



Worldwide Responsible Accredited Production Certification Program

Pre-Audit Self-Assessment

Introduction

WRAP's Pre-Audit Self-Assessment is a tool designed for facility's management to assess their current social compliance standing. This document will help familiarize management with WRAP's 12 Principles and prepare for a certification audit.

Facility's management must complete this document and send it to their monitoring firm before the audit takes place. A copy of this document must be uploaded on WRAP's Certification Management Platform by logging in at my.wrapcompliance.org.

Important Notes

1. WRAP has updated Principle 12 to benchmark against CTPAT's revised Minimum Security Criteria (MSC). From **January 1, 2021 onward**, the new requirements will become mandatory. All facilities, whether going through an initial audit or a follow-up one, must meet the new requirements.
2. A new facility to WRAP's program going through the certification process for the first time must be in operation for at least 90 days prior to the audit, as auditors must check 90 days of production and payroll records.
3. Facilities cannot start their recertification process more than 90 days prior to their current certification expiration, unless specifically instructed to do so by WRAP.
4. WRAP's certification program is based on management systems across all Principles, and any business should have management systems in place for all aspects of its operations, including social compliance. Facilities must have a formalized structure that documents processes, procedures, and responsibilities for achieving policies, objectives, and goals.
5. Facilities who need help to set up their social compliance management systems can use consultants for that purpose, but a consultant cannot be a facility's representative during a WRAP audit.
6. **Facilities must conduct internal monitoring at least once every six months.**
7. If emergency exit doors are not outward opening and cannot be changed to outward opening, they must be kept securely open with a locking mechanism during working hours.
8. Facilities must conduct a fire drill at least once every six months. Photos with date and time stamps must be maintained along with the record of evacuation times. Facilities must provide the last two fire drill dates conducted at the facility and any planned date(s) for the next drill.
9. Facilities must maintain at least 30 consecutive days of 24/7 CCTV records for cargo handling and storage areas, yard and storage areas for containers, trucks and trailers, packing areas, and entrance/exit.
10. **For facilities in Canada and Mexico, please fill out Q50-52.**



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Pre-Audit Self-Assessment

Submit 1 completed copy to the monitoring company and 1 to WRAP

Facility Details	
1. Completion date of facility Pre-Audit Self-Assessment:	Click or tap here to enter text.
2. Facility name (in English & local language, if needed):	Click or tap here to enter text.
3. Facility WRAP ID:	Click or tap here to enter text.
4. Facility address:	Click or tap here to enter text.
5. Last certification validation period :	Click or tap here to enter text.
6. Facility phone #(s):	Click or tap here to enter text.
7. Year facility was established:	<p>Click or tap here to enter text.</p> <p>Your facility must reside at the current location noted in the report and have at least 90 days of records before an audit can take place.</p> <p>If your facility does not have any records at the time of the audit, the follow-up audit must occur at least 90 days after the initial audit so that sufficient records (a minimum of 90 days) are available for review.</p>
8. Number of years facility has been in operation at this location:	Click or tap here to enter text.
9. Full description of building(s) (incl. # of buildings, # of floors, production processes in each floor, size and age of building(s)):	Click or tap here to enter text.
10. Does the facility have any sister facilities in the same location or nearby?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, describe: Click or tap here to enter text.</p>
11. Does the facility share a building with other facilities/businesses?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, does the facility conduct a joint evacuation drill with other facilities/businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
12. Does the facility share any workers or production processes with other facilities?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, describe in detail: Click or tap here to enter text.</p>

13. Are there any plans for this facility to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate the date the relocation may occur: Click or tap here to enter text.
14. Is the registered business name and site address the same as listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain & provide registered name & address: Click or tap here to enter text.

Facility Contact Information			
Contact name & title #1:	Click or tap here to enter text.	Contact name & title #2:	Click or tap here to enter text.
Contact #1 email address:	Click or tap here to enter text.	Contact #2 email:	Click or tap here to enter text.
Contact #1 phone:	Click or tap here to enter text.	Contact #2 phone:	Click or tap here to enter text.

Site Information	
15. a. Provide applicable business license, other legally required license, and permits, such as environmental, H&S, building safety licenses and permits, etc.:	Click or tap here to enter text.
b. Does your facility's business license include other businesses/facilities/sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.
c. Does the facility have a parent company or belong to a corporate group?"	<input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.
16. What are the main products manufactured at site?	Click or tap here to enter text.
17. List production processes in the facility:	Click or tap here to enter text.
18. Number of production lines and main equipment used:	Click or tap here to enter text.
19. Monthly production capacity:	Click or tap here to enter text.
20. Main buyers and their production percentages, and facility's export market: (Only if facility agrees to disclose buyers)	Click or tap here to enter text.
21. List social compliance, <i>environmental & CTPAT</i> audits conducted in the past 6 months:	Click or tap here to enter text.

<i>(Only if facility agrees to disclose such info)</i>			
22. Employee turnover Rate:	<p>Click or tap here to enter text.</p> <p>Employee turnover refers to the percentage of workers who leave an organization as compared to the average number of workers in that organization over a 12-month period. For example, a company averaged having 100 employees over the last 12 months. During that period, 6 employees left. The turnover rate for that company would be $6/100 = .06 = 6\%$.</p>		
23. Number of employees & others at this facility:	<p>Workers:</p> <p>Male: Click or tap here to enter text.</p> <p>Female: Click or tap here to enter text.</p>	<p>Management, incl. staff working in the offices: Click or tap here to enter text.</p>	<p>Others: Click or tap here to enter text. (Others are onsite contract workers)</p>
24. Full time contracted workers:	<p>Male: Click or tap here to enter text.</p> <p>Female: Click or tap here to enter text.</p>		
25. Short term contracted-workers:	<p>Click or tap here to enter text.</p> <p>Please state length of contract: Click or tap here to enter text.</p>		
26. Nationality of owner(s/entities):	<p>Click or tap here to enter text.</p>		
27. Nationality of management:	<p>Click or tap here to enter text.</p>		
28. Nationality of workers (top 5 countries)	<p>Click or tap here to enter text.</p>		
29. a. Domestic migrant workers:	<p>Male: Click or tap here to enter text.</p> <p>Female: Click or tap here to enter text.</p>		
b. List provinces/states where they are from:			
30. Contract workers from agency(ies):	<p>Male: Click or tap here to enter text.</p> <p>Female: Click or tap here to enter text.</p>		
31. What form of worker representation exists in the facility? <i>(Note: Some form of worker representation must exist to address workplace grievances.)</i>	<p>Click or tap here to enter text.</p>		
32. List any workers unrest/strike in the past 12 months:	<p>Click or tap here to enter text.</p> <p><i>Provide reasons for such occurrence:</i> Click or tap here to enter text.</p>		
33. Regular workdays (e.g., Mon-Sat):	<p>Click or tap here to enter text.</p>		
34. Weekly rest day(s):	<p>Click or tap here to enter text.</p>		
35. List daily shifts, incl. night production:	<p>Click or tap here to enter text.</p>		
36. Facility's peak season(s):	<p>Click or tap here to enter text.</p>		
37. List daily legally required breaks (number and duration):	<p>Click or tap here to enter text.</p>		
38. What is the lowest wage level paid for a regular work week/month?	<p><input type="checkbox"/> Below minimum <input type="checkbox"/> At minimum <input type="checkbox"/> Above minimum</p>		
39. Are all relevant records, incl. wage and attendance records, kept in the audited facility for review?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, explain: Click or tap here to enter text.</p>		

40. Are there dorms/apartments provided by the facility/labor brokers/agents for workers/management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of workforce residing in dorms/apartments:	Click or tap here to enter text.
41. Language(s) spoken by management:	Click or tap here to enter text.		
42. Language(s) spoken by workers:	Click or tap here to enter text.		

