|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | | |
| Address |  | | |
| Country |  | | |
| Management Representative / Position |  | | |
| Managing Director / CEO |  | | |
| Worker Representative |  | | |
| Telephone |  | Extension |  |
| Fax |  | Email |  |
| Weekly Holiday(s) |  | Work Timings |  |
| Legal Form of Organisation |  | Business since |  |
| Industrial Sector in which you operate |  | | |
| Main Products supplied by you |  | | |
| Actual Manufacturing Process(es)  *(exclude outsourced activity)* |  | | |
| Other Process(es)  *(as applicable)* |  | | |
| Size of the production area(s) (in m²) |  | | |

**NOTE:** *In case of additional sites/ units, please provide relevant information in an attachment (company name, address, activity at that site/ unit, shifts, size etc.). Please note that the number of employees should include all employees from Top Management up to workers, including ancillary workers and contracted/temporary workers working on-site. Please include all sites and operations. It is 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** | **Production /**  **Factory** | **Office staff /**  **Management** | **Contract / Temp. Employees** | **Employees at site**  **(if any)** |
| **Male** |  |  |  |  |  |
| **Female** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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: |  | | | |
| Which languages / dialects generally spoken by the employees **with percentages** (especially work force/ staff): | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| In case of outsourced activities / processes please name/ describe them: | | | | |
|  | | | | |

**Has your organization developed documented procedures for SA8000?  
Please include the procedure number in the following table:**

| **SA8000 Requirements / Standard Element** | | **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 |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Has your organization conducted an internal audit? | Yes | | Date | |  | | | No |
| 2. | Has your organization conducted a management review? | Yes | | Date |  | | | | No |
| 3. | Has your organization conducted a SA8000 Self-Assessment on the SAI database? | Yes | | | | | | No | |
| 4. | Is your company previously certified to SA8000? | Yes | | | | | | No | |
| 5. | If yes: Please attach copy of the certificate | Attached | | | | | | | |
| 6. | Date of Initial Certification: |  | | | | | | | |
| 7. | Reasons, if the certificate is not valid: |  | | | | | | | |
| 8. | For how long has the SA8000 system been implemented? |  | | | | | | | |
| 9 | Are you currently working with a consultant? |  | | | | | | | |
|  | If yes, please write name of the consultant |  | | | | | | | |
|  | Have you implemented requirements of SAAS Procedure 200: SA8000 Advisory 2022-1 ? | Yes | No | | | |  | | |
| 10. | Please state your requirements for the certification date: |  | | | | | | | |
| 11. | Do you request a pre-audit? (optional) | Yes | | | | | | No | |

**Multi-site Certification**

In case you apply for multisite certification please fill in the following table. If not, please skip.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Numbers of sites to be certified inclusive headquarter? | |  | |
| 2. | Do all sites have a common ownership? *(all sites have a legal or contractual link to the HQ)* | | Yes | No |
| 3. | If yes, please identify. *(legal entity name)* | |  | |
| 4. | Do you have a common SA8000 management system centrally to manage all sites? | | Yes | No |
| 5. | Do you have a qualified appointed person for internal auditing? | | Yes | No |
| 6. | Do all sites have similar processes and activities? | | Yes | No |
| 7. | If yes, please describe the following: | | | |
| a. | Primary Processes: |  | | |
| b. | Secondary processes: |  | | |

**NOTE:** Please ensure that all fields are filled and the questionnaire is complete.

|  |  |
| --- | --- |
|  |  |
| Place / Date |  |  |
| **Signed by** |  |  |
|  |  |  |
|  |
| Print Name |  | Stamp / Signature |