records | | | | | | Yes | | No |
| 22 | * Equipment maintenance records | | | | | | Yes | | No |
| 23 | * Site permits | | | | | | Yes | | No |
| 24 | * Service Level Agrements | | | | | | Yes | | No |
| 25 | * Chemical List | | | | | | Yes | | No |
| 26 | * Accident Records | | | | | | Yes | | No |
| 27 | * First Aid log | | | | | | Yes | | No |
| 28 | * Waste records | | | | | | Yes | | No |
| 29 | * Collective Bargaining agreements | | | | | | Yes | | No |
| 30 | * Job postings/ advertisements and blank job application forms | | | | | | Yes | | No |
| 31 | * Standard blank contracts | | | | | | Yes | | No |
| 32 | * Official inspection reports | | | | | | Yes | | No |
| 33 | * List of workers | | | | | | Yes | | No |
| 34 | * Others *(please specify)* |  | | | | | | | |