For Renewal Facilities Only			
43. Has your facility moved locations (or changed addresses) since the last WRAP audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state the old address and the new address: Click or tap here to enter text.		
44. Has your facility had any significant structural changes in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a description of the structural changes: Click or tap here to enter text.		
45. Has there been a change in square footage in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: Click or tap here to enter text.		
46. Has there been a change in management/ownership within the facility in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: Click or tap here to enter text.		
47. Has your facility changed its name in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the old name and the new name: Click or tap here to enter text.		
48. Has this facility had an increase or decrease in workers since the last WRAP audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for change and %:	Click or tap here to enter text.
49. Was a Post Certification Audit (PCA) conducted during the last certification cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide findings and your factory's corrective actions taken: Click or tap here to enter text.		
Below questions are for facilities in Canada & Mexico only.			
50. Does the facility work with its transportation providers to track conveyances/trucks from origin to the final destination point?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide findings and your factory's corrective actions taken: Click or tap here to enter text.		
51. Does the facility have a "no-stop" policy if land border shipments are in proximity to the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide findings and your factory's corrective actions taken: Click or tap here to enter text.		
52. Does the facility require its cargo movers to incorporate a "last chance" verification process for U.S. bound shipments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide findings and your factory's corrective actions taken: Click or tap here to enter text.		

WRAP's Zero Tolerance Policy

If at any time WRAP learns that any facility in the WRAP Program is actively participating in or associated with any of the below Zero Tolerance issues, THE FACILITY WILL BE AUTOMATICALLY DECERTIFIED (IF APPLICABLE) AND PERMANENTLY BANNED from the WRAP program in all capacities without the option to return nor be certified in the future.

- 1. Deliberate and ongoing human rights violations***
 - Child labor including the worst forms of child labor (slavery, forced labor, trafficking, serfdom, debt bondage, prostitution, pornography, work that involves children in illicit activity, or work that is likely to harm the child physically or morally)***
 - Forced labor (bonded labor, not allowing workers to leave at their own will, forced to work overtime)***
 - Inhumane treatment (use of threats of physical harm or extreme intimidation, corporal punishment, mental or physical coercion)***
- 2. Unethical actions that encourage the auditor(s) to compromise their integrity, such as bribing an auditor***
- 3. Threatening physical harm towards audit team***
- 4. False representation of certificate or audit report (i.e. altered or fake certificates or reports)***
- 5. False representation of production processes (i.e. hiding full/partial production floors and/or processes from auditor)***

Please sign below to verify that you have read and understood WRAP's Zero Tolerance Policy.

Completed by: Click or tap here to enter text.

Signature of individual: _____

Date: Click or tap to enter a date.

Print name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Written Policy and Responsible Person(s) Table

	WRAP Principles	Does the facility have written policies?	Responsible Person(s)' Name and Title
1	<i>Compliance with Laws and Workplace Regulations</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
2	<i>Prohibition of Forced Labor</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
3	<i>Prohibition of Child Labor</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
4	<i>Prohibition of Harassment or Abuse</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
5	<i>Compensation and Benefits</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
6	<i>Hours of Work</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
7	<i>Prohibition of Discrimination</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
8	<i>Health and Safety</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
9	<i>Freedom of Association and Collective Bargaining</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
10	<i>Environment</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
11	<i>Customs Compliance</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.
12	<i>Security</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.

PRINCIPLE 1

COMPLIANCE WITH LAWS AND WORKPLACE REGULATIONS

Facilities will comply with laws and regulations in all locations where they conduct business.

All facilities will comply with the legal requirements and standards of their industry under the local and national laws of the jurisdictions in which the facilities are doing business, along with any applicable international laws. This will cover all labor and employment laws of those jurisdictions, as well as laws governing the conduct of business in general, including rules and standards of ethics dealing with corruption and transparency, and any relevant environmental laws.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
1.1a Does your facility obtain current information on all relevant laws and regulations concerning each of the Principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Do you have written procedures for current information on all relevant laws and regulations on each of the ALL 12 WRAP Principles: (Please give a summary of your objective evidence to support each Principle.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. When reviewing the relevant documents, provide the answers to the following questions in “OBJECTIVE EVIDENCE/ COMMENTS” section: Is your facility’s hiring process in accordance with the law?	Click or tap here to enter text.			
Is any of your facility’s hiring done under government sponsorship?	Click or tap here to enter text.			
Has your facility received incentives to hire/train workers from private or government sponsored programs?	Click or tap here to enter text.			
1.2 Does your facility have a qualified person responsible for informing the facility and its workforce of changes to laws and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
regulations, or access to current publications on national and local labor laws?				
1.3 Does your facility update its practices to incorporate revisions to existing laws and regulations in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
1.4 Please state the last major update your facility conducted concerning laws and regulations of the country of operation. If any major changes occurred, please give a summary. <i>(Note: Examples of a major change are compensation, hours of work, or minimum wage)</i>	Click or tap here to enter text.			
1.5a Does your facility undertake internal monitoring of its management system? Please give a summary of your objective evidence to support this question. A management system is the framework of policies, processes and procedures used by an organization to ensure that it can fulfill all the tasks required to achieve its objectives while ensuring compliance to applicable legal requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the scope of these internal monitoring cover whether the written procedures and processes are meeting the requirements of local/national law and WRAP Principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. How often does your facility conduct the internal monitoring?	Click or tap here to enter text.			
d. Were the findings communicated with top management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
e. What were the findings from the last internal monitoring?	Click or tap here to enter text.			
f. How were the findings corrected?	Click or tap here to enter text.			
1.6 During the previous two years has your facility had any notices of noncompliance levied against it (including any legal proceedings or outstanding allegations concerning the facility's operations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>Subcontracting</p> <p><i>Note: A facility is subcontracting when it appoints another facility to undertake part of the production processes for the manufacturing of goods. It involves circumstances where goods leave the facility to be partially completed and then sent back so the goods can be completed. Other services may also be subcontracted.</i></p>				
<p>1.7 Does your facility subcontract any of its production operations? <i>If your facility used sub-contracting in the past 12 months but does not do so now, note this under this question.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>List the subcontracted production process(es):</i> Click or tap here to enter text.</p>
<p>1.8 Does your facility subcontract any other operations? (such as canteen staff, security personnel, shipping services, cleaning staff, logistics, labor suppliers, etc.)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>List the subcontracted service(s):</i> Click or tap here to enter text.</p>
<p>1.9 Has your facility informed the subcontractor in writing of their obligations under the local labor law and WRAP's requirements?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>1.10 Does your facility keep receipt of subcontractor acknowledgement of these requirements?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>1.11 Does your facility regularly review its list of subcontractors to make sure it is up to date? List the last time the review was conducted.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>1.12 Has -your facility informed its top three (3) raw materials suppliers (by value of business transacted with them in the preceding 12 months), in writing, of the facility's expectation that the supplier runs its operations in accordance with local/national laws and WRAP's Principles? Please list top three raw materials suppliers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>

PRINCIPLE 2

PROHIBITION OF FORCED LABOR

Facilities will not use involuntary, forced or trafficked labor.

