

The Information and Communications Technology (ICT) Supplier Self-Assessment Questionnaire

A Joint Initiative of

**Global e-Sustainability
Initiative (GeSI) Supply
Chain Working Group**

**Electronic Industry
Code of Conduct (EICC)
Implementation Group**



GeSI
GLOBAL e-SUSTAINABILITY
INITIATIVE



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The project coordinator for this effort was Bonnie Nixon Gardiner. The contractor responsible for development of the questionnaire was Joseph Fiksel of Eco-Nomics LLC.

Further information about GeSI, as well as electronic versions of this document in English, Chinese or Spanish languages, can be obtained at www.gesi.org.

Introduction

The Global e-Sustainability Initiative (GeSI) is a joint initiative of an international group of Information and Communications Technology (ICT) service providers and suppliers, with the support of the United Nations Environment Programme and International Telecommunication Union. GeSI seeks to contribute to sustainable development in the ICT industry by taking a leadership role in collaborative exploration and responsible management of the evolving interfaces among industrial, ecological, and social systems. Information about GeSI members and ongoing activities can be found at www.gesi.org.

ICT sector companies are working together to improve the practice of sustainability and social responsibility within their supply chains. To this end, the GeSI Supply Chain Working Group has teamed with the Electronic Industry Code of Conduct (EICC) Implementation Group and other groups to develop a set of tools that satisfy broad industry needs. These tools include this questionnaire, a risk assessment tool, a common approach to auditing, and additional web-based resources. Deployment and use of this Self Assessment Questionnaire is expected to benefit both industrial customers and their suppliers by:

- Raising supplier awareness about the importance of sustainability principles
- Clarifying ICT customer expectations regarding their suppliers' sustainability practices
- Supporting ICT customer assessments of supplier characteristics and potential risks
- Enabling suppliers to evaluate, improve, and communicate their performance
- Reducing the burden on suppliers of responding to multiple questionnaires.

The questionnaire has been designed for deployment on a secure website in the form of an online self-assessment tool. The information obtained through this instrument will be used by ICT companies as a means to better understand the practices of their suppliers and to identify potential risks or performance gaps. Because of the comprehensive nature of the questionnaire, it may provide a model for other industry groups grappling with similar issues.

The questionnaire was designed with three major criteria in mind:

- Ease of use for both suppliers and recipients of the information
- Value of information for purposes of ICT company needs
- Suitability for subsequent web-based deployment.

This questionnaire is envisioned as part of a broader communication process between ICT suppliers and customers. It is intended as an initial screening tool to help identify labour, ethics, health, safety or environmental issues that may require more in-depth exploration in the context of supplier audits or other interactions. Therefore, in an effort to keep the length reasonable, the questionnaire deliberately avoids excessive detail.

Suppliers are encouraged to respond fully to the questions. The intent of the questionnaire is to promote an open and constructive dialogue between suppliers and customers regarding best practices in the management of environmental and social responsibility. An honest and transparent supplier self-assessment represents a first step toward working with customers to improve management systems and overall performance. Suppliers will be expected to demonstrate their continuous improvement through periodic updates of the on-line questionnaire, based on a schedule to be established with their customers.

Note: The presentation of questions in this document pertaining to specific supplier practices does not necessarily imply an endorsement of either those practices or related codes of conduct.

Supplier Self-Assessment Questionnaire

Section C

Corporate-Level Social and Environmental Responsibility

Questionnaire Instructions

This Self-Assessment Questionnaire is intended to promote supplier awareness of social and environmental responsibility, and to enable suppliers to provide information regarding their management systems and practices.

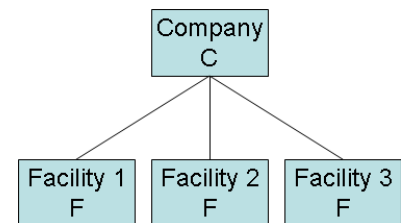
The questionnaire consists of two major components C and F, each subdivided into three parts that can be completed independently by different supplier personnel:

- **C: Corporate-level Social and Environmental Responsibility**
 - CB: Basic Company Information
 - CL: Labour Management and Ethical Conduct
 - CH: Health, Safety and Environmental Management
- **F: Facility-level Social and Environmental Responsibility**
 - FB: Basic Facility Information
 - FL: Facility Labour Management and Ethical Conduct
 - FH: Facility Health, Safety and Environmental Management

The supplier organisation should complete the Corporate Questionnaire for the company as a whole, and questionnaire F for each operating facility (see diagram). A facility is defined as any manufacturing or service site involved in fulfillment of customer demand.

The information entered by a supplier will be accessible only by the customer(s) designated in Section CB1 below.

All questionnaire responses will be securely maintained and will be accessible for future review and updating. Suppliers will be able to revise their responses as their practices and procedures evolve.



Note: References to relevant information, including international standards and codes, are provided in the Appendix. However, the presentation of questions in this document pertaining to specific supplier practices does not necessarily imply an endorsement of either those practices or related codes of conduct.

Basic Company Information

CB1. Customer Designation

(Note: This information will be completed for each customer, and will be accessible only by the supplier and the designated customer)

| | | |
|---|-----------------------------------|--|
| 1. Contract deliverables: (check one or both) | <input type="checkbox"/> products | <input checked="" type="checkbox"/> services |
| 2. Do the products carry the customer name and/or logo? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. If manufacturing products, please indicate how many supply chain tiers , including your own company, are involved in fulfillment of the customer contract(s). | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 or more | | |

CB2. Company (Supplier) Contact Information

| | |
|---|--|
| 1. Company Name: | |
| 2. Company Headquarters Mailing Address: | |
| 3. Country: | |
| 4. Contact Name: | |
| 5. Contact Position / Title: | |
| 6. Contact Telephone Number: | |
| 7. Contact Fax Number: | |
| 8. Contact Email: | |
| 9. Contact Address: (if different from above) | |
| 10. Facilities for which Facility Questionnaire will be completed | |
| 11. Date of submission: | |

CB3. Supplier Company Characteristics

| | | | |
|--|--|--|---|
| 1. What is the principal business of your company? (check all that apply) | | | |
| <input type="checkbox"/> final assembly | <input type="checkbox"/> component manufacturing | <input type="checkbox"/> plating, painting or stamping | |
| <input type="checkbox"/> printed circuit boards | <input type="checkbox"/> raw material extraction | <input type="checkbox"/> recycling or disposal | |
| <input type="checkbox"/> distribution | <input type="checkbox"/> services | <input type="checkbox"/> software | <input type="checkbox"/> other: |
| 1.1 Please describe other: | | | |
| 2. Please indicate the ownership of your company. | | | |
| <input type="checkbox"/> privately owned | <input type="checkbox"/> publicly traded | <input type="checkbox"/> government owned | <input type="checkbox"/> other: |
| 2.1 Please describe other: | | | |
| 3. Is your company a wholly-owned subsidiary or joint venture? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 5) | | |
| 4. If "Yes", please list the parent corporation(s): | | | |
| 5. How many people does your company employ in total? | | | |
| <input type="checkbox"/> less than 25 | <input type="checkbox"/> 26 to 100 | <input type="checkbox"/> 101 to 1000 | <input type="checkbox"/> more than 1000 |
| 6. What is the approximate annual sales revenue (in USD) of your company? | | | |
| <input type="checkbox"/> less than \$1 million | <input type="checkbox"/> \$1 million to \$10 million | <input type="checkbox"/> \$10 million to \$100 million | |
| <input type="checkbox"/> \$100 million to \$500 million | <input type="checkbox"/> \$500 million to \$1billion | <input type="checkbox"/> more than \$1billion | |
| 7. Please list the countries where your company has operating and manufacturing facilities. (Note that each facility must complete a Facility Questionnaire.) | | | |
| | | | |
| 8. Has your company issued any public reports describing your social and environmental responsibility or sustainability commitments and practices? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 10) | | |
| 9. If "Yes", please provide an Internet address or attach the most recent reports. | | | |
| <input type="text"/> | (skip to Question 11) | | |
| 10. If "No", are there plans to issue a report in the next 12 months? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Attachments:

Please clearly label all supporting attachments with the Question number (e.g., CB3.9) to which they refer. Attachments can be separate files, or can be combined into a single file. See the **last page** of this questionnaire for a summary of attachments requested.

Labour Management and Ethical Conduct

CL1. Management Accountability for Labour & Ethics

1. Is a **management representative** of the company assigned responsibility for assuring and facilitating compliance with **labour** laws, regulations and codes across all of your facilities?

 Yes

 No

2. If "Yes," please provide his or her contact information.

Contact name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

3. Is a **management representative** assigned responsibility for assuring and facilitating compliance with **business ethics** laws, regulations and codes across all of your facilities?

 Yes

 Yes, same Individual as above

 No

4. If "Yes," please provide his or her contact information below.

Contact name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

5. During the last 12 months, has your company received any company-wide **awards** or recognition for your accomplishments in labour and ethics management?

 Yes

 No

6. If "Yes", please list these awards.

7. Is your company a member of any **organisations** that promote social responsibility?

 Yes

 No

8. If "Yes", please list these memberships.

CL2. Labour and Ethics Policy & Procedures

1. a. Does your company have a written **labour policy (or statement of commitment)**?

Yes No

If "Yes", please attach the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements).

1. b. Does your company have a written **ethics policy (or statement of commitment)**?

Yes No

If "Yes" please **attach*** the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.)

2. a. Does your **labour** policy apply to **all your facilities** regardless of country location?

Yes some facilities exempt No

2. a. 1. Please explain why some facilities are exempt.

2. b. Does your **ethics** policy apply to **all your facilities** regardless of country location?

Yes some facilities exempt No

2. b. 1 Please explain why some facilities are exempt.

3. a. Does your **labour** policy express a commitment to **continuous improvement**?

Yes No

3. b. Does your **ethics** policy express a commitment to **continuous improvement**?

Yes No

4. a. Do all your facilities communicate the **labour** policy to their workers in the local or appropriate **language(s)**?

Yes No

4. b. Do all your facilities communicate the **ethics** policy to their workers in the local or appropriate **language(s)**?

Yes No

5. a. For each item below, please check the box if it is **included** in the scope of your **labour** policy or supporting rules and procedures:

Labour

- Freely chosen employment** (e.g., no forced, bonded, involuntary, or prison labour)
- Child labour avoidance** (e.g., no under-age workers, no hazardous duty for young workers)
- Working hours** (e.g., limits on maximum hours worked, mandatory days off)
- Wages and benefits** (e.g., legal wages, overtime pay, clear information)
- Humane treatment** (e.g., no abuse, coercion, sexual harassment, or punishment)
- Non-discrimination** (e.g., age, race, gender, religion, sexual or political orientation)
- Freedom of association** (e.g., labour unions, collective bargaining, open communication)

5. b. For each item below, please check the box if it is **included** in the scope of your **ethics** policy or supporting rules and procedures:

Ethics

- Business integrity** (e.g., no corruption, extortion, embezzlement, or falsification)
- No improper advantage** (e.g., no use of bribes or other means of gaining advantage)
- Disclosure of information** (e.g., business activities, structure, financial situation)
- Intellectual property** (e.g., protect intellectual property rights of business partners)
- Fair business practices** (e.g., advertising and competition, safeguarding customer data)
- Protection of identity** (e.g., anonymity for workers reporting policy violations)

6. a. Does your company place a contractual requirement on its **suppliers** (including labour agencies) to be in compliance with **labour** laws and regulations?

