

Pre-Audit Questionnaire

Report #:	Date Issued:
Name of Manufacturer :	Manufacturer #:
Physical Address:	
Mailing Address:	
Telephone #:	Fax #:
Facility Name:	Other Names:
Physical Address	Mailing Address
Telephone #	Fax #:

Please review information above, make changes on form if necessary.

FACILITY (NOTE: Please complete a questionnaire for each facility location):

Ownership Type of Facility:

Joint Venture	Partnership	Corporation	Privately Owned	Foreign Investment	Other
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Year Facility Established

Name of Plant Manger:

Telephone #:	Fax #:
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Marks & Spencer Articles Produced:

Percentage of the facility capacity devoted to production of ~~~~~ products:

When is next scheduled production run of ~~~~~ products:

Total Employees at this Facility:	Contract:	Local:
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If contract worker employed, length of contract:

Street Address of Dormitories (if applicable):

Pre-Audit Questionnaire

1. What is the age of the youngest worker in this facility?	
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2. Are there any work experience programs for school age children? If yes, explain:	Yes <input type="radio"/> No <input type="radio"/>
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3. Are there restrictions for workers under 18? If yes, explain:	Yes <input type="radio"/> No <input type="radio"/>
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4. What procedures does this