Facilities will maintain employment strictly on a voluntary basis. Facilities will not use any forced, prison, indentured, bonded or trafficked labor. This will include ensuring that any workers they hire will be under labor contracts that fully comply with all relevant legal requirements and do not impose any form of coercion (including imposing substantial fines or loss of residency papers by workers leaving employment or restricting a worker’s ability to voluntarily end his/her employment). In addition, workers should not be employed subject to any financial or collateral guarantee or debt security; any recruitment fees involved should be borne by facilities, not workers. Further, facilities will ensure that the workers’ travel documents are not withheld, and that all written contracts are in a language understood by the workers.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
2.1 Does your facility maintain a written procedure to avoid employing involuntary, forced, prison, indentured, bonded, or trafficked labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.2 Does your facility have a program and materials used to train relevant individuals, including all individuals responsible for the hiring process, on the facility’s policies and procedures prohibiting forced, prisoned, indentured, bonded, or trafficked labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.3 Are all employees working at your facility voluntarily, including overtime hours? Please give a summary of your objective evidence to support this question. Objective evidence would include: employee contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.4 Are workers’ movements restricted at any time, including, but not limited to, legal breaks, lunch break, and the use of toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
2.5a Are there exaggerated security measures or logistics restricting freedom of movement in use at your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
b. Are there exaggerated security measures or logistics restricting freedom of movement in the dorms/apartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
2.6 Do security personnel and management act in a non-threatening manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.7 Are security guards posted for normal security reasons, in a proportionately logical number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.8 Are the doors and gates of your facility locked only after business hours and housing security reasons and in compliance with applicable local and national fire codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.9 Are all security service agreements free of any language or terminology that may imply the existence of forced, imprisoned, indentured, bonded, or trafficked labor conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.10 Do the job descriptions or individual contracts for security employees limit their tasks to normal security matters such as protection of facility property or facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.11 Does your facility prohibit all relevant individuals, including any person under the facility's direction (such as security guards) from coercing employees in any way, or unnecessarily limiting employees' freedom of movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.12 Is workers' freedom of movement unimpeded upon their shift's conclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.13 Is it mandatory for workers to use facility provided services, such as canteen, dorms, or transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
2.14 Does your facility require all hiring documents (e.g. an employment application or contract) to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
a. Include a statement affirming that applicants are seeking employment voluntarily and are not under threat of any penalty?				If No, please explain: Click or tap here to enter text.
b. Be signed by each applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Be maintained in the employee's personnel file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.15 Does your facility obtain proof that anyone seeking employment is legally entitled to work in the country of manufacture in accordance with national immigration laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.16a. Does your facility conduct adequate due diligence on labor brokers/agents used by the facility? <i>Describe the policies and procedures used for vetting labor brokers/agents:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does your facility obtain an executed statement from all labor brokers/agents used by the facility stating that the brokers/agents are not supplying labor that is involuntary, forced, prison, indentured, bonded, or trafficked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Is your facility's hiring process, in part or in whole, managed by a 3rd party? If yes, describe.	Click or tap here to enter text.			
d. Are any of the workers recruited from vocational training centers? If yes, describe the process and the name(s) of the center(s).	Click or tap here to enter text.			
e. Do migrant workers (whether domestic or foreign) pay fees or give collateral to brokers/agents/local government in receiving country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
If yes, state the relevant laws.				
f. If yes toe, describe the kinds of fees or collateral involved and how they are processed.	Click or tap here to enter text.			
g. Were the basic terms of employment communicated to the migrant workers before they left their home country? <i>Provide details about how this was done.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
h. Are migrant workers' activities monitored by a person besides their facility supervisor? If yes, describe.	Click or tap here to enter text.			
2.17 Do workers, including foreign migrant workers, pay recruitment fees or collaterals to brokers/agents/government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please state relevant laws in the country: Click or tap here to enter text. Please state what home country/region the migrant workers are from: Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.18 Does your facility issue wages/compensation directly to employees, in an unambiguous system that clearly shows that the employee controls the destination of his/her wages, and access to his/her wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2.19 Does your facility hold the original identification papers, travel documents, passports, or other valuable personal items of your workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
2.20 Does your facility require any workers' deposits or have any withholding/deduction payment practices either directly or on behalf of labor brokers/agents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
2.21 What is your facility's policy on use/non-use of prison labor regarding relevant law and industry standard?	Click or tap here to enter text.			
2.22a. Do workers understand the terms of their employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
				If No, please explain: Click or tap here to enter text.
b. Are all work contracts in the language(s) understood by workers and signed by both parties (employer and employees)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Do contract provisions meet legal requirements and include all necessary information in a transparent and accurate manner? <i>This includes, but is not limited to, wages, hours of work, days off, annual leave, disciplinary procedures that can result in termination, and, if relevant, dormitory terms and conditions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. Are copies of contracts provided to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRINCIPLE 3

PROHIBITION OF CHILD LABOR

Facilities will not hire any employee under the age of 15 (14 in less-developed countries) or under the minimum age established by law for employment, whichever is greater, or any employee whose employment would interfere with compulsory schooling.

Facilities will ensure they do not engage in any form of child labor, including, but not limited to, the internationally recognized worst forms of child labor. Consistent with ILO Convention 138, facilities may not employ any person at an age younger than the law of the jurisdiction allows and in any case not below the age of 15 (14 in less-developed countries), even if permitted by local law. In addition, facilities will adhere to local legal requirements regarding mandatory schooling. Further, if, where permitted by local law, a facility employs young workers (defined as workers whose age is between the minimum age of employment and 18 years), the facility will also comply with any applicable legal restrictions on the nature and volume of work performed by such young workers, as well as any other requirements imposed by law, including limitations related to working hours and to ensuring that such young workers do not perform any hazardous work (e.g., chemical handling or operating heavy machinery).

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
3.1 What is the legal minimum age in the country where your facility is located?	Click or tap here to enter text.			
3.2 Does your facility maintain a written procedure to avoid employing child labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
3.3 Does your facility retain proof of age for each employee and maintain the information in the employee's personnel file for the length of time as required by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
3.4 Does your facility assess the authenticity of age documentation and make comparisons with sample documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
3.5 Does your facility obtain proof of age documentation from all applicants and review the documentation for authenticity prior to hiring through:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. Interview process (interview checklist maintained)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Compare photo on age document with physical appearance of person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
c. Worker's completed and signed employment application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. others (Please list) <i>Apply extra diligence in locations where child labor is common.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
3.6a Does your facility have a formally designated, qualified person with responsibility for communicating, deploying and monitoring child labor practices as they relate to the above requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does your facility's responsible person ensure that employee's assigned tasks are appropriate for their age, where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
3.7 If young workers (<i>legal min. working age up to 18 years old</i>) are employed, does the facility ensure that:				Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. It has written policies and procedures related to recruitment and employment practices of young workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Employee's assigned tasks are appropriate for their age, including, but not limited to, no operating of heaving machinery, hazardous work environment, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
c. Overtime/night working are complying with local law? NOTE: WRAP's approach to working hours does not allow the violation of other work hour related laws providing statutory protections aimed at young workers, pregnant women, or any other protected groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
d. Medical check/registration with local bureau (if applicable) are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
e. It maintains the list of young workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.

PRINCIPLE 4

PROHIBITION OF HARASSMENT AND ABUSE

Facilities will provide a work environment free of supervisory or co-worker harassment-and abuse, and free of corporal punishment in any form.

Facilities will ensure a workplace that is respectful of a worker’s rights and dignity. This includes ensuring that no corporal punishment or physical coercion be used. Facilities will not engage in or tolerate – either at the workplace or in residential quarters provided by facilities or labor brokers acting on their behalf – any sexual harassment or abuse, indecent or threatening gestures, abusive tone or language or any other kind of undesired physical or verbal contact, such as bullying. In particular, facilities will ensure proper training at all levels - including management, supervisors and workers - to secure a workplace free of harassment and abuse.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
4.1 Does the facility maintain a written procedure on the prohibition of harassment, abuse, and corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
4.2 Are the definition(s) of the non-compliant behavior(s) and management policy(ies) consistent with the intent to prohibit all forms of this behavior? <i>A written policy shall define specific behaviors that are forbidden and corresponding disciplinary action that will be taken.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
4.3 Does the policy include reasonable punitive repercussions for non-compliance and repeated non-compliance? <i>The policy must apply to the behavior of all employees with special emphasis placed upon supervisory personnel.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
4.4 Does your facility have signed statements by your facility’s management affirming their understanding of the facility’s anti-harassment and abuse policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
4.5 Does your facility communicate the policy on the prohibition of harassment and abuse to workers, and third-party services (e.g., security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When was the last time of such communication internally and externally? Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
guards, kitchen services) that will have significant contact with facility employees?				If No, please explain: Click or tap here to enter text.
4.6a Does your facility encourage employees to report instances of harassment or abuse, without fear of retribution, through effective communication of such policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. If any incidents of harassment or abuse were reported, were they resolved in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Describe the process	Click or tap here to enter text.			
4.7 Is there an effective and mandatory program to train relevant individuals, including all individuals responsible for the supervision of workers, on the facility's policies and procedures prohibiting all forms of harassment, abuse, and corporal punishment? <i>How often does the training occur?</i> <i>When was the last training conducted?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRINCIPLE 5

COMPENSATION AND BENEFITS

Facilities will pay at least the minimum total compensation required by local law, including all mandated wages, allowances and benefits.