- Yes No

6. b. Does your company place a contractual requirement on its **suppliers** (including labour agencies) to be in compliance with **ethics** laws and regulations?

- Yes No

7. a. Do you expect your suppliers to adopt **voluntary labour** codes or standards?

- Yes No

7. b. If "Yes", please state the applicable labour code(s) or standard(s):

8. a. Do you expect your suppliers to adopt **voluntary ethics** codes or standards?

- Yes No

8. b. If "Yes", please state the applicable ethics code(s) or standard(s):

CL3. Labour/Ethics Management System Status

1. a. Does your company utilise or is it developing a **management systems** approach (including policies, goals, procedures, and review processes) to assure proper management of **labour**?

 Yes No

1. b. Does your company utilise or is it developing a **management systems** approach (including policies, goals, procedures, and review processes) to assure proper management of **ethics**?

 Yes No

2. Do you have a company-wide management system registered to SA 8000, Ethical Trading Initiative, or other recognized codes of social conduct? (Report site-specific management systems in the Facility Questionnaire for that site.)

 Yes No

3. If "Yes", please provide the information listed, and attach* a copy of the certificate.

| | |
|----------------------|--|
| Type of certificate: | |
| Certificate number: | |
| Date of issue: | |
| Certifier: | |

4. a. For your **labour** management systems, please indicate the **level of implementation** of the programmes and procedures for each item below.

Labour

- | | | | | |
|--------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| a. 1. Freely chosen employment | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 2. Child labour avoidance | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 3. Working hours | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 4. Wages and benefits | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 5. Humane treatment | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 6. Non-discrimination | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 7. Freedom of association | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

4. b. For your **ethics** management systems, please indicate the **level of implementation** of the programmes and procedures for each item below.

Ethics

- | | | | | |
|---------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| b. 1. Business integrity | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 2. No improper advantage | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 3. Disclosure of information | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 4. Intellectual property | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 5. Fair business practices | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 6. Protection of identity | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

5. To what extent are the above labour/ethics management system(s) **documented**?

- not at all partially completely completely and updated regularly

6. How often does the management of your company **periodically review** the status of the above labour/ethics management system(s) and identify improvement opportunities?

- never irregularly every 2 to 4 years at least every year

7. What was the date of the last management review, if any?

CL4. Labour/Ethics Management System Elements

| |
|--|
| 1. a. Has your company established a tracking system to identify and monitor labour laws and regulations that apply to your company? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Done at the facility level |
| 1. b. Has your company established a tracking system to identify and monitor ethics laws and regulations that apply to your company? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Done at the facility level |
| 2. If "Yes", please indicate the methods and sources used to track laws and regulations. (select one or more) |
| <input type="checkbox"/> information subscription <input type="checkbox"/> consulting services <input type="checkbox"/> industry associations <input type="checkbox"/> regulatory agencies <input type="checkbox"/> in-house specialists <input type="checkbox"/> other: <input type="text"/> |
| 3. a. Does your company have written performance objectives for labour practices, including metrics and targets with implementation plans for achieving them? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. 1. If "Yes", please attach* the objectives for the current year . |
| 4. a. How often does your company review performance against these objectives and targets? |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 2 to 4 years <input type="checkbox"/> at least every year |
| 5. a. Please indicate the date of the last review, if any. |
| 3. b. Does your company have written performance objectives for ethical practices, including metrics and targets with implementation plans for achieving them? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. 1. If "Yes", please attach* the objectives for the current year . |
| 4. b. How often does your company review performance against these objectives and targets? |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 2 to 4 years <input type="checkbox"/> at least every year |
| 5. b. Please indicate the date of the last review, if any. |
| 6. a. Does your company have a risk assessment process to identify, prioritize, and mitigate the potential labour risks associated with your operations and activities? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at facility level |
| 6. b. Does your company have a risk assessment process to identify, prioritize, and mitigate the potential business ethics risks associated with your operations and activities? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at facility level |
| 7. Does your company have a programme to assess risks and manage the identified risks relating to the labour and ethics practices of your suppliers ? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at facility level |
| 8. a. Does your company conduct periodic audits of labour practices at its operating facilities in order to assess conformance with regulatory and other requirements? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. a. Please indicate what types of requirements are covered in your audit process of labour practices. (check all that apply)

- regulations internal requirements external codes of conduct

8. b. Does your company conduct **periodic audits** of **ethical** practices at its operating facilities in order to assess conformance with regulatory and other requirements?

- Yes No

9. b. Please indicate what types of requirements are covered in your audit process of ethics practices. (check all that apply)

- regulations internal requirements external codes of conduct

10. During the last 12 months, has your company received a labour or ethical practices audit or assessment by a customer or other **external** organisation at any of your facilities?

- Yes No

11. What type of organisation performed the audit? (customer, NGO, government, other)

12. Does your company have a process to implement timely **corrective actions** for labour or ethical deficiencies identified by internal or external assessments, audits, and reviews?

- none planned partial in place

13. Does the corrective action process include **root cause** analysis and prevention?

- Yes No

14. To which of the following **external groups** does your company communicate information about its labour and/or ethics performance, practices and expectations?

(check all that apply)

- suppliers customers communities investors
 government general public other:

Health, Safety and Environmental Management

CH1. Management Accountability and History for HS&E

1. Is a **management representative** of the company assigned responsibility for assuring and facilitating compliance with **occupational health and safety** laws, regulations and codes across all of your facilities?

Yes No

2. If "Yes," please provide his or her contact information below.

Name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

3. Is a **management representative** assigned responsibility for assuring and facilitating compliance with **environmental** laws, regulations and codes across all of your facilities?

Yes Yes, same individual as above No

4. If "Yes," please provide his or her contact information below.

Name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

5. During the last 12 months, has your company received any company-wide **awards** or recognition for your efforts in health, safety, or environmental management?

Yes No

6. If "Yes", please list these awards.

7. During the last 12 months, were there any fires, explosions, industrial accidents, hazardous releases, or other HS&E-related **incidents** at any of your facilities?

Yes No (skip to Section CH2)

7. 1. If "Yes", please attach* a brief description of these incidents, including any resulting human injuries, fatalities, off-site impacts, or property damage.

CH2. Health, Safety and Environmental (HS&E) Policy & Procedures

1. a. Does your company have a written **Health and Safety** policy (or statement of commitment) {may be part of a combined health, safety and environmental policy}?

Yes No

If "Yes", please **attach*** the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.)

1. b. Does your company have a written **Environmental** policy (or statement of commitment) {may be part of a combined health, safety and environmental policy}?

Yes No

If "Yes", please **attach*** the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.)

2. a. Does your **health and safety** policy apply to **all** your **facilities** regardless of country location?

Yes Some facilities exempt No

Please list the exempt facilities:

Please explain reasons for exemptions:

2. b. Does your **environmental** policy apply to **all** your **facilities** regardless of country location?

Yes Some facilities exempt No

Please list the exempt facilities:

Please explain reasons for exemptions:

3. a. Does your **health and safety** policy express a commitment to **continuous improvement**?

Yes No

3. b. Does your **environmental** policy express a commitment to **continuous improvement**?

Yes No

4. a. Do all your facilities communicate **the health and safety** policy to their workers in the local or appropriate **language(s)**?

Yes No

4. b. Do all your facilities communicate the **environmental** policy to their workers in the local or appropriate **language(s)**?

Yes No

5. a. Please mark those **principles** below that are included in the scope of your **health and safety** policy or supporting rules and procedures:

Health and Safety

- Occupational safety** (e.g., control of hazardous conditions and potential accidents)
- Emergency preparedness** (e.g., planning, preparation, detection, and incident response)
- Occupational Injury/Illness** (e.g., reporting, treatment, counseling, case management)
- Industrial hygiene** (e.g., control of exposure to chemicals and other agents)
- Physically demanding work** (e.g., heavy lifting, prolonged repetitive or forceful tasks)
- Machine safeguarding** (e.g., physical guards, interlocks, and protective barriers)
- Living conditions** (e.g., dormitory and canteen conditions, sanitation, safety)

5. b. Please mark those **principles** below that are included in the scope of your **environmental** policy or supporting rules and procedures.

Environmental

- Environmental permits** (e.g., permit registration, maintenance, compliance reporting)
- Pollution prevention** (e.g., energy and resource conservation, waste reduction)
- Hazardous substances** (e.g., material handling, storage, recycling, disposal, spill control)
- Wastewater & solid waste** (e.g., waste stream monitoring, control, treatment, disposal)
- Airborne emissions** (e.g., emission characterisation, monitoring, control, mitigation)
- Product content** (e.g., controlled materials, disclosure, testing, recycled content)

6. a. Does your company place a contractual requirement on its suppliers to be in compliance with occupational **health and safety** laws and regulations?

- Yes No

6. b. Does your company place a contractual requirement on its suppliers to be in compliance with environmental regulations?

- Yes No

7. a. Do you expect your suppliers to adopt **voluntary health and safety** standards or codes of conduct?

- Yes No

a. 1. Please state the applicable health and safety standard(s) or code(s)

7. b. Do you expect your suppliers to adopt **voluntary environmental** standards or codes of conduct?

- Yes No

b. 1. Please state the applicable environmental standard(s) or code(s):

CH3. HS&E Management System Status

1. a. Does your company utilise or is it developing a **management systems** approach (including policies, programmes, procedures, and review processes) to assure proper management of **health and safety** practices?

Yes No

1. b. Does your company utilise or is it developing a **management systems** approach (including policies, programmes, procedures, and review processes) to assure proper management of **environmental** practices?

Yes No

2. Do you have a company-wide management system registered to ISO 14001, OHSAS 18001, or other recognized health and safety or environmental management standards? (Report site-specific management systems in the Facility Questionnaire for that site.)

Yes No

3. If "Yes", please provide the information below, and **attach*** a copy of the certificate.

Type of certificate:

Certificate number:

Date of issue:

Certifier:

4. a. For your **health and safety** management systems, please indicate the **level of implementation** of the programmes and procedures for each item below.

Health & Safety

- | | | | | |
|-----------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| a. 1. Occupational safety | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 2. Emergency preparedness | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 3. Occupational injury/illness | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 4. Industrial hygiene | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 5. Physically demanding work | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 6. Machine safeguarding | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 7. Living conditions | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

4. b. For your **environmental** management systems please indicate the **level of implementation** of the programmes and procedures for each item below.

Environmental

- | | | | | |
|--------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| b. 1. Environmental permits | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 2. Pollution prevention | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 3. Hazardous substances | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 4. Wastewater & solid waste | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 5. Airborne emissions | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 6. Product content | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

5. To what extent are the above HS&E management system(s) **documented**?

not at all partially completely completely and updated regularly

6. How often does the management of your company **periodically review** the status of the above HS&E management system(s) and identify improvement opportunities?

