|  |  |
| --- | --- |
| 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) |  |
|  |
|  |
| Size of the production area (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 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** | **Factory** | **Support (office)** | **Contract/ Temporary 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** | **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 , on: | [ ]  No |
| 2. | Has your organization conducted a management review? | [ ]  Yes , on: | [ ]  No |
| 3. | Has your organization conducted the Social Fingerprint Assessment on the SAI website? | [ ]  Yes  | [ ]  No |
| 4. | Is your company previously certified to SA 8000? | [ ]  Yes  | [ ]  No |
| 5. | If yes: Please attach copy of the certificate | [ ]  Done  |
| 6. | Date of Initial Certification: | dd/mm/yyy |
| 7. | Reasons, if the certificate is not valid: |  |
| 8. | For how long has the SA 8000 system been implemented? |  |
| 9. | Please state your requirements for the certification date: |  |
| 10. | Do you request a pre-audit? (Optional) | [ ]  Yes  | [ ]  No |

**In case of 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.

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