Facilities will ensure proper compensation for their employees for all the work done, by providing in a timely manner all the wages and benefits that are in compliance with the local and national laws of the jurisdiction in which they are located. This will include any premiums for overtime work or work done during holidays, as well as any other allowances or benefits, including any mandatory social insurance, required by local law.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
5.1 Does the facility maintain compensation and benefits policy communication that includes all of the following:				Click or tap here to enter text.
a. A detailed description of the employees' compensation and benefits at the time of employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
b. Both a written and verbal explanations of wage calculations provided at the time of employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. A requirement that changes relating to compensation rates or methods of wage calculations shall be communicated timely and effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. All compensation and benefits at least meet the local requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
5.2 Are employees provided with adequate communication of their legally mandated minimum compensation rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
5.3 Does your facility compensate employees consistently with their terms of employment and in accordance with local laws and regulations on the following:				Click or tap here to enter text.
a. Minimum wage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
b. On time wage payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
c. Overtime premium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
d. On time payment for termination/dismissal/severance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
e. Benefits, including but not limited to, entitled leave, maternity leave, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
5.4a Does your facility post legal minimum wage rates, overtime premium rates, benefit policies, social insurance and additional payment information in the language(s) understood by the facility workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Are employees provided with adequate communication of their legally mandated minimum compensation rights, including overtime premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
5.5a Does your facility produce and retain payroll records to support compensation, including overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility retain such records for such time as required by local/national laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. In case your facility pays its employees through wire transfers, do you produce and retain proof of bank statements showing all the transactions in a verifiable way? Please give a summary of your objective evidence to support this question. <i>Note: The name of the employee, salary amount, and the date of the transaction must appear on the bank slip showing the transaction, as well as the recipient's bank name and account.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
5.6 Does your facility provide all employees with a pay record or stub which lists the components of the wages paid, including all deductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>5.7a Are all legally mandated withholdings (e.g., taxes, social security, etc) remitted to the government without delay?</p> <p>NOTE: For Facilities in China:</p> <p>1. WRAP requires that facility have to provide work injury insurance to 100% of its workers.</p> <p>2. For other types of insurance, if it is not 100% coverage, facility must provide explanations and a government issued waiver.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>b. Other deductions listed on workers' paystubs.</p>	Click or tap here to enter text.			
<p>5.8 Are there any piece rate workers in the facility?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If Yes, please explain: Click or tap here to enter text.</p>
<p>5.9 Does your facility have a written and coherent policy on piece rate compensation that ensures the piece rate compensation at least satisfies the minimum compensation prescribed by law?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>5.10 Do employees sign off on material counts for piece rate systems?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>

PRINCIPLE 6

HOURS OF WORK

Hours worked each day, and days worked each week and each month, should not exceed the limitations of the country’s law. Facilities will provide at least one day off in every seven-day period, except as required to meet urgent business needs.

Facilities are required by local law to adhere to any limits set on regular working hours as well as any limits set on overtime work. Long term participation in the WRAP Certification Program is contingent upon meeting the limitations set by local law. WRAP recognizes that this can be a particularly challenging requirement, especially when taking into account local enforcement norms and customs. In light of this reality, WRAP will permit full compliance with local laws on working hours to be achieved incrementally, provided that a given facility meets the following conditions: is fully transparent about its working hours; ensures that those hours are all being worked voluntarily, in conditions that protect worker safety and health; compensates all employees in keeping with WRAP Principle 5; and shows improvement toward meeting the working hours requirements from one audit to the next.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
6.1 Does the facility have procedures to ensure compliance with national laws and WRAP principle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, provide the Policy Name & No.: Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
6.2 Does your facility have a program and relevant materials to train all individuals, including all individuals responsible for production coordination and scheduling, to ensure that employees work no more than the legal maximum, including overtime ceilings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
6.3 At the time of hiring, are employees made aware of facility policies and procedures, specifically the legal limitations on the maximum hours of work per day, week and month, both regular and overtime, and the maximum number of consecutive days they can legally be required to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
6.4a. Does your facility retain complete and accurate time records that reflect the day and date employees worked, the number of hours worked each day, and the employees’ acknowledgements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>b. Does your facility retain these records for at least the past 12 months (if the local requirement is more than 12 months, follow the local one)?</p>				<p>If No, please explain: Click or tap here to enter text.</p>
<p>6.5a Are regular hours and overtime worked complying with local laws?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If No, please explain: Click or tap here to enter text.</p>
<p>b. Daily?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p>
<p>c. Weekly?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p>
<p>d. Monthly?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p>
<p>e. Yearly?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p>
<p>6.6a Are workers given one day off in every seven-day period (except under “urgent business needs”)?</p> <p>Attendance records, wages, production records, and/or CCTV records will be reviewed during the audit.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>b. Do your facility’s CCTV records show any 7th day work?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>c. Inconsistencies among records?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>6.7 Does your facility have a written, rational and well communicated policy defining "urgent business needs"?</p> <p>Please give a summary of your objective evidence to support this question. <i>Note: The definition of 'urgent business needs' cannot be vague or open-ended. It must be limited to delays/interruptions in production caused by natural calamities, non-repetitive production deadlines or unforeseen circumstances beyond the employer’s control. A coherent and consistent rationale must be evident in the definition and infrequent deployment of 'urgent business needs'.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If Yes, please state your urgent business needs policy: Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>6.8 If consecutive working days occurred under “urgent business needs”:</p> <p>a. Does your facility provide one day off after 13 consecutive working days?</p> <p>NOTE: WRAP does NOT allow two back to back 13 consecutive working days. If your facility just had 13-consecutive working days and one day rest, your facility cannot have another 13-consecutive day work period.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>
<p>b. Number of instances urgent business needs occurred during the past 12 months. (Please state)</p>	Click or tap here to enter text.			
<p>c. Department(s) & # of workers involved:</p>	<p>Department(s): Click or tap here to enter text. # of workers in each department: Click or tap here to enter text.</p>			
<p>d. Reasons for such occurrence(s).</p>	Click or tap here to enter text.			
<p>6.9 Are notifications of maximum regular and overtime hour policies visibly posted in the language(s) understood by your facility's workers and management personnel?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If No, please explain: Click or tap here to enter text.</p>

PRINCIPLE 7

DISCRIMINATION

Facilities will employ, pay, promote, and terminate workers on the basis of their ability to do the job, rather than on the basis of personal characteristics or beliefs.

Facilities will ensure that all terms and conditions of employment are based on an individual’s ability to do the job, and not on the basis of any personal characteristics or beliefs. Facilities will ensure that any employment decision – involving hiring, firing, assigning work, paying or promoting – is made without discriminating against the employees on the basis of race, color, national origin, gender, age, sexual orientation, religion, disability, or other similar factors (pregnancy, political opinion or affiliation, social status, etc.).

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
7.1 Does your facility have procedures and practices to ensure compliance and remediation with the facility policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.2 Are the facility’s written policy, practices and procedures on discriminatory behavior effectively communicated to and understood by all workers and management personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.3 Does your facility have an effective program and materials used to train relevant individuals, including all individuals responsible for the supervisions of workers and for the hiring process, on the discrimination policy and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.4 Does your facility effectively communicate in writing the requirements of this Principle to third parties (industrial parks, service providers, labor brokers/agencies, export processing zones, free trade zones, sub-contractors etc.) that may recruit and screen applicants on its behalf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.5 Has your facility had any discrimination charges filed against it by employees, regulatory agencies or any outside agency during the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

<i>PRE-AUDIT SELF-ASSESSMENT QUESTIONS</i>	<i>YES</i>	<i>NO</i>	<i>NA</i>	<i>PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE</i>
7.6 Does your facility explicitly prohibit mandatory pregnancy testing as a condition of employment or continued employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.7 Are workers with the same job and seniority paid the same rate, irrespective of race, color, national origin, gender, age, sexual orientation, religion, disability or other characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.8 Do all workers have an equal opportunity to work overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.9 Do employees sign statements (statements may be included in an employment application or contract), written in the language(s) understood by the employees, affirming their receipt and understanding of the facility's anti-discrimination practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.10 Does the facility ensure pregnant women are not engaged in work that creates a risk for their pregnancy or reproductive health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.11a Does the facility have written policies and procedures related to termination and layoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Do these policies and procedures comply with local laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please identify the laws that support this question: Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Does the facility provide training to all employees on termination and retrenchment policies and procedures, in particular to newly hired employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
7.12 Can workers terminate employment by giving proper notice (defined by local laws or by contract terms) at any time and without penalty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRINCIPLE 8

HEALTH & SAFETY

Facilities will provide a safe and healthy work environment. Where residential housing is provided for workers, either directly by facilities or through labor brokers, facilities will ensure it is safe and healthy housing.