- never irregularly every 2 to 4 years at least every year

7. What was the date of the last management review, if any?

| |
|--|
| |
|--|

CH4. HS&E Management System Elements

| | |
|--|---|
| 1. a. Has your company established a tracking system to identify and monitor health and safety laws and regulations that apply to your company? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. a. Please indicate the methods and sources used to track these laws and regulations. (check all that apply) | |
| <input type="checkbox"/> information subscription | <input type="checkbox"/> consulting services |
| <input type="checkbox"/> regulatory agencies | <input type="checkbox"/> in-house specialists |
| <input type="checkbox"/> industry associations | |
| <input type="checkbox"/> other: <input style="width: 150px;" type="text"/> | |
| 1. b. Has your company established a tracking system to identify and monitor environmental laws and regulations that apply to your company? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. b. Please indicate the methods and sources used to track these laws and regulations. (check all that apply) | |
| <input type="checkbox"/> information subscription | <input type="checkbox"/> consulting services |
| <input type="checkbox"/> regulatory agencies | <input type="checkbox"/> in-house specialists |
| <input type="checkbox"/> industry associations | |
| <input type="checkbox"/> other: <input style="width: 150px;" type="text"/> | |
| 3. a. Does your company have written performance objectives for health and safety practices and results, including metrics and targets with implementation plans for achieving them? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes", please attach* the objectives for the current year . | |
| 4. a. How often does your company review performance against these objectives and targets? | |
| <input type="checkbox"/> never | <input type="checkbox"/> irregularly |
| <input type="checkbox"/> every 2 to 4 years | <input type="checkbox"/> at least every year |
| 5. a. Please indicate the date of the last review, if any: | |
| <input style="width: 250px;" type="text"/> | |
| 3. b. Does your company have written performance objectives for environmental practices and results, including metrics and targets with implementation plans for achieving them? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes", please attach* the objectives for the current year . | |
| 4. b. How often does your company review performance against these objectives and targets? | |
| <input type="checkbox"/> never | <input type="checkbox"/> irregularly |
| <input type="checkbox"/> every 2 to 4 years | <input type="checkbox"/> at least every year |
| 5. b. Please indicate the date of the last review, if any: | |
| <input style="width: 250px;" type="text"/> | |
| 6. Does your company have a risk assessment process to identify, prioritise, and mitigate the potential HS&E risks associated with your operations and activities? | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned |
| <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| <input type="checkbox"/> done at facility level | |
| 7. Does your company have a programme to assess risks and manage the identified risks relating to the HS&E practices of your suppliers ? | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned |
| <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| <input type="checkbox"/> done at facility level | |

8. a. Does your company conduct **periodic audits** of **health and safety practices** at its operating facilities in order to assess conformance with regulatory and other requirements?

Yes

No

9. a. Please indicate what types of requirements are covered in your audit process for health and safety. (Select one or more)

regulations

internal requirements

external codes of conduct

8. b. Does your company conduct **periodic audits** of **environmental practices** at its operating facilities in order to assess conformance with regulatory and other requirements?

Yes

No

9. b. Please indicate what types of requirements are covered in your audit process for environmental practices. (Select one or more)

regulations

internal requirements

external codes of conduct

10. Does your company have a process to implement timely **corrective actions** for HS&E deficiencies identified by internal or external assessments, audits, and reviews?

none (skip to Question 12)

planned

partial

in place

11. Does the corrective action process include **root cause** analysis and prevention?

Yes

No

12. To which of the following **external groups** does your company communicate information about its HS&E performance, practices and expectations?

(check all that apply)

suppliers

customers

communities

investors

government

general public

other:

Summary of Attachments Provided for Corporate Questionnaire

Please indicate below which of the requested documents you are attaching electronically.

Please clearly label all attachments with the Question number (e.g., CH4.3) to which they refer. Attachments can be separate files, or can be combined into a single file.

Policies or Statements of Commitment

- Company policy on Labour and Ethics. (CL2.1)
- Company policy on Health, Safety and Environment. (CH2.1)

Company Performance Objectives

- Labour/Ethics performance objectives for current year. (CL4.3)
- HS&E performance objectives for current year. (CH4.3)

Company-Wide Management Systems

- Labour/Ethics management system certificate. (CL3.3)
- Health and Safety and/or Environmental management system certificate. (CH3.3)
- Optional:** Description of your company management system for a selected aspect of Labour/Ethics or HSE performance.

Other Information

- Public report on social and environmental responsibility or sustainability. (CB3.9)
- Brief description of HS&E-related incidents during the past 12 months. (CH1.7)

Supplier Self-Assessment Questionnaire

Section F

Facility-Level Social and Environmental Responsibility

Questionnaire Instructions

This Self-Assessment Questionnaire is intended to promote supplier awareness of social and environmental responsibility, and to enable suppliers to provide information regarding their management systems and practices.

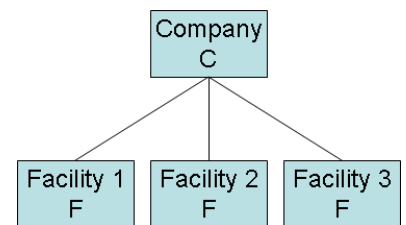
The questionnaire consists of two major components C and F, each subdivided into three parts that can be completed independently by different supplier personnel:

- **C: Corporate-level Social and Environmental Responsibility**
 - CB: Basic Company Information
 - CL: Labour Management and Ethical Conduct
 - CH: Health, Safety and Environmental Management
- **F: Facility-level Social and Environmental Responsibility**
 - FB: Basic Facility Information
 - FL: Facility Labour Management and Ethical Conduct
 - FH: Facility Health, Safety and Environmental Management

The supplier organisation should complete the Corporate questionnaire for the company as a whole, and Facility Questionnaire for each operating facility (see diagram). A facility is defined as any manufacturing or service site involved in fulfillment of customer demand.

The information entered by a supplier will be accessible only by the customer(s) designated in Section FB1 below.

All questionnaire responses will be securely maintained and will be accessible for future review and updating. Suppliers will be able to revise their responses as their practices and procedures evolve.



Note: References to relevant information, including international standards and codes, are provided in the Appendix. However, the presentation of questions in this document pertaining to specific supplier practices does not necessarily imply an endorsement of either those practices or related codes of conduct.

Basic Facility Information

FB1. Customer Designation

(Note: This information will be completed for each customer, and will be accessible only by the supplier and the designated customer)

| | | |
|---|-----------------------------------|------------------------------------|
| 1. Contract deliverables: (check one or both) | <input type="checkbox"/> products | <input type="checkbox"/> services |
| 2. If products, do they carry the customer name and/or logo? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. If manufacturing products, please indicate how many supply chain tiers , including your own company, are involved in fulfillment of the customer contract(s). | | |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |

FB2. Supplier Facility Contact Information

| | |
|---|--|
| 1. Company Name: | |
| 2. Facility Name: | |
| 3. Contact Name: | |
| 4. Contact Position / Title: | |
| 5. Contact Telephone Number: | |
| 6. Contact Fax Number: | |
| 7. Contact Email: | |
| 8. Contact Address: | |
| 9. Country: | |
| 10. Company Headquarters Address (if different from above): | |
| 11. Date of submission: | |

FB3. Supplier Facility Characteristics

1. What are the **principal activities** performed at your facility?

(check all that apply)

- final assembly component manufacturing plating, painting or stamping
 printed circuit boards raw material extraction recycling or disposal
 distribution services software other:

1. 1. Please describe other:

2. If “**component manufacturing**”, what primary types of operations are performed?

(check all that apply)

- chemical mechanical finishing assembly other:

2. 1. Please describe other:

3. How many **people** does your facility employ or contract with in total?

- 1 to 100 101 to 1000 1000 to 5000 more than 5000

4. Is your facility **site** owned or leased?

- owned leased

5. For how many **years** has your company operated at this site?

years

6. During the last 12 months, were there any public demonstrations, **protests**, or adverse media reports involving your facility’s operations or business conduct?

- Yes No

6. 1. If “Yes”, please **attach*** a brief description of these incidents.

Attachments:

Please clearly label all supporting attachments with the Question number (e.g., FB3.6) to which they refer. Attachments can be separate files, or can be combined into a single file. See the **last page** of this questionnaire for a summary of attachments requested.

Labour Management and Ethical Conduct

FL1. Facility Contact Information for Labour and Ethics

| | |
|---|--|
| 1. Company Name: | |
| 2. Facility Name: | |
| 3. Facility Address: | |
| 4. Contact Name: | |
| 5. Contact Position / Title: | |
| 6. Contact Telephone Number: | |
| 7. Contact Fax Number: | |
| 8. Contact Email: | |
| 9. Contact Address: (if different from facility address) | |
| 10. Date of submission: | |

FL2. Management Accountability and History

1. Is a **management representative** at this facility assigned responsibility for assuring and facilitating compliance with **labour** laws, regulations and codes?

- Yes No

2. If "Yes," please provide his or her contact information below.

Name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

3. Is a **management representative** at this facility assigned responsibility for assuring and facilitating compliance with **business ethics** laws, regulations and codes?

- Yes Yes, Same Individual as above No

4. If "Yes," please provide his or her contact information below.

Name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

5. During the past 3 years, has the facility been **prosecuted or cited** for labour or ethics violations resulting in penalties or corrective actions mandated by a court or government authority?

- Yes No (skip to Section FL3)

If "Yes", please **attach*** a brief description of each such prosecution or citation, including the penalties imposed, the corrective actions taken, and the current status or results.

Attachments:

Please clearly label all supporting attachments with the Question number (e.g., FL2.5) to which they refer. Attachments can be separate files, or can be combined into a single file. See the **last page** of this questionnaire for a summary of attachments requested.

FL3. Labour and Ethics Policy & Procedures

1. a. Does your facility have a written **labour policy** (or statement of commitment)?

- Yes No

If "Yes", please **attach*** the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.)

Note: The company-wide labour and ethics policy is addressed in the Corporate Questionnaire.

1. b. Does your facility have a written **ethics policy** (or statement of commitment)?

- Yes No

If "Yes", please **attach*** the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.)

Note: The company-wide labour and ethics policy is addressed in the Corporate Questionnaire.

2. a. For each item below, please check the box if it is **included** in the scope of your **labour** policy or supporting rules and procedures:

Labour

- Freely chosen employment** (e.g., no forced, bonded, involuntary, or prison labour)
- Child labour avoidance** (e.g., no under-age workers, no hazardous duty for young workers)
- Working hours** (e.g., limits on maximum hours worked, mandatory days off)
- Wages and benefits** (e.g., legal wages, overtime pay, clear information)
- Humane treatment** (e.g., no abuse, coercion, sexual harassment, or punishment)
- Non-discrimination** (e.g., age, race, gender, religion, sexual or political orientation)
- Freedom of association** (e.g., labour unions, collective bargaining, open communication)

2. b. For each item below, please check the box if it is **included** in the scope of your **ethics** policy or supporting rules and procedures:

Ethics

- Business integrity** (e.g., no corruption, extortion, embezzlement, or falsification)
- No improper advantage** (e.g., no use of bribes or other means of gaining advantage)
- Disclosure of information** (e.g., business activities, structure, financial situation)
- Intellectual property** (e.g., protect intellectual property rights of business partners)
- Fair business practices** (e.g., advertising and competition, safeguarding customer data)
- Protection of identity** (e.g., anonymity for workers reporting policy violations)

3. a. For each item below, please indicate whether your **labour** policies and procedures are **communicated** clearly to workers in the local or appropriate language(s).