Facilities will provide a safe, clean, healthy and productive workplace for their employees. Facilities shall prioritize worker health and safety above all else, and proactively address any safety issues that could arise. This will include a wide variety of requirements, such as, ensuring, among other things, the availability of clean drinking water (at no charge to workers), adequate medical resources, fire exits and safety equipment, well-lit and comfortable workstations, and clean restrooms. Further, facilities shall adequately train all their workers on how to perform their jobs safely.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
8.1 Does the facility comply with all relevant health and safety laws and regulations, including any directives related to public health issued by relevant local authorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.2 Has facility management deployed an adequate plan to address public health issues in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.3 Does your facility undertake internal monitoring of your health and safety systems, including fire safety, to ensure you are following the written procedures and processes and meeting the requirements of all relevant laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.4a Have risk assessments been carried out throughout your facility, including fire risk assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. How often does your facility perform risk assessment?	Click or tap here to enter text.			
c. Were the findings communicated with management and health and safety committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
d. Were actions taken to correct the findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.5 If there were any risks or deficiencies that were identified by the health, safety and fire risk assessment, were they corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.6 Does your facility conduct regular occupational health checks for hazardous job duties, if any, at NO cost to workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.7 Does the responsible person work with health and safety committee to address findings from the facility's internal monitoring and risk assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.8 Does your facility track health, safety, and fire incidents in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.9 Does your facility have a program and materials to train relevant individuals, including all individuals responsible for the supervision of workers, on all of the relevant occupational health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.10 Does your facility have a written safety program, including written procedures to handle natural disasters, fire safety, and emergencies and industrial accidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.11 Are the following safety documents maintained by your facility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. Health and safety reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Heavy machinery inspection (boilers, compressors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Maintenance reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Fire extinguisher records, noting date of inspection and expiration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Emergency evacuation drill (at least semi-annual, roughly six months apart) records for all shifts, including	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>night shift, noting date and detailed results?</p> <p>NOTE: WRAP requires facilities to have 2 past fire drill records on file and 1 planned for the future. The records must have photos with date and time stamps on them.</p> <p>Fire drill records should also note the time used to evacuate all employees to safety. The standard time for evacuation should not be more than 4 minutes.</p>				
f. Work injury reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
g. Clinic logs, noting date and reason for visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.12 Have any government agencies inspected your facility for compliance with safety and health regulations during the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.13 Does your facility address the following occupational health and safety needs required by the relevant laws and regulations for the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. Heat stress/extreme temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Paint spray/spot cleaning booths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Welding safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Respiratory safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Bloodborne pathogen program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Bloodborne pathogen program is the procedures on how to clean up blood after an incident.</p> <p>The purpose of bloodborne pathogen program is to protect employees from exposure to human blood and other potentially infectious materials.</p> <p>Click or tap here to enter text.</p>
f. Hearing (noise control program)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
g. Indoor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
h. Cotton dust ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
i. Sanitary waste disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
GENERAL BUILDING REQUIREMENTS				
8.14a Does a visual inspection of your facility building(s) suggest any concerns about the physical integrity of the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
b. Are there any cracks on any of the building structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please explain: Click or tap here to enter text.
8.15 What is the overall general appearance of your facility:		<input type="checkbox"/>		Please explain: Click or tap here to enter text.
Excellent		<input type="checkbox"/>		
Good		<input type="checkbox"/>		
Fair		<input type="checkbox"/>		
Unacceptable		<input type="checkbox"/>		
8.16 Is the overall general appearance of the maintenance shop acceptable and not in a condition that can cause serious injury or harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.17 Is trash properly disposed of both inside and outside the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.18 Are the toilets and washrooms in your facility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. In sanitary and serviceable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Meeting minimum quantity required established by relevant law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Soap and toilet paper provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.19 Are emergency exits unlocked during times when the facility is occupied to allow free, unobstructed exit from the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.20 Are any aisles blocked or restricting easy access to emergency exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
8.21a Has your facility appropriately identified areas that, for fire safety purposes, should be designated as “non-smoking”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
b. Is your facility properly enforcing the “non-smoking” policy for areas so designated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.22a Does your facility maintain first aid supplies as required by law or if no legal requirement exists, as recommended by a local medical provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Are these first aid supplies available and accessible to all areas of the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.23 Is there clean and free drinking water and is it easily accessible at the facility? List potability test report numbers, if applicable. If not, describe how your facility satisfies itself with drinking water that is suitable for consumption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.24 Is your facility’s crèche/child-care area operated and maintained in a safe and healthy manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.25a Is your facility’s canteen/cafeteria operated and maintained in a safe and healthy manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the canteen/cafeteria have the required licenses to operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Does staff have the required health certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
PERSONAL PROTECTION EQUIPMENT (PPE)				
8.26 Are appropriate PPE and the necessary training provided to affected workers in a timely manner and at no cost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.27 Are the PPE appropriate and adequate for the workers’ job and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.28 Are all workers required to use PPE found using it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
ELECTRICAL SAFETY				

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
8.29 Is there a qualified electrician in your facility responsible for maintaining electrical safety? If not, what is the facility doing to ensure electrical safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.30 Does a visual inspection of the wiring indicate good general condition of the cabling, no exposed or loose wires and proper insulation/grounding/earthing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.31 Does a visual inspection of the electrical boxes and cabinets verify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. Complete enclosures with covers provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Switches and outlets maintained in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. All knockouts/trips in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Adequately labelled with safety warning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
WORKER SAFETY AWARENESS				
8.32a Does your facility maintain a safety committee comprised of workers and management, which holds quarterly meetings and keeps minutes of proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the committee discuss the findings from internal monitoring/risk assessment and find solutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.33 Does your facility conduct an orientation health and safety and fire training for all new employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.34 Does the training cover the following with regards to fire safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. Workers are informed of the locations of fire alarm pull and button stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Workers are informed of the locations of fire extinguishers in and near their work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Workers have specific training concerning the dangers of smoke inhalation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
d. Workers are informed of location of nearest exits and assembly points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.35 Is employee training conducted for first aid and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.36 Are first aid responders/emergency safety personnel identified and properly trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.37 Have selected employees been trained on the proper use of firefighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.38 Have all employees who have any contact with chemicals been trained on how to safely handle and dispose of the specific chemicals and eliminate fire risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.39 a. Are MSDS available (in appropriate language(s)) for all chemicals used by the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility have functional eye washing machines if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
FIRE SAFETY				
8.40 a. Does your facility have an emergency evacuation plan in the language understood by workers/employees posted in view of the facility's workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the plan correspond accurately with the facility's actual floor plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.41 Does a facility tour verify that emergency exits are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. In an adequate number and locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Unimpeded, including path leading to emergency exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Open outwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
NOTE: WRAP requires that all emergency exit doors must open outwards. If they do not, they must be kept securely open during working hours.				
d. Leading to a safe assembly point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Assembly point(s) can accommodate ALL employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.42 Does a facility tour verify that safety equipment is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
a. Visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Appropriate in functionality and number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Properly distributed throughout the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Properly mounted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
f. Unblocked and free of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
g. Fire extinguishers are appropriate for the class(es) of fires expected in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.43 Are the fire-fighting water hoses and connections in usable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.44 Does your facility have appropriate measures to ensure adequate water pressure for fire-fighting water hoses and sprinkler systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Sprinkler Valves				
8.45 If applicable, are sprinkler valves in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.46 Are all sprinkler heads kept unobstructed from storage or other materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Fire Alarm Boxes				