Labour

- a. 1. **Freely chosen employment** Yes No
- a. 2. **Child labour avoidance** Yes No
- a. 3. **Working hours** Yes No
- a. 4. **Wages and benefits** Yes No
- a. 5. **Humane treatment** Yes No
- a. 6. **Non-discrimination** Yes No
- a. 7. **Freedom of association** Yes No

3. b. For each item below, please indicate whether your **ethics** policies and procedures are **communicated** clearly to workers in the local or appropriate language(s).

Ethics

- b. 1. **Business integrity** Yes No
- b. 2. **No improper advantage** Yes No
- b. 3. **Disclosure of information** Yes No
- b. 4. **Intellectual property** Yes No
- b. 5. **Fair business practices** Yes No
- b. 6. **Protection of identity** Yes No

4. What **communication methods** are used to inform workers about your policies and procedures?

(check all that apply)

- website or electronic mail
- postings on bulletin boards
- handbooks or literature
- meetings with managers
- formal training sessions
- other:

4. 1. Please describe other:

5. What percentage of the workers employed at your facility are **temporary contract workers**?

- none (skip to Question 7)
- less than 25%
- 25% to 50%
- more than 50%

6. Do temporary contract workers at your facility receive **benefits** in addition to their wages?

- Yes
- No

7. a. Do you place a contractual requirement on your **suppliers** (including labour agencies) to be in compliance with **labour** laws, regulations, or codes of conduct?

- Yes
- No

Labour and Ethics

| |
|--|
| 7. b. Do you place a contractual requirement on your suppliers (including labour agencies) to be in compliance with ethics laws, regulations, or codes of conduct? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. a. Do you expect your suppliers to voluntarily adopt labour standards or codes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. a. Please state the applicable Labour standard(s) or code(s): <input type="text"/> |
| 8. b. Do you expect your suppliers to voluntarily adopt ethics standards or codes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. b. Please state the applicable Ethics standard(s) or code(s): <input type="text"/> |
| 10. Does your facility engage in community assistance programmes, such as supporting education, improved living conditions or economic capacity building? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Section FL4) |
| 11. If "Yes", briefly describe these programmes. <input type="text"/> |

The following series of questions (FL4 to FL11) deal with each labour and ethics item listed in Question 2 above. Sections FL12 and FL13 address your management systems.

FL4. Freely Chosen Employment

| |
|--|
| 1. What percentage of your workers have a written and signed employment contract ? |
| <input type="checkbox"/> less than 25% <input type="checkbox"/> 25% to 49% <input type="checkbox"/> 50% to 74% |
| <input type="checkbox"/> 75% to 99% <input type="checkbox"/> 100% |
| 2. Does your facility use foreign or migrant workers? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 6) |
| 3. Does your facility use workforce recruiters to provide foreign or migrant workers? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 5) |
| 4. If "Yes", who pays the workforce recruiters' fees? |
| <input type="checkbox"/> Your Company <input type="checkbox"/> Recruited workers <input type="checkbox"/> Both |
| 5. Who is responsible for safekeeping of travel documents (e.g., passport or visa) for foreign workers at your facility? |
| <input type="checkbox"/> Facility managers <input type="checkbox"/> Workers <input type="checkbox"/> Recruiters |
| 6. Are any of your workers (direct or sub-contracted) required to deposit money or identity papers prior to taking up employment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. During the last 12 months, what percentage of the workers employed at your facility were forced or involuntary labourers, including prisoners or bonded workers? |
| <input type="checkbox"/> none <input type="checkbox"/> less than 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> more than 50% |
| 8. Does your facility have a policy and procedure allowing workers to resign with no penalty after giving reasonable notice? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 9. Do your workers receive a clear explanation of the rules and procedures for giving notice of resignation and receiving their final payment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No |
| 10. Do you have a procedure to verify that your suppliers do not use forced labour? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |

FL5. Child Labour Avoidance

| | | |
|--|---|---|
| 1. Do you have personnel records including evidence of the birth date of each worker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If "Yes", what evidence do you hold? (check all that apply) | <input type="checkbox"/> Birth certificate <input type="checkbox"/> Family book <input type="checkbox"/> ID card <input type="checkbox"/> Medical certificate <input type="checkbox"/> Ration book <input type="checkbox"/> School diploma <input type="checkbox"/> Other: | |
| 2. 1. Please describe other: | <input type="text"/> | |
| 3. Does your facility use an external source (e.g., labour agency, police department) to verify workers' ages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Please enter the legal minimum ages of employment for workers in the country/province/region where your facility is located: | | |
| a) to perform light work | <input type="checkbox"/> Less than "16" <input type="checkbox"/> "16" <input type="checkbox"/> "17" <input type="checkbox"/> "18" or higher | |
| b) to perform routine work | <input type="checkbox"/> Less than "16" <input type="checkbox"/> "16" <input type="checkbox"/> "17" <input type="checkbox"/> "18" or higher | |
| c) to perform hazardous work | <input type="checkbox"/> Less than "16" <input type="checkbox"/> "16" <input type="checkbox"/> "17" <input type="checkbox"/> "18" or higher | |
| 5. During the last 12 months, have any persons below these minimum employment ages applied for a job at your facility? (Do not include interns or apprentices.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 7) |
| 6. If "Yes", have you retained records of the job applications of these under-age persons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. During the last 12 months, has your facility hired or utilised any persons under apprenticeship or vocational training programmes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 9) |
| 8. If "Yes", what was the minimum age of these workers? | <input type="checkbox"/> Less than "16" <input type="checkbox"/> "16" <input type="checkbox"/> "17" <input type="checkbox"/> "18" or higher | |
| 9. Does your facility employ young workers (over the legal minimum age but under 18)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 12) |
| 10. If "Yes", what percentage of your workforce is under 18? | <input type="checkbox"/> None <input type="checkbox"/> 0-5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-25% <input type="checkbox"/> Greater than 25% | <input type="text"/> % |
| 11. Does your facility ensure that young workers do not perform night work or hazardous work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does your facility have a system or procedure for discovering workers below minimum age and taking corrective actions? | <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | |

Labour and Ethics

13. Does your facility have a documented procedure to verify that your **suppliers** do not use child labour?

- none planned partial in place

FL6. Working Hours

| | | |
|--|------------------------------|--|
| 1. Is there a legal limit on total working hours in the country or region where your facility operates? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 5) | | |
| 2. If "Yes", please enter the legal limits: | Regular hours: | per: <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month |
| | Overtime hours: | per: <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month |
| 3. Does your facility receive a waiver from local authorities that permits some workers to exceed the above legal limits? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 5) | | |
| 4. If "Yes", please explain the reason for the waiver. | | |
| 5. Does your facility place a limit on the number of hours that workers can work? (if "Yes" please state the limits) | | |
| a. Per Day ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. Limit: | <input type="text"/> | |
| b. Per Week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. Limit: | <input type="text"/> | |
| c. Per Month ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. Limit: | <input type="text"/> | |
| 6. Do all your workers have regular rest days (at least one during every seven-day period)? | | |
| <input type="checkbox"/> Yes (skip to Question 8) <input type="checkbox"/> No | | |
| 7. If "No", please explain why not. | | |
| 8. Do your workers have regular breaks during their working hours? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9. Do some of the workers at your facility perform overtime work? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 11) | | |
| 10. If "Yes", on what basis do workers accept overtime work? (check all that apply) | | |
| <input type="checkbox"/> voluntary <input type="checkbox"/> required | | |
| 11. Do your workers review and sign a time slip for each pay period in the local or appropriate language(s) confirming that the hours they worked are accurate? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

FL7. Wages and Benefits

| | |
|---|---|
| 1. Is there a legal minimum wage requirement in the country, region, or locality where your facility operates? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 5) | |
| 2. If "Yes, please enter the minimum wage in U.S. dollars per hour: | \$ |
| | in the local currency: |
| 3. Do any workers at your facility receive less than the minimum wage? | |
| <input type="checkbox"/> Yes (explain) <input type="text"/> <input type="checkbox"/> No | |
| 4. Which of the following items are included in your facility's wage calculation? | |
| (check all that apply) | |
| <input type="checkbox"/> Room and board | <input type="checkbox"/> Recruitment fee |
| <input type="checkbox"/> Transportation provided | <input type="checkbox"/> Uniforms provided |
| <input type="checkbox"/> Government benefit costs | <input type="checkbox"/> Food allowance |
| <input type="checkbox"/> Skill allowance | <input type="checkbox"/> Attendance allowance |
| <input type="checkbox"/> None | <input type="checkbox"/> Other |
| 4. a. Other costs: (describe) | <input type="text"/> |
| 5. Do your workers receive written employment conditions , including terms of payment and government deductions, employer-provided housing, food, and disciplinary fines, upon hire? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Does your facility use labour agencies to employ temporary contract workers? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. If "Yes", do you have procedures for verifying and continually monitoring these labour agencies to ensure that fees, wages and deductions conform to local and national law? | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | |
| 8. Do you pay newly hired workers less than the minimum wage during their apprenticeship or training period? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Do you have a system for establishing worker wages that considers the type of work, market wages, and the legal minimum wage? | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | |
| 10. Do you pay workers for overtime hours in addition to regular working hours? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Question 12) | |
| 11. If "Yes", what is the rate of overtime pay compared to regular time pay? (Select the best answer which matches your lowest rate of overtime paid.) | |
| <input type="checkbox"/> less than regular time <input type="checkbox"/> equal to regular time | |
| <input type="checkbox"/> more than regular time, but less than time-and-a-half | |
| <input type="checkbox"/> equal to, or between time-and-a-half, and, double time | |
| <input type="checkbox"/> equal to double-time or more | |

12. Are any of your workers paid according to a **piece rate** rather than an hourly rate?

Yes

No

13. Do all your workers receive **clear information** in the local or appropriate language(s) about how their actual wages are calculated?