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
8.47a Are fire alarms clear, unobstructed, and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility have a test schedule for all fire alarm boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Do fire alarms have flashing lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. and audible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Emergency Evacuation				
8.48 Are lighting and alarm systems adequate and fitted with back-up systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Emergency Lighting				
8.49a Is appropriate lighting in place in your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain:
b. Is the emergency power system working and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Does the facility regularly conduct tests to ensure the system is functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Stairwells				
8.50a Are all stairwell handrails in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Are all stair treads in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Are all stair widths in compliance with requirements of all relevant laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. Are the stairways provided with artificial and emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
e. Are stairwells completely clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
f. Does your facility ensure stairwells are not used for storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
CHEMICAL SAFETY				
8.51 Does your facility have a chemical safety program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.52 Where applicable, does your facility properly store hazardous/toxic materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.53 Does your facility have the required government storage and usage permits for chemicals, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.54 Does your facility maintain documentation for chemical labeling (including fire safety), chemical usage warnings, and proper handling instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.55 Does your facility ensure that all solvent wastes and flammable liquids are properly stored (including being kept in closed containers when not in use) at all times and kept away from potential ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.56 Are the chemical storage areas free of ignition sources, including lamps and lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
BOILER & COMPRESSOR ROOMS				
8.57a Is the location of the boiler and compressor room consistent with all relevant requirements? (If no local or national laws apply, please describe the location of the boiler and compressor room.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Are boilers/compressors/generators separated from production floor/office space as required by the relevant laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
8.58 Are there housekeeping and maintenance procedures in place for the boiler and compressor rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.59 Are there any fuel leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
8.60 Are the boilers and compressors inspected and serviced periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
MACHINE SAFETY				
8.61 Do machines have relevant safety warnings in the language(s) spoken by workers/machine operators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.62 Do machine operators have the required license and/or trainings as required by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
SHARED BUILDING (IF APPLICABLE)				
8.63 Does your facility conduct joint risk assessments with other operations in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
DORMITORIES (IF APPLICABLE) <i>If No to 8.64, the rest of the questions in this section can be left blank.</i>				
8.64a Does the facility or the labor brokers/agents you use provide dorms/apartments to workers/management in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. If Yes to 8.64a, are the dorms/apartments separated from the production building(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8.65 Does the dormitory/apartment have a written safety program, including written emergency procedures to handle natural disasters, fire safety, and emergencies and industrial accidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.66 What is the general appearance of your dormitory/apartments: Excellent		<input type="checkbox"/>		Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
Good Fair Unacceptable		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
8.67 Does a visual inspection suggest concerns regarding the physical integrity of the dormitory/apartment building, proper lighting and ventilation, sanitary toilet areas, or clean dormitory facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
8.68 Does your facility have an emergency evacuation plan of the dormitories/apartments in the native language(s) posted in view of the facility's workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.69 Does the facility conduct regular emergency evacuation drills (at least semi-annual) in the dormitories/apartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.70 Is the safety equipment in the dormitories/apartments in compliance with the law requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.71 Are exits unlocked during times when the dormitories/apartments are occupied to allow free, unobstructed exit from the dormitories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.72 Are any aisles blocked or restricting easy access to emergency exits and to a safe assembly point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
8.73 In the dormitory/apartment, are emergency exits in compliance with the local law requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.74 Are fire alarms clear, unobstructed and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Emergency Lighting				
8.75 Is the emergency power system working and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Stairwell				

<i>PRE-AUDIT SELF-ASSESSMENT QUESTIONS</i>	<i>YES</i>	<i>NO</i>	<i>NA</i>	<i>PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE</i>
8.76 Are all stairwell handrails in good condition within the dormitories/ apartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.77 Are all stair treads in good condition within the dormitories/ apartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.78a Are stairwells in the dormitories/apartments completely clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.79 Is there clean drinking water that is easily accessible in the dormitories/apartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.80 Are the toilets and washrooms in the dormitories/apartments in sanitary and in serviceable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8.81 Is trash properly disposed of both inside and outside the dormitory facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRINCIPLE 9

FREEDOM OF ASSOCIATION & COLLECTIVE BARGAINING

Facilities will recognize and respect the right of employees to exercise their lawful rights of free association and collective bargaining.

Facilities will respect the freedom of each employee to choose for him- or her-self whether or not to join a workers' association. Facilities cannot discriminate against workers based on whether or not they choose to associate. Both the facility and the workers shall ensure they conduct themselves in accordance with all relevant laws in this regard. Facilities will ensure an effective mechanism is in place to address any workplace grievances.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
9.1 Does your facility have written procedures that recognize and respect the right of employees to exercise their lawful rights of free association and collective bargaining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
9.2a Does your facility have a documented grievance mechanism? <i>(Note: With explanation please state procedure used to submit and collect grievances)</i> <i>Please provide reference numbers to any evidence of the grievance mechanism being used.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Is the grievance mechanism known to all workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Are there any penalties associated with using the grievance mechanism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.
9.3 Does your facility have a union, association, workers' committee or collective representation of workers? <i>Some form of worker representation must exist to address workplace grievances.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>9.4 If a union, association, workers' committee, or collective association exists,</p> <p>a. Does your facility consult with the worker representatives on any issues that are a requirement by law such as facility disclosures, mass lay-offs, restructuring of the business etc.?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>b. Is there any bargaining agreement or labor-management negotiation on workplace issues?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>c. If there is a bargaining agreement, does it meet the legal minimum requirements?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>9.5 If the workers do have an organized group that addresses workplace issues, does this workers' group operate free from coercion or illegal restrictions to its operations?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>9.6 If there is a union,</p> <p>a. Are workers aware of the existence of it? Its name? Date of unionization? Number of union members?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>b. Is the organization legally constituted in the country?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>c. Are organization meetings held in the factory premises?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>9.7a Are there formal communication procedures between worker representatives and management?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>b. What are the procedures for workers' representatives meeting with management to discuss complaints, suggestions, etc. Please give a summary of your objective evidence to support this question.</p>	Click or tap here to enter text.			

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<i>Note: objective evidence including citing specifically how grievances are collected.</i>				
<p>c. Are workers' representatives consulted in establishing safe working conditions?</p> <p>Please give a summary of your objective evidence to support this question.</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>d. Does management respond to workers' representatives within a defined time?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>e. Does management allow a union or worker's representative to hold meetings on company premises during working hours?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>9.8 Does your facility enter into discussions with the workers representatives in an open manner and within the terms of local law? Please give a summary of your objective evidence to support this question.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>9.9 Are minutes of facility/worker representative meetings documented and available to the workers?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>9.10 Are workers representatives elected on a free and confidential basis by the workers without interference from management?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, what is the election process? Click or tap here to enter text.</p>
<p>9.11 Does your facility discriminate, harass, or abuse against workers</p> <p>a. who form or participate in lawful associations?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If Yes, please explain: Click or tap here to enter text.</p>
<p>b. who choose not to join any association?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text. If Yes, please explain: Click or tap here to enter text.</p>

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<p>9.12 Does your facility communicate its policies and practices pertaining to this Principle to</p> <p>a. all facility workers that may perform recruitment or screening of applicants?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>
<p>b. third parties (e.g., free zone office services, employment agencies) that may perform recruitment or screening of applicants?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p> <p>If No, please explain: Click or tap here to enter text.</p>

PRINCIPLE 10

ENVIRONMENT

Facilities will comply with environmental rules, regulations and standards applicable to their operations, and will observe environmentally conscious practices in all locations where they operate.

Facilities will ensure compliance with all applicable legally mandated environmental standards, and should demonstrate a commitment to protecting the environment by actively monitoring their environmental practices. In particular, facilities will ensure proper waste management, including monitoring the disposal of any waste material - whether solid, liquid or gaseous - to ensure such disposal is done safely and in a manner consistent with all relevant laws. Facilities are encouraged to minimize their impact on the environment by applying the principles of reduce, reuse and recycle throughout their operations.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
10.1 Does your facility have an environmental management system relevant to its industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
10.2a Does the facility's environmental management system address where and how solid, chemical, sanitary, and wastewater substances are disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility recycle as required by the law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
10.3 Does the facility have a program and materials to train relevant individuals on each practice of the environmental management system, including the prevention and control of harmful release of industrial waste into the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
10.4a Does the facility maintain records of emission events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

<i>PRE-AUDIT SELF-ASSESSMENT QUESTIONS</i>	<i>YES</i>	<i>NO</i>	<i>NA</i>	<i>PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE</i>
b. Do emissions meet the permissible standards as defined by the law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
10.5 What does the facility do to monitor its water and electricity consumption and utilize renewable energy?	Click or tap here to enter text.			

PRINCIPLE 11

CUSTOMS COMPLIANCE

Facilities will comply with applicable customs laws, and in particular, will establish and maintain programs to comply with customs laws regarding illegal transshipment of finished products.