Yes

No

FL8. Humane Treatment

| | | |
|--|----------------------------------|--|
| 1. Does your facility have written rules and regulations in the local or appropriate language(s) that describe acceptable worker practices and disciplinary measures if these practices are not followed? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. If employees or workers break company rules, does your facility management have a procedure for issuing warnings to them? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Does your facility use any of the following as a disciplinary measure? | | |
| Fines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payroll deductions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Termination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suspension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please describe) | <input type="text"/> | |
| 4. Does your facility prohibit physical punishment of workers as a disciplinary measure? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Does your facility have procedures in place for prevention of harassment , coercion, threatening behaviour, physical abuse, sexual abuse, or verbal abuse toward workers? | | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 6. Does your facility have a process for workers to confidentially report cases of harassment, coercion, threatening behaviour, physical abuse, sexual abuse, or verbal abuse? | | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 7. Does your facility have procedures to investigate such cases if they arise and to discipline workers that commit acts of harsh or inhumane treatment against workers? | | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 8. During the last 12 months, how many such cases occurred at your facility? | | |
| <input type="checkbox"/> none | <input type="checkbox"/> 1 to 10 | <input type="checkbox"/> more than 10 |

FL9. Non-Discrimination

| | | | | | |
|--|------------------------------|--|-----------------------------|------------------------------|-----------------------------|
| 1. Does your facility require job applicants to provide any of the following information? | | | | | |
| Ethnic origin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of birth | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Religion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical history | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Political affiliation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexual orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marital status | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physical disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnancy status | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Union membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have written policies and guidelines to prevent discrimination in hiring, promotion, equal pay, benefits, and training based on any of the above characteristics as well as race, color, age, and gender? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No (skip to Question 4) | | | |
| 3. If "Yes", are records kept to confirm adherence to these guidelines? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| 4. Do your facility's job postings include statements of non-discrimination? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| 5. Is the ethnic composition of your workforce similar to the local population? | | | | | |
| <input type="checkbox"/> Yes (skip to Question 7) | | | <input type="checkbox"/> No | | |
| 6. If "No", please explain the reason for the difference. | | | | | |
| 7. What percentage of the workers at your facility are women ? | | | | | |
| <input type="checkbox"/> none <input type="checkbox"/> less than 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% to 75% <input type="checkbox"/> more than 75% | | | | | |
| 8. Is your facility equipped with accommodations for disabled persons (e.g., access to worksites, use of toilets, elevators, cafeteria, etc.)? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> Partially | | <input type="checkbox"/> No | |
| 9. Does your facility conduct pregnancy testing for female workers? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| 10. If "Yes", please explain the reason for the testing. | | | | | |
| 11. Does your facility place limitations on employment, utilisation or promotion of pregnant female workers (apart from restrictions related to their health and safety)? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| 12. During the last 12 months, were any workers removed from their jobs while on sick or maternity leave, pregnant, or breast-feeding? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |

FL10. Freedom of Association

| | |
|---|---|
| 1. Are there any legal restrictions or prohibitions concerning workers creating or joining any labour organisations in the country/region where your facility operates? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 3) |
| 2. If "Yes", please explain these restrictions. | |
| | |
| 3. Which, if any, of the following types of labour organisations are present and active at your facility? (If no labour organizations are present, please skip Questions 5, 7, and 10) | |
| (check all that apply) | |
| <input type="checkbox"/> None | <input type="checkbox"/> Independent trade union <input type="checkbox"/> Workers' committee |
| <input type="checkbox"/> Health and safety committee | <input type="checkbox"/> Dormitory committee <input type="checkbox"/> Government union |
| <input type="checkbox"/> Other: | <input style="width: 600px; height: 20px;" type="text"/> |
| 4. Other than through a labour organization, does your facility have a process for workers to communicate openly with each other and with management regarding their collective views and interests? | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 5. If trade unions are present, does your facility have any formal agreements in place with the union(s)? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are workers at your facility free to join trade unions or other collective bargaining organisations of their choice? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do workers at your facility participate democratically in the selection of representatives for labour organisations? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does your facility management require workers to provide information about their membership in labour or other organisations related to worker rights? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. During the last 12 months, were any workers disciplined or in any way penalised for: | |
| 9. a. Joining any organisation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. b. Refusing to join or quitting any organisation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. At a minimum, how often does your facility management meet with representatives of labour organisations? | |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Annually | <input type="checkbox"/> Never |

FL11. Ethical Business Practices

| |
|--|
| 1. Does your facility have a programme and/or procedures in place to prevent corruption , including bribery, excessive gift-giving, extortion, or embezzlement? <input type="checkbox"/> none (skip to Question 3) <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 2. Does your facility have a programme and/or procedures in place to prevent corruption, including bribery, excessive gift-giving, extortion, or embezzlement, on the part of suppliers, contractors, or agents representing the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Does your facility have a programme and/or procedures to ensure that required standards of fair business , including advertising and competitive marketing, are upheld? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 4. Does your facility have a programme and/or procedures to detect, eliminate, and prohibit situations in which managers or workers have a potential conflict between the company's interests and their own? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 5. Does your facility have a programme and/or procedures to ensure accurate disclosure of information regarding business activities, structure, financial situation, and performance in accordance with applicable regulations? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 6. Does your facility have a programme and/or procedures to assure non-disclosure of sensitive or confidential information about customers, channel partners, suppliers, workers, and other business partners in accordance with applicable laws and regulations? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 7. Has your facility implemented a written procedure for workers to report about discrimination, ethical violations, harsh treatment, or other issues without threat of reprisals? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 8. Has your facility implemented a programme and/or procedures to protect the identity of workers that report suspected cases of ethical or legal misconduct? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 9. Has your facility implemented a process for investigating reports of ethical or legal misconduct and for taking disciplinary actions? <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 10. During the last 12 months, how many confidential notifications regarding ethical or legal violations were investigated at your facility? <input type="checkbox"/> none <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> more than 10 |

FL12. Facility Labour/Ethics Management System Status

1. a. Does your facility utilise or is it developing a management systems approach (including policies, programmes, procedures, and review processes) to assure proper management of Labour practices?
(Report company-wide management systems in the Corporate Questionnaire.)

Yes No

1. b. Does your facility utilise or is it developing a management systems approach (including policies, programmes, procedures, and review processes) to assure proper management of Ethics practices?
(Report company-wide management systems in the Corporate Questionnaire)

Yes No

2. Do you have a site-specific management system registered to SA 8000, Ethical Trading Initiative, or other recognised codes of social conduct?
(Report company-wide management systems in the Corporate Questionnaire)

Yes No

3. If “Yes”, please provide the information below, and **attach*** a copy of the certificate.

| | |
|----------------------|--|
| Type of certificate: | |
| Certificate number: | |
| Date of issue: | |
| Certifier: | |

Attach a copy of the certificate.

4. a. For your **labour** management systems please indicate the **level of implementation** of the programmes and procedures for each item below.

Labour

- a. 1. Freely chosen employment none planned partial in place
- a. 2. Child labour avoidance none planned partial in place
- a. 3. Working hours none planned partial in place
- a. 4. Wages and benefits none planned partial in place
- a. 5. Humane treatment none planned partial in place
- a. 6. Non-discrimination none planned partial in place
- a. 7. Freedom of association none planned partial in place

4. b. For your **ethics** management systems please indicate the **level of implementation** of the programmes and procedures for each item below.

Ethics

- | | | | | |
|---------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| b. 1. Business integrity | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 2. No improper advantage | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 3. Disclosure of information | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 4. Intellectual property | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 5. Fair business practices | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 6. Protection of identity | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

5. a. To what extent are the above labour management system(s) **documented**?

- not at all partially completely completely and updated regularly

5. b. To what extent are the above ethics management system(s) **documented**?

- not at all partially completely completely and updated regularly

6. a. How often does the management of your facility **periodically review** the status of the above labour management system(s) and identify improvement opportunities?

- never irregularly every 2 to 4 years at least every year

7. a. What was the date of the last labour management review, if any?

| |
|--|
| |
|--|

6. b. How often does the management of your facility **periodically review** the status of the above ethics management system(s) and identify improvement opportunities?

- never irregularly every 2 to 4 years at least every year

7. b. What was the date of the last ethics management review, if any?

| |
|--|
| |
|--|

FL13. Labour/Ethics Management System Elements

| | |
|---|---|
| 1. a. Has your facility established a tracking system to identify and monitor labour laws and regulations that apply to your facility? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1. b. Has your facility established a tracking system to identify and monitor ethics laws and regulations that apply to your facility? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. a. Please indicate the methods and sources used to track Labour laws and regulations. (check all that apply) | |
| <input type="checkbox"/> information subscription <input type="checkbox"/> consulting services <input type="checkbox"/> industry associations <input type="checkbox"/> regulatory agencies <input type="checkbox"/> in-house specialists <input type="checkbox"/> other: | |
| 2. a. 1. Other (Please describe): | <input style="width: 100%;" type="text"/> |
| 2. b. Please indicate the methods and sources used to track Ethics laws and regulations. (check all that apply) | |
| <input type="checkbox"/> information subscription <input type="checkbox"/> consulting services <input type="checkbox"/> industry associations <input type="checkbox"/> regulatory agencies <input type="checkbox"/> in-house specialists <input type="checkbox"/> other: | |
| 2. b. 1. Other (Please describe): | <input style="width: 100%;" type="text"/> |
| 3. a. Does your facility have written performance objectives for labour practices, including metrics and targets with implementation plans for achieving them? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "Yes", please attach the objectives for the current year . | |
| 3. b. Does your facility have written performance objectives for ethical practices, including metrics and targets with implementation plans for achieving them? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "Yes", please attach the objectives for the current year . | |
| 4. a. How often does your facility review performance against Labour objectives and targets? | |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 1 to 2 years <input type="checkbox"/> several times per year | |
| 5. a. Please indicate the date of the last review: | <input style="width: 100%;" type="text"/> |
| 4. b. How often does your facility review performance against Ethics objectives and targets? | |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 1 to 2 years <input type="checkbox"/> several times per year | |
| 5. b. Please indicate the date of the last review: | <input style="width: 100%;" type="text"/> |
| 6. a. Has your facility implemented a risk assessment process to identify, prioritise, and mitigate the potential labour risks associated with your operations and activities? | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level | |

| |
|---|
| 6. b. Has your facility implemented a risk assessment process to identify, prioritise, and mitigate the potential business ethics risks associated with your operations and activities? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 7. Has your facility implemented a programme to assess risks and manage the identified risks relating to the labour and ethics practices of your suppliers ? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 8. a. Does your facility receive periodic audits of labour practices in order to assess conformance with regulatory and other requirements? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. a. Please indicate what types of requirements are covered in the audit process for Labour practices. (select one or more) |
| <input type="checkbox"/> regulations <input type="checkbox"/> internal requirements <input type="checkbox"/> external codes of conduct |
| 8. b. Does your facility receive periodic audits of ethical practices in order to assess conformance with regulatory and other requirements? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. b. Please indicate what types of requirements are covered in the audit process for Ethical practices. (select one or more) |
| <input type="checkbox"/> regulations <input type="checkbox"/> internal requirements <input type="checkbox"/> external codes of conduct |
| 10. During the last 12 months, has your facility received a labour or ethical practices audit or assessment by a customer or other external organisation at any of your facilities? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. What type of organisation performed the audit? (customer, NGO, government, other) |
| |
| 12. Does your facility have a process to implement timely corrective actions for labour or ethical deficiencies identified by internal or external assessments, audits, and reviews? |
| <input type="checkbox"/> none (skip to Question 14) <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 13. Does the corrective action process include root cause analysis and prevention? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Does your facility provide clear and simple written regulations to all employees and workers in the local or appropriate language(s), establishing rights, requirements and responsibilities for labour and ethical practices in accordance with company policy? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. a. Does your facility provide training programmes for labour practices? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. b. Does your facility provide training programmes for ethical practices? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Labour and Ethics

16. a. Does your facility have a process for measuring the **effectiveness** of its training for Labour practices?

none planned partial in place

16. b. Does your facility have a process for measuring the **effectiveness** of its training for Ethical practices?

none planned partial in place

17. To which of the following **external groups** does your facility communicate information about its labour and ethical performance, practices and expectations?

(check all that apply)

suppliers customers communities investors

government general public other:

done at company level

18. What **methods** are used to communicate externally about labour and ethical practices?

(check all that apply)

in-person meetings published reports website

OPTIONAL:

Please attach a description of your facility management system for a selected aspect of Labour/Ethics performance.