Facilities will ensure that all merchandise is accurately marked or labeled in compliance with all applicable laws. In addition, facilities will keep records for all materials and orders, as well as maintain detailed production records.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
11.1 Does your facility keep copies of all applicable customs/trade program laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
11.2 Does your facility's procedures on customs compliance/ trade program cover the following requirements:				
a. Compliance with all applicable customs laws and maintains practices to comply with customs laws regarding illegal transshipment of products. In the event possible illegal transshipment activity, appropriate host government agency will be notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Monitors its productions on a per style basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Traces country of origin using records such as production, shipping, verification reports, quality control reports, and individual piecework sheets, for all inputs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Verifies production on an ongoing basis at sub-contracting facilities, including keeping records of such verification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Maintains a facility machine inventory and updates it annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
f. Ensures that the proper category designation is determined for all goods destined for the US market?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
11.3 Does your facility maintain an organized system of production documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
11.4 Are the following records maintained:				
a. Records of the country of origin for all goods produced in this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. A production profile (indicating name, address, production process, production type, machine inventory) of any subcontracting facility. This facility requests documents from the subcontracting facilities when questions regarding goods produced at those facilities arise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Production/purchase orders (with information such as conditions of production, payment, and finished product specifications)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Raw material invoices (indicating country/origin/manufacturing facility)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Payment proof of raw material, local transportation and employee salary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
f. Shipping/receiving documents (outgoing and incoming records of components/inputs sent to or received from another facility)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
g. Employee work records – accurate records of employee work hours that can be linked to the production of specific products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
h. Quality control records (which may include facility name and address, purchase order number, style number, date of the quality check, buyer, name, stamp or signature of inspector, comments on production)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
i. Export documents (including: packing list, manifest, bill of lading/airway bill from truck, ship, plane or train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	YES	NO	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
indicating the export date, exporting entity, destination, shipping lines, importing entity, and any charges incurred)?				
j. Number of units produced marked with a traceable mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
k. Machine inventory records, updated at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
l. Documented confirmation of the correct category and country of origin for goods through verification of correct country of origin such as binding rulings from the US Customs Service, confirmation with purchasing company, knowledgeable/trained staff, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
11.5 What records are used:				
a. Date and location of the verification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Product(s) verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Purchasing company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Style number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
e. Phase of production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
f. Reference indicator for employee(s) performing operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
g. Name/stamp or signature of verifying official?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
11.6 Does the responsible person ensure that such origin determining documents are maintained for at least the period of record retention required by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
11.7 Does the responsible person ensure that all subcontracting facilities complete a production profile and keeps such profiles on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRINCIPLE 12

SECURITY

Facilities will maintain appropriate procedures in order to ensure proper corporate security, transportation security, and people and physical security at the facility.

Facilities will ensure adequate controls are in place to safeguard against introduction of any non-manifested cargo. In this regard, WRAP recognizes the United States Customs and Border Protection (CBP)'s C-TPAT Guidelines for Foreign Manufacturers as minimum requirements and has adopted those guidelines under this Principle.

<i>PRE-AUDIT SELF-ASSESSMENT QUESTIONS</i>	<i>Y E S</i>	<i>N O</i>	<i>NA</i>	<i>PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE</i>
Corporate Security				
1. Security Vision & Responsibility				
12.1.1a Does the facility have a security program to ensure the security of its premises, its goods in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility top management demonstrate their commitment to the program by signing the security statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Is such document posted onsite or shared during security trainings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. Does the facility communicate its security program within its facility and also with its business partners? <i>New Business partners refer to the entities the facility has business relationship with, in particular, transportation/logistics providers, customers, raw material suppliers, subcontractors, service providers (including IT service providers), etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.1.2 Does the facility have a cross-functional team from the relevant departments responsible for the implementation and monitoring of its security program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
List at least two (2) people and their department from the team:				
12.1.3 Does the facility have an effective written review process for its security program that is updated promptly when pertinent changes are made in the facility's operation and level of risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.1.4a Does the facility have Point(s) of Contact (POC) – responsible persons - for its security program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Are these individuals trained to have the necessary knowledge on CTPAT program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Do POCs have a mean of obtaining and validating updates of security requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. Do the POCs provide regular updates to top management on issues related to the program, including the progress or outcomes of any audits, security related exercises, and CTPAT validations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
2. Risk Assessment				
12.2.1 Has the facility conducted security risk assessment (RA) to identify any security vulnerabilities in its facility and mitigate them by taking the necessary measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.2.2 Does your risk assessment document and map the movement of your cargo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.2.3 Does the facility review its security risk assessment (RA) at least once a year? <i>More frequent reviews must be done if risk factors dictate so.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.2.4 Does the facility ensure risks addressing towards crisis management, business continuity, security recovery plan and business resumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
3. Business Partners Security				
12.3.1a Does a written and up-to-date risk-based process exist for screening of new and monitoring of existing business partners ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility address the weaknesses found in its business partners' security assessments?				Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Are the actions, taken to mitigate any identified deficiency, effective and in time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.3.2 If the facility has undergone any CTPAT/AEO (Authorized Economic Operator) audit within the past 24 months, provide the evidence.	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.			
12.3.3 If the facility subcontracts transportation services to a highway carrier, the carrier has to be CTPAT certified. Does the facility meet this requirement? ONLY applicable for land transportation to the US.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.3.4 If a highway carrier works directly for the facility's buyer through a written contract, does the contract stipulate adherence to CTPAT's Minimum Security Criteria (MSC) requirements? ONLY applicable for land transportation to the US.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
4. Cybersecurity				
12.4.1 Does the facility have written cybersecurity policies and procedures to protect its information technology (IT) systems, including procedures for the recovery (or replacement) of IT systems and/or data if a data breach occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.4.2 Does the facility have installed sufficient software/hardware protection from malware and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
internal/external intrusion (firewalls) in its computer system?				If No, please explain: Click or tap here to enter text.
12.4.3 Does the facility regularly test the security of its IT infrastructure based on the defined frequency (but at the minimum once a year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.4.4 Does the facility have a system in place to identify unauthorized access of IT systems/data or abuse of policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.4.5a Does the facility restrict user access based on job description or assigned duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility require its system users to update their passwords regularly (but at the minimum once a year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Does the facility employ secure technologies to safeguard its IT systems used by remote users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. For facility staff using personal devices to conduct company work, does the facility require the staff to adhere to the company's cybersecurity policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
e. Does the facility remove employee's computer and network access upon ending of employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.4.6 Does the facility follow any international cybersecurity framework, such as National Institute of Standards and Technology (NIST) for establishing cyber security protocols? (N/A for US facilities.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Transportation Security				
5. Conveyance & Instruments of International Traffic Security Instruments of International Traffic (IIT) includes containers, flatbeds, unit load devices (ULDs), lift vans, cargo vans, shipping tanks, bins, skids, pallets, caul boards, cores for textile fabrics, or				