Health, Safety and Environmental Management

FH1. Facility Contact Information for Health, Safety and Environment

| | |
|---|--|
| 1. Company Name: | |
| 2. Facility Name: | |
| 3. Facility Address: | |
| 4. Contact Name: | |
| 5. Contact Position / Title: | |
| 6. Contact Telephone Number: | |
| 7. Contact Fax Number: | |
| 8. Contact Email: | |
| 9. Contact Address: (if different from facility address) | |
| 10. Date of submission: | |

FH2. Management Accountability and History for HS&E

1. Is a **management representative** at this facility assigned responsibility for assuring and facilitating compliance with **health and safety** laws, regulations and codes?

Yes No

2. If "Yes," please provide his or her contact information below.

Name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

3. Is a **management representative** at this facility assigned responsibility for assuring and facilitating compliance with **environmental** laws, regulations and codes?

Yes Yes, same individual as above No

4. If "Yes," please provide his or her contact information below.

Name:

Position / Title:

Address:

Telephone Number:

Fax Number:

Email:

5. During the past 3 years, has the facility been **prosecuted or cited** for health, safety, or environmental violations resulting in penalties or corrective actions mandated by a court or government authority?

Yes No (skip to Section FH3)

If "Yes", please **attach*** a brief description of each such prosecution or citation, including the penalties imposed, the corrective actions taken, and the current status or results.

Attachments:

Please clearly label all supporting attachments with the Question number (e.g., FH2.5) to which they refer. Attachments can be separate files, or can be combined into a single file. See the **last page** of this questionnaire for a summary of attachments requested.

FH3. Health, Safety and Environmental (HS&E) Policy & Procedures

1. a. Does your facility adhere to a written Occupational Health and Safety policy (or statement of commitment)?

- Yes No

Please attach the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.) Note: The company-wide HSE policy is addressed in the Corporate Questionnaire.

1. b. Does your facility adhere to a written Environmental policy (or statement of commitment)?

- Yes No

Please attach the policy statement. (In the absence of a formal policy, you may assert a commitment to compliance with specific standards or legal requirements.) Note: The company-wide HSE policy is addressed in the Corporate Questionnaire.

2. a. For each item below, please check the box if it is **included** in the scope of your **health and safety** policy or supporting rules and procedures:

Health and Safety

- Occupational safety** (e.g., control of hazardous conditions and potential accidents)
- Emergency preparedness** (e.g., planning, preparation, detection, and incident response)
- Occupational Injury/Illness** (e.g., reporting, treatment, counseling, case management)
- Industrial hygiene** (e.g., control of exposure to chemicals and other agents)
- Physically demanding work** (e.g., heavy lifting, prolonged repetitive or forceful tasks)
- Machine safeguarding** (e.g., physical guards, interlocks, and protective barriers)
- Living conditions** (e.g., dormitory and canteen conditions, sanitation, safety)

2. b. For each item below, please check the box if it is **included** in the scope of your **environmental** policy or supporting rules and procedures:

Environmental

- Environmental permits** (e.g., permit registration, maintenance, compliance reporting)
- Pollution prevention** (e.g., energy and resource conservation, waste reduction)
- Hazardous substances** (e.g., material handling, storage, recycling, disposal, spill control)
- Wastewater & solid waste** (e.g., waste stream monitoring, control, treatment, disposal)
- Airborne emissions** (e.g., emission characterisation, monitoring, control, mitigation)
- Product content** (e.g., controlled materials, disclosure, testing, recycled content)

3. a. For each item below, please indicate whether your **health and safety** policies and procedures are **communicated** clearly to workers in the local or appropriate language(s).

Health and Safety

- a. 1. **Occupational safety** Yes No
- a. 2. **Emergency preparedness** Yes No
- a. 3. **Occupational Injury/Illness** Yes No
- a. 4. **Industrial hygiene** Yes No
- a. 5. **Physically demanding work** Yes No
- a. 6. **Machine safeguarding** Yes No
- a. 7. **Living conditions** Yes No

3. b. For each item below, please indicate whether your **environmental** policies and procedures are **communicated** clearly to workers in the local or appropriate language(s).

Environmental

- | | | |
|---|------------------------------|-----------------------------|
| b. 1. Environmental permits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. 2. Pollution prevention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. 3. Hazardous substances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. 4. Wastewater & solid waste | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. 5. Airborne emissions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. 6. Product content | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. What **communication methods** are used to inform workers about your policies and procedures?

(check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> website or electronic mail | <input type="checkbox"/> postings on bulletin boards | <input type="checkbox"/> handbooks or literature |
| <input type="checkbox"/> meetings with managers | <input type="checkbox"/> formal training sessions | <input type="checkbox"/> other: <input type="text"/> |

5. a. Do you place a contractual requirement on your **suppliers** (including contractors) to be in compliance with **health and safety** laws, regulations, or codes of conduct?

- Yes No

5. b. Do you place a contractual requirement on your **suppliers** (including contractors) to be in compliance with **environmental** laws, regulations, or codes of conduct?

- Yes No

6. a. Do you expect your suppliers to adopt **voluntary health and safety standards** or codes of conduct?

- Yes No

7. a. Please state the applicable Health and Safety standard(s) or code(s):

6. b. Do you expect your suppliers to adopt **voluntary environmental standards** or codes of conduct?

- Yes No

7. b. Please state the applicable Environmental standard(s) or code(s):

The following series of questions (FH4 to FH14) deal with each HS&E item listed in Question 2 above. Sections FH15 and FH16 address your HS&E management systems.

FH4. Occupational Safety and Machine Safeguarding

| | | |
|--|------------------------------|-----------------------------|
| 1. Do your facility operations involve any of the following processes or activities ? | | |
| 1. 1. Use of flammable or corrosive chemicals/gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 2. Exposure to high temperatures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 3. Exposure to electricity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 4. Use of powered industrial vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 5. Exposure to high-pressure vessels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 6. Use of dangerous machinery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 7. Worker entry into confined spaces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your facility have procedures in place for safeguarding of workers from potentially hazardous machinery , including barriers, interlocks, and periodic inspections? | | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | | |
| 3. Does your facility provide protective equipment (e.g., safety glasses, hard hats, gloves) to workers exposed to potential hazards? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Does your facility have procedures in place for identifying, evaluating, and controlling general safety hazards (e.g., electrical, fire, vehicles, slips, trips and fall hazards)? | | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | | |
| 5. Does your facility provide occupational and process safety training to workers? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

FH5. Emergency Preparedness

| | |
|--|--|
| 1. Has your facility identified and assessed potential emergency situations such as process failures, accidents, storms, floods, or other events that pose a threat to humans or the environment? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 4) |
| 2. Has your facility developed and implemented an emergency preparedness and response programme to minimise the impact of the identified emergency events? | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 3. Please indicate whether your emergency programme includes these elements : | |
| 3. 1. Alarm systems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 2. Evacuation procedures and routes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 3. Properly marked exit signs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 4. Emergency lighting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 5. Qualification and training of responders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 6. Emergency response drills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 7. Identification of hazardous releases or exposures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 8. Procedures for hazard control and containment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 9. Procedures for use of protective equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 10. Procedures for clean-up and decontamination | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 11. Procedures for external communication and reporting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Which of the following firefighting aids are available for immediate use at your facility? (check all that apply) | |
| <input type="checkbox"/> fire hoses | <input type="checkbox"/> extinguishers <input type="checkbox"/> sprinkler system <input type="checkbox"/> on-site fire brigade |
| 5. Are emergency medical supplies placed in convenient locations at the facility for immediate use? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are fire and emergency instructions for workers posted in convenient locations at the facility in the local or appropriate language(s)? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does your facility have a programme to cooperate with local authorities , including fire and police, in order to manage emergencies and assure public safety? | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place |
| 8. During the last 12 months, have there been any fires, explosions, industrial accidents, hazardous releases, or other HS&E-related incidents at your facility? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to Question 9) |
| If "Yes", please attach a brief description of these incidents, including any resulting human injuries, fatalities, off-site impacts, or property damage. | |
| 9. During the last 12 months, has there been an emergency evacuation drill at your facility? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FH6. Occupational Injury/Illness and Physically Demanding Work

| | | | | |
|---|-------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| 1. Does your facility have written guidance that defines and classifies different types of work-related injuries and illnesses? | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| 2. Does your management encourage workers to report all work-related injuries or illnesses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 3. Does your facility have a programme of insurance to compensate for the medical costs of work-related injuries or illnesses? | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| 4. Does your facility have a programme to manage occupational injuries and illnesses , including treatment of reported cases, investigation, record-keeping, and returning workers to work as soon as they are physically ready? | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| 5. Does your facility have a programme to control worker exposure to physically demanding work, (e.g., heavy lifting and highly repetitive assembly) to prevent work-related injuries? | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| 6. Does your facility have a programme to provide regular medical examinations for workers and to detect any symptoms of work-related illnesses or injuries? | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| 7. During the last 12 months, how many worker injuries have occurred at your facility, including work-related and other types of incidents? | <input type="checkbox"/> none | <input type="checkbox"/> 1 to 5 | <input type="checkbox"/> 6 to 10 | <input type="checkbox"/> more than 10 |
| 8. During the last 12 months, how many work-related illnesses have been reported by workers at your facility? | <input type="checkbox"/> none | <input type="checkbox"/> 1 to 5 | <input type="checkbox"/> 6 to 10 | <input type="checkbox"/> more than 10 |
| 9. During the last 2 years, have there been any similar work-related illnesses reported by multiple workers at your facility? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

FH7. Industrial Hygiene

1. Does the potential exist for workers at your facility to be **exposed** to any of the following while at work?

- | | | | |
|-------|---|------------------------------|-----------------------------|
| 1. 1 | Process emissions (e.g. fumes, vapors, mists, dust) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 2. | Other airborne emissions (e.g., exhaust, cleaning agents) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 3. | Skin or oral contact with chemicals (e.g. solvents, epoxies) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 4. | Ionising and non-ionising radiation (e.g. x-rays, microwaves) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 5. | Known chronic disease agents (e.g., lead, asbestos) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 6. | Prolonged high-decibel noise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

1. 7. If you answered "no" to all of these, please give further explanation below

1. 7. 1. Please explain why none of these exposures are possible at your facility.

2. Does your facility have a programme and/or procedures in place to **monitor and evaluate** worker exposures to chemical, physical or biological agents?

- none planned partial in place

3. Does your facility have a programme to implement **controls** (e.g., alternative materials and processes, ventilation hoods, time limits, job rotation) in order to reduce or eliminate worker exposure to chemical, biological and physical agents?

- none planned partial in place

4. Does your facility provide **protective equipment** (e.g., respirators, gloves, ear plugs) to workers exposed to chemical, biological and physical agents?

- Yes No

 Exposure level does not require protective equipment

5. Does your facility provide **training** to workers on the above industrial hygiene issues?

- Yes No

6. Does your facility make available **Material Data Safety Sheets** (MSDS) or Chemical Data Sheets to workers that handle chemicals, written in the local or appropriate languages?

- Yes No

FH8. Living Conditions

| | | | |
|--|--|---|--|
| 1. Does your facility provide dormitory housing for its workers? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No (skip to Question 8) | |
| 1. a. Are your workers required to live in a dormitory? | | | |
| <input type="checkbox"/> Required for All | | <input type="checkbox"/> Required for Some | <input type="checkbox"/> No, they can choose |
| 1. b. Does your facility allow workers to freely leave the factory or dormitory area while off shift? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| 1. c. Does your facility impose a curfew on workers living in the dormitory? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| 2. What is the average number of persons per 10 square meters in a dormitory? | | | |
| <input type="checkbox"/> 1 to 3 | <input type="checkbox"/> 3 to 6 | <input type="checkbox"/> 6 to 12 | <input type="checkbox"/> more than 12 |
| 3. Are workers provided with extra living space in addition to their beds? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| 4. Are beds shared between day and night shift workers? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| 5. Are there separate accommodations for the following groups? | | | |
| (check all that apply) | | | |
| <input type="checkbox"/> single men and women | <input type="checkbox"/> married couples | <input type="checkbox"/> families with children | |
| 6. Please indicate whether the dormitory housing provides the following: | | | |
| 6. 1. Safe drinking water | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. 2. Clean and sanitary toilet facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. 3. Fire detection and alarm systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. 4. Fire suppression systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. 5. Adequate ventilation and heating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. 6. Adequate exit facilities, unblocked and unlocked | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. 7. Secure storage for personal belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Does your facility have a process to assure that the dormitory facilities are in compliance with company standards and local health and safety codes, including maintenance, inspection, and corrective action if deficiencies are identified? | | | |
| <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place <input type="checkbox"/> N/A |
| 8. Does your facility provide or contract for canteen services for workers? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No (skip to Section FH9) | |

9. Please indicate whether the **canteen** provides the following:

- | | | | |
|-------|---|------------------------------|-----------------------------|
| 9. 1 | Safe drinking water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 2. | Clean and sanitary food storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 3. | Clean and sanitary food preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 4. | Health standards for food handlers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 5. | Health and nutrition standards for food offerings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Does your facility have a process to assure that the canteen facilities are in **compliance** with company standards and local health and safety codes, including maintenance, inspection, and corrective action if deficiencies are identified?

- none planned partial in place

FH9. Environmental permits

1. Please indicate which of the following **permits** are required for your facility operations.

- | | | | |
|-------|--|------------------------------|-----------------------------|
| 1. 1. | Chemical handling and/or storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 2. | Chemical and other waste treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 3. | Industrial wastewater discharge | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 4. | Sanitary wastewater discharge | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 5. | Airborne emissions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 6. | Radioactive materials and/or equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 7. | Storage tanks of any type | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Does your facility have a **programme** and/or procedures for obtaining environmental permits and managing compliance with the permit requirements?

- none planned partial in place

3. Are your facility operations currently in **compliance** with all local and national monitoring, reporting and other permit requirements?

- partially compliant fully compliant (skip to Question 5)

4. If "partially compliant", please explain why.

5. How frequently is your facility **inspected** by government authorities to confirm compliance with environmental permits?

- never irregularly every 2 to 4 years at least every year

6. During the last 12 months, was your facility **cited** or warned by a government agency regarding permit non-compliance issues?

- Yes No

If "Yes", please **describe** the nature of the citation and the resulting actions taken:

FH10. Pollution prevention

1. Does your facility have a programme and/or procedures to systematically reduce or eliminate **pollution and waste** in your operations?

Yes No (skip to Question 3)

2. If "Yes", which of the following **pollution prevention** methods are used?

- | | | |
|---|------------------------------|-----------------------------|
| 2. 1. Dematerialisation (e.g., digital technology) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 2. Material source reduction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 3. Solvent re-use or elimination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 4. Green chemistry (e.g., benign synthesis) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 5. Process waste and emission minimisation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 6. Product or process life cycle management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 7. Conversion of wastes to economic byproducts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 8. Packaging reduction, recycling, or elimination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 9. Reduction in global warming gas (GWG) emissions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Does your facility have a programme and/or procedures to systematically reduce the use of energy, water, and other **resources** in your operations?

Yes No (skip to Question 5)

4. If "Yes", which of the following **resource reduction** methods are used?

- | | | |
|---|------------------------------|-----------------------------|
| 4. 1. Reduction in electricity consumption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 2. Improvement in energy efficiency of processes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 3. Renewable energy generation (e.g., wind, solar) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 4. Waste heat capture and/or co-generation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 5. Solar lighting and/or heating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 6. Water use reduction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 7. Closed-loop process water recycling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 8. Product or process design modification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 9. Reduction in fuel consumption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 10. Transport technology improvement (e.g., hybrids) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Does your facility have a programme and/or procedures to reduce the **power consumption** of products in use?

Yes No Not applicable

6. Does your facility have a programme to consider **environmental impacts** in its construction, maintenance, and land use practices?

none planned partial in place

7. During the last 12 months, has your facility received any **awards** or recognition for your efforts in pollution prevention, resource reduction, or environmental excellence?

Yes No

8. If "Yes", please **describe** these awards.

FH11. Hazardous substances

| | | |
|--|------------------------------|-----------------------------|
| 1. Please indicate whether your facility uses any of the following types of materials in manufacturing operations. | | |
| 1. 1. Hazardous chemicals (e.g., flammable, toxic): in products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 2. Hazardous chemicals (e.g., flammable, toxic): in processes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 3. Hazardous chemicals (e.g., flammable, toxic): at facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 4. Radioactive materials: in products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 5. Radioactive materials: in processes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 6. Radioactive materials: at facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 7. Biological materials (e.g., microorganisms): in products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 8. Biological materials (e.g., microorganisms): in processes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. 9. Biological materials (e.g., microorganisms): at facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. What is the quantity (in kg) of hazardous materials that is on-site? (Include all flammables, combustibles, corrosive reactive, toxic gasses, radioactive, biological and hazardous waste materials.) | | |
| <input type="checkbox"/> none (skip to Question 7) <input type="checkbox"/> less than 5 <input type="checkbox"/> 5 to 99 <input type="checkbox"/> 100 to 1000 <input type="checkbox"/> over 1000 | | |
| 3. What types of containers are used to store hazardous, flammable or corrosive chemicals? | | |
| (check all that apply) | | |
| <input type="checkbox"/> bottles <input type="checkbox"/> gas cylinders <input type="checkbox"/> drums under 400 litres <input type="checkbox"/> drums 400 litres or more <input type="checkbox"/> above-ground tanks <input type="checkbox"/> underground tanks <input type="checkbox"/> other: <input style="width: 100px;" type="text"/> | | |
| 4. Describe the storage areas that are used to store chemicals at your facility? | | |
| (check all that apply) | | |
| <input type="checkbox"/> enclosed or covered area <input type="checkbox"/> open air <input type="checkbox"/> secondary containment | | |
| 5. Does your facility provide hazardous material training to workers? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6. Does your facility have a programme aimed at reducing the amount of hazardous materials used at the site, including process modification, closed loop recycling, material reduction, and substitution of benign materials? | | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | | |
| 7. Does your facility generate wastes that are classified as hazardous wastes ? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Section FH10) | | |
| 8. Does your facility have a programme and/or procedures for management of hazardous wastes, including monitoring, characterisation, treatment or conversion, and disposition? | | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | | |

9. If "Yes", please indicate which **methods** below are used to dispose of the hazardous waste:

- | | | |
|--|------------------------------|-----------------------------|
| 9. 1. Onsite waste treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 2. Onsite temporary storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 3. Collection and transfer to a waste management firm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. 4. Discharge to ground or water (e.g., pond) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FH12. Wastewater & solid waste

| | |
|--|--|
| 1. What type of wastewater is generated at your facility? | |
| <input type="checkbox"/> Sanitary | <input type="checkbox"/> Industrial <input type="checkbox"/> None (skip to Question 4) |
| 2. Does your facility have a programme and/or procedures for management of wastewater, including monitoring, characterisation, treatment, discharge, and/or recycling? | |
| <input type="checkbox"/> none (skip to Question 4) <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | |
| 3. Please indicate which of the methods below are used to manage the wastewater: | |
| 3. 1. Onsite wastewater treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 2. Discharge to a municipal treatment facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 3. Discharge to a settling pond or surface water | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 4. Collection and transfer to a waste management firm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 5. Other (please describe) | <input type="text"/> |
| 4. Does your facility have a programme and/or procedures for management of solid waste (e.g., office waste, trash), including collection, separation, disposal, and/or recycling? | |
| <input type="checkbox"/> none (skip to question 4) <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | |
| 5. Please indicate which of the methods below are used to dispose of solid waste at your facility. | |
| (check all that apply) | |
| 5. 1. Onsite disposal or incineration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. 2. Disposal at a public solid waste facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. 3. Collection and transfer to a waste management firm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. 4. Other (please describe) | <input type="text"/> |
| 6. Does your facility have a programme aimed at reducing the amount of wastewater and solid waste generated, including process modification, closed loop recycling, source reduction, or offsite transfer and re-use? | |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place | |

FH13. Airborne emissions

1. Does your facility generate regulated quantities of **airborne emissions** from its operations that require permitting and/or reporting to authorities?

- Yes No (skip to Question 3)

2. If "Yes", which of the following **types** of emissions are generated?

(check all that apply)

2. 1. Volatile organic chemicals
2. 2. Aerosols or mists
2. 3. Corrosive vapors
2. 4. Particulates or dust
2. 5. Ozone depleting substances
2. 6. Combustion byproducts
2. 7. Other emissions Describe:

3. Does your facility have a **programme** and/or procedures for management of airborne emissions, including monitoring, characterisation, control, and treatment?

- none (skip to Question 5) planned partial in place

4. Which of the following methods are used to control **airborne emissions** at your facility?

(check all that apply)

4. 1. Point of use exhaust ventilation
4. 2. Oxidiser
4. 3. Scrubber
4. 4. Electrostatic precipitator
4. 5. Carbon filtration
4. 6. Other methods Describe:
4. 7. None – Emission levels are below statutory and regulatory thresholds

5. Does your facility have a programme aimed at **reducing** the amount of airborne emissions generated, including process modification, containment, or efficiency improvement?

- none planned partial in place not applicable

6. Does your facility have a programme aimed at inventorying, reducing, and reporting the emissions of **global warming gases** (GWGs) from your operations?

- none planned partial in place

7. Does your facility have a programme aimed at reducing **mobile source emissions** associated with incoming and outgoing shipments as well as worker commuting?

- none planned partial in place

FH14. Product content

1. Has your facility established a list of materials (e.g. lead, mercury, cadmium, CFCs, flame retardants) that are regulated or controlled in the products that you manufacture?

(If "Yes") Please attach the list of regulated or controlled materials.

- Yes No Not applicable

1. 1. Explain why you answered "not applicable"

2. Does your facility have a programme to determine the quantities of controlled materials in your products (including regulatory and customer requirements)?

- none planned partial in place Not applicable

2. 1. Explain why you answered "not applicable":

3. Does your facility have a programme to phase out controlled materials from its product within a specified time period, consistent with international legislation on restriction of hazardous substances?

- none planned partial in place Not applicable

3. 1. Explain why you answered "not applicable":

4. At what points do you integrate controlled material requirements into your operations?

(Check all that apply)

- design procurement quality assurance other Not applicable

4. 1. Please describe the "other" points of integration:

4. 2. Explain why you answered "not applicable".

5. During the last 12 months, have any of your facility's products been **rejected** by the buyer or **banned** from any market as a result of the use of controlled materials?