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
other specialized containers arriving (loaded or empty), in use or to be used in the shipment of merchandise in international trade				
12.5.1 If the containers/trucks stay in the facility, does the facility ensure that: a. They are not tampered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. They are parked in an access-controlled area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.5.2a Does the facility have documented procedures in place to verify the physical integrity of the container structure prior to loading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the procedure include the reliability of the locking mechanisms of the doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Prior to loading/stuffing/packing, does the facility conduct 7-point inspection on its containers and unit load devices (ULD):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Front wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Left side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Right side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Ceiling/Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Inside/outside doors, including the reliability of the locking mechanisms of the doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Outside/Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.5.3a Inspections of conveyances and IIT must be systematic and must be conducted at conveyance storage yards. Where feasible, inspections must be conducted upon entering and departing the storage yards and at the point of loading/stuffing. These systematic inspections must include: Tractors: ONLY applicable for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
land transportation to the US. Bumper/tires/rims				
Doors, tool compartments and locking mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Battery box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Air breather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Interior cab compartments/sleeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Faring/roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Does the facility conduct inspections of conveyances at the point of loading/stuffing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. If conveyances are stored in the facility, does the facility inspect them when they enter and depart the storage yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Trailers: Fifth wheel area - check natural compartment/skid plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Exterior - front/sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Rear - bumper/doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Front wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Left side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Right side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Ceiling/roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Inside/outside doors and locking mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Outside/Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
12.5.4a Does the facility ensure that conveyances are equipped with external hardware that can reasonably withstand attempts to remove it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility inspect a container and its locking mechanism to detect tampering prior to the attachment of any sealing device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.5.5 Does the facility's security inspection of its conveyances include the following elements: Container/Trailer/Instruments of International Traffic number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Date of inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Time of inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Name of employee conducting the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Specific areas of the Instruments of International Traffic that were inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.5.6a Does the facility perform its security inspections in an area of controlled access and monitored by CCTV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Are CCTV records, minimum of 24/7 and 30 consecutive days, kept in sensitive areas (cargo handling and storage areas, yard and storage areas for containers, trucks and trailers, packing areas and entrance/exit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
6. Seal Security				
12.6.1a Does the facility affix a high-security seal to all loaded trailers and containers bound for the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Do the seals meet or exceed the current ISO 17712 standards for high-security seals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Does the facility have documented procedures stipulating how seals are to be controlled and affixed to loaded containers and trailers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
				If No, please explain: Click or tap here to enter text.
d. Does the facility have documented procedures for recognizing and reporting compromised seals and/or containers/trailers to US Customs and Border Protection or the appropriate local authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
e. Does the facility have designated workers for the distribution of seals for integrity purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
f. Controlling access to seals must have the following elements: Management of seals must be restricted to authorized personnel only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Secure storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Inventory, Distribution, & Tracking (Seal Log)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Recording the receipt of new seals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Issuance of seals recorded in log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Track seals via the log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Only trained, authorized personnel may affix seals to Instruments of International Traffic (IIT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.6.2 Does the Seal security policy and procedure include “controlling seals in transit” and “seals broken in transit”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.6.3 If seals are found broken in transit, the following must be done:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
a. If a load is examined, record replacement seal number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, please explain: Click or tap here to enter text.
b. The driver must immediately notify dispatch when a seal is broken, indicate who broke it, and provide the new seal number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
c. The carrier must immediately notify the shipper, broker, and importer of the seal change and the replacement seal number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
d. The shipper must note the replacement seal number in the seal log.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.6.4 Seal discrepancies are found:				Click or tap here to enter text.
a. Does the facility retain altered or tampered seals to aid in investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility investigate the discrepancy and follow-up with corrective measures (if warranted)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. If applicable, does the facility report compromised seals to CBP and the appropriate foreign government to aid in the investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.6.5 Are all shipments sealed right after loading/stuffing/packing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.6.6a Does the facility maintain an inventory of seals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. If yes, does company management or a security supervisor conduct audits of seals that includes periodic inventory of stored and reconciliation against seal inventory logs and shipping documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.6.7 Does the facility seal verification process followed the VVTT process:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
V – View seal and container locking mechanisms; ensure they are OK				
V – Verify seal number against shipment documents for accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
T – Tug on seal to make sure it is affixed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
T – Twist and turn the bolt seal to make sure its components do not unscrew, separate from one another, or any part of the seal becomes loose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
7. Procedural Security				
12.7.1 Does the facility have security officer/manager or other designated personnel during the loading/stuffing of cargo into containers/trucks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.7.2 Does the facility have procedures in place to ensure complete and necessary information in clearing of merchandise/cargo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.7.3 Does the facility verify the accuracy of the information in the bill of ladings (BOLs) and/or manifests with the shipper or its agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.7.4 Does the facility have written procedures for reporting an incident? <i>Note:</i> The report must include a description of its internal escalation process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.7.5 Does the facility have documented procedures in place to identify, challenge and address unauthorized/unidentified persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.7.6 Does the facility investigate and resolve any shortages, overages and other significant discrepancies or anomalies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.7.7a Is cargo that is being shipped reconciled against information on the cargo manifest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Is all cargo accurately described, and are the weights, labels, marks, and piece count indicated and verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text. Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Does the facility verify departing cargo against purchase or delivery orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
				If No, please explain: Click or tap here to enter text.
d. Are drivers delivering or receiving cargo positively identified before cargo is received or released?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
e. Are documented procedures in place to track the timely movement of incoming and outgoing goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
8. Agricultural Security				
12.8.1 Does the facility have written procedures designated to prevent visible pest contamination to include compliance with Wood Packaging Materials (WPM) regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.8.2 Does the facility inspect its cargo staging areas and its immediate surrounding areas to ensure these areas remain free of visible pest contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.8.3a Has pest contamination been found during the conveyance/ instruments of international traffic inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. If so, was washing/vacuuming carried out to remove such contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.8.4 Has the facility documented its pest contamination activities and maintained the records for at least one (1) year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
People & Physical Security				
9. Physical Access Controls				
12.9.1a Does the facility have a physical access control procedure for cargo handling and storage facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Do the facility's cargo handling and storage facilities have physical barriers and/or deterrents that prevent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
unauthorized access? If no, describe what measures are in place to prevent unauthorized access?				
12.9.2a Is there perimeter fencing enclosing the areas around cargo handling and storage facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Is interior fencing within a cargo handling area used to segregate domestic, international, high value, and hazardous cargo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
c. Is all fencing regularly inspected for integrity and damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.9.3 Are gates through which vehicles and/or personnel enter or exit manned and/or monitored? <i>The number of gates should be kept to the minimum necessary for proper access and safety.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.9.4 Are private passenger vehicles prohibited from parking in or adjacent to cargo handling and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.9.5 Is there adequate lighting provided inside and outside the facility including the following areas: entrances and exits, cargo handling and storage areas, fence lines and parking areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.9.6 Does the facility ensure its security technology physical infrastructure from unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
10. Physical Security				
12.10.1a Does the facility have written procedures governing how identification badges and access devices are granted, changed and removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility restrict access to sensitive areas based on job description or assigned duties? <i>Sensitive areas include cargo handling and storage areas, yard and storage areas for containers, trucks and trailers, packing areas and</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
<i>entrance/exit, IT server rooms, shipping/receiving areas where import documents are kept, and seal storage areas.</i>				
c. Does the facility remove access of devices upon the employee's end of employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.10.2 Are visitors required to register at the main entrance and provided with proper visitor badges? Facility visitor log must include the following: Date of visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
Visitor's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Verification of photo identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Time of arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Company point of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Time of departure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Visitor's Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.10.3 Does the facility require positive identification from driver before cargo is received or released?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.10.4a Does the facility keep a cargo pickup log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility personnel (not cargo drivers) log in and out of cargo drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
c. Is the cargo log securely kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
d. Does the cargo pickup log have the following item recorded: Driver's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Date and time of arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Truck number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
Trailer number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Time of departure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
The seal number affixed to the shipment at the time of departure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.10.5 Does the facility require carrier to make deliveries and pickups by appointment only with driver's name and truck number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.10.6 Does the facility have documented procedures in place to check mails and parcels upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.10.7 If the facility use security guards, does it have written policies and procedures for security guards' work instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
11. Personnel Security				
12.11.1 Does the facility verify applicant's employment history and conduct reference checks prior to hiring, to the extent possible and allowed under the law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.11.2 Once employed, are periodic checks and reinvestigations performed based on cause, and/or the sensitivity of the worker's position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12. Education, Training & Awareness				
12.12.1a Has the facility established and maintained a security training and awareness program to train its personnel in sensitive areas and positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
b. Does the facility keep training records which include the date of the training, names of attendees and the topics of the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.12.2a Does the facility train its relevant personnel who conduct security inspections of empty conveyances and Instruments of International Traffic (IIT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.

PRE-AUDIT SELF-ASSESSMENT QUESTIONS	Y E S	N O	NA	PROVIDE A SUMMARY OF OBJECTIVE EVIDENCE
b. Does the facility training contain the following contents: <ul style="list-style-type: none"> • Signs of hidden compartments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<ul style="list-style-type: none"> • Concealed contraband in naturally occurring compartments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<ul style="list-style-type: none"> • Signs of pest contamination 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12.12.3 Does the facility train its relevant personnel on its cybersecurity policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.12.4 Does the facility train its relevant personnel operating and managing security technology systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.
12.12.5 Does the facility train its relevant personnel on how to report security incidents and suspicious activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. If No, please explain: Click or tap here to enter text.