- Yes No

6. If "Yes", please **describe** these incidents.

7. Does your facility have a programme to encourage the use of **recycled materials** and/or refurbished components in your products, subject to customer approval?

- none planned partial in place

8. Does your facility have a programme to assure proper **information disclosure** for your products, including material composition and product safety information?

none planned partial in place

9. Does your facility work with **suppliers** to improve their management of product content?

Yes No

10. Does your facility have a programme to facilitate **recovery** of discarded products, components, or materials at the end of their useful life (product take-back)?

none planned partial in place

FH15. Facility HS&E Management System Status

1. a. Does your facility utilise or is it developing a **management systems** approach (including policies, programmes, procedures, and review processes) to assure proper management of **health and safety** practices?

Yes No

1. b. Does your facility utilise or is it developing a **management systems** approach (including policies, programmes, procedures, and review processes) to assure proper management of **environmental** practices?

Yes No

2. Do you have a site-specific management system registered to ISO 14001, OHSAS 18001, or other recognised health and safety or environmental management standards?

(Report company-wide management systems in the Corporate Questionnaire)

Yes No

3. If "Yes", please provide the information below, and **attach*** a copy of the certificate.

Type of certificate:

Number:

Date of issue:

Certifier:

4. a. For your **health and safety** management systems, please indicate the **level of implementation** of the programmes and procedures for each item below.

Health & Safety

- | | | | | |
|-----------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| a. 1. Occupational safety | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 2. Emergency preparedness | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 3. Occupational Injury/Illness | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 4. Industrial hygiene | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 5. Physically demanding work | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 6. Machine safeguarding | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| a. 7. Living conditions | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

4. b. For your **environmental** management systems, please indicate the **level of implementation** of the programmes and procedures for each item below.

Environmental

- | | | | | |
|--------------------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| b. 1. Environmental permits | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 2. Pollution prevention | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 3. Hazardous substances | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 4. Wastewater & solid waste | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 5. Airborne emissions | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |
| b. 6. Product content | <input type="checkbox"/> none | <input type="checkbox"/> planned | <input type="checkbox"/> partial | <input type="checkbox"/> in place |

| | |
|---|--|
| 5. a. To what extent are the above HS management system(s) documented? | |
| <input type="checkbox"/> not at all <input type="checkbox"/> partially <input type="checkbox"/> completely <input type="checkbox"/> completely and updated regularly | |
| 6. a. How often does the management of your facility periodically review the status of the above HS management system(s) and identify improvement opportunities? | |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 2 to 4 years <input type="checkbox"/> at least every year | |
| 7. a. What was the date of the last HS management review? | |
| 5. b. To what extent are the above Environmental management system(s) documented? | |
| <input type="checkbox"/> not at all <input type="checkbox"/> partially <input type="checkbox"/> completely <input type="checkbox"/> completely and updated regularly | |
| 6. b. How often does the management of your facility periodically review the status of the above Environmental management system(s) and identify improvement opportunities? | |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 2 to 4 years <input type="checkbox"/> at least every year | |
| 7. b. What was the date of the last Environmental management review? | |

FH16. HS&E Management System Elements

| |
|---|
| 1. a. Has your facility established a tracking system to identify and monitor health and safety laws and regulations that apply to your facility? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. b. Has your facility established a tracking system to identify and monitor environmental laws and regulations that apply to your facility? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. a. Please indicate the methods and sources used to track Health and Safety laws and regulations. (check all that apply) |
| <input type="checkbox"/> information subscription <input type="checkbox"/> consulting services <input type="checkbox"/> industry associations <input type="checkbox"/> regulatory agencies <input type="checkbox"/> in-house specialists <input type="checkbox"/> other: |
| 2. 1a. Please describe other <input style="width: 150px; height: 15px;" type="text"/> |
| 2. b. Please indicate the methods and sources used to track Environmental laws and regulations. (Check all that apply) |
| <input type="checkbox"/> information subscription <input type="checkbox"/> consulting services <input type="checkbox"/> industry associations <input type="checkbox"/> regulatory agencies <input type="checkbox"/> in-house specialists <input type="checkbox"/> other: |
| 2. 1b. Please describe other <input style="width: 150px; height: 15px;" type="text"/> |
| 3. a. Does your facility have written performance objectives for health and safety practices and results, including metrics and targets with implementation plans for achieving them? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. b. Does your facility have written performance objectives for environmental practices and results, including metrics and targets with implementation plans for achieving them? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. a. How often does your facility review Health and Safety performance against these objectives and targets? |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 1 to 2 years <input type="checkbox"/> several times per year |
| 5. a. Please indicate the date of the last Health and Safety review <input style="width: 150px; height: 15px;" type="text"/> |
| 4. b. How often does your facility review Environmental performance against these objectives and targets? |
| <input type="checkbox"/> never <input type="checkbox"/> irregularly <input type="checkbox"/> every 1 to 2 years <input type="checkbox"/> several times per year |
| 5. b. Please indicate the date of the last Environmental review <input style="width: 150px; height: 15px;" type="text"/> |
| 6. a. Has your facility implemented a risk assessment process to identify, prioritise, and mitigate the potential Health and Safety risks associated with your operations and activities? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |
| 6. b. Has your facility implemented a risk assessment process to identify, prioritise, and mitigate the potential Environmental risks associated with your operations and activities? |
| <input type="checkbox"/> none <input type="checkbox"/> planned <input type="checkbox"/> partial <input type="checkbox"/> in place <input type="checkbox"/> done at company level |

7. Does your company have a programme to assess risks and manage the identified risks relating to the HS&E practices of your suppliers?

none planned partial in place done at company level

8. a. Does your facility receive **periodic audits** of **health and safety** practices in order to assess conformance with regulatory and other requirements?

Yes No

8. b. Does your facility receive **periodic audits** of **environmental** practices in order to assess conformance with regulatory and other requirements?

Yes No

9. a. Please indicate what types of requirements are covered in the audit process of Health and Safety practices. (Check all that apply)

regulations internal requirements external codes of conduct

9. b. Please indicate what types of requirements are covered in the audit process of Environmental practices. (Check all that apply)

regulations internal requirements external codes of conduct

10. During the last 12 months, has your facility received a Health and Safety or Environmental audit or assessment by a customer or other external organisation (e.g. government agency) at any of your facilities?

Customer Other None (skip to Question 12)

11. What type of organisation performed the audit? (customer, NGO, government, other)

12. Does your facility have a process to implement timely **corrective actions** for HS&E deficiencies identified by internal or external assessments, audits, and reviews?

none (skip to Question 14) planned partial in place

13. Does the corrective action process include **root cause** analysis and prevention?

Yes No N/A

14. Does your facility have onsite HS&E **technical specialists**, such as industrial hygienists, or pollution control engineers?

Yes No

14. 1. Specify what types of specialists

15. Does your facility provide clear and simple **written regulations** to all employees and workers in the local or appropriate language(s), establishing requirements and responsibilities for HS&E practices in accordance with company policy?

Yes No

16. a. Does your facility provide general **training programmes** for **health and safety** practices?

Yes No

16. b. Does your facility provide general **training programmes** for **environmental** practices?

- Yes No

17. a. Does your facility have a process for measuring the effectiveness of its Health and Safety training?

- none planned partial in place

17. b. Does your facility have a process for measuring the effectiveness of its Environmental training?

- none planned partial in place

18. To which of the following **external groups** does your facility communicate information about its HS&E performance, practices and expectations?

(check all that apply)

- suppliers customers communities investors
 government general public other
 done at company level

18. 1. Please describe other:

19. What **methods** are used to communicate externally about HS&E practices?

(check all that apply)

- in-person meetings published reports website

OPTIONAL:

Please attach a description of your facility management system for a selected aspect of HSE performance.

Summary of Attachments Provided for Facility Questionnaire

Please indicate below which of the requested documents you are attaching electronically.
Please clearly label all attachments with the Question number (e.g., FH7.4) to which they refer.
Attachments can be separate files, or can be combined into a single file.

Policies or Statements of Commitment

- Facility-specific policy on Labour and Ethics. (FL3.1)
- Facility-specific policy on Health, Safety and Environment. (FH3.1)

Citations or Incidents

- Brief description of incidents involving demonstrations or adverse publicity. (FB3.6)
- Brief description of citations for labour/ethics violations during the past 3 years. (FL2.5)
- Brief description of citations for HS&E violations during the past 3 years. (FH2.5)
- Brief description of HS&E-related incidents during the past 12 months. (FH6.8)

Facility Performance Objectives

- Labour/Ethics performance objectives for current year. (FL13.3)
- HS&E performance objectives for current year. (FH16.3)

Facility-Specific Management Systems

- Labour/Ethics management system certificate. (FL12.3)
- Health & Safety and/or Environmental management system certificate. (FH15.3)
- Optional:** Description of your facility management system for a selected aspect of Labour/Ethics or HS&E performance.

Other Information

- List of demonstrations, protests, or adverse media reports during the last 12 months (FB3.6)
- List of facility environmental permits. (FH12.1)
- List of regulated or controlled materials. (FH14.1)

Reference Information

Suppliers are encouraged to review the following relevant information sources available on the World Wide Web, including codes and standards related to labour, ethics, health, safety, and environmental practices. However, note that the presentation of questions in this document pertaining to specific supplier practices does not necessarily imply an endorsement of either those practices or related codes of conduct.

| | |
|--|---|
| Electronic Industry Code of Conduct | http://eicc.info |
| Global e-Sustainability Initiative. | www.gesi.org |
| Bell South Corporate Behavior | www.bellsouth.com/corporate_governance/corporate_behavior.html |
| BT Sourcing with Human Dignity | www.selling2bt.com/working/humandignity/gs18.asp |
| Deutsche Telekom Social Charter | http://download-dtag.t-online.de/englisch/company/9-sustainability/040302_socialcharter.pdf |
| Ericsson Code of Conduct | www.ericsson.com/sustainability/download/pdf/codeofconduct.pdf |
| Hewlett Packard Supply Chain Programs | www.hp.com/go/supplierE |
| Motorola Expectations for Suppliers | www.motorola.com/suppliers |
| Panasonic Code of Conduct | http://panasonic.co.jp/company/en/conduct/ |
| Telefonica Code of Conduct | www.telefonica.es/corporateresponsibility/pdfs/codeofconduct.pdf |
| Vodafone Code of Ethical Purchasing | www.vodafone.com/responsibility/cep |
| Verizon Code of Business Conduct | http://multimedia.verizon.com/responsibility/ethics/practice.aspx |
| Ethical Trading Initiative | www.ethicaltrade.org/ |
| Universal Declaration of Human Rights | www.un.org/Overview/rights.html |
| ILO International Labor Standards | www.ilo.org/public/english/standards/norm/introduction/index.htm |
| SA 8000 | www.sa-intl.org/ |
| OHSAS 18001 | www.ohsas-18001-occupational-health-and-safety.com/index.htm |
| ISO 14001 | www.iso.org |
| Eco Management & Audit System | www.quality.co.uk/emas.htm |
| Electronic Product Materials Declaration | www.nemi.org/projects/ese/Materials_Declarations.html |
| Waste Electrical & Electronic Equipment | http://europa.eu.int/comm/environment/waste/weee_index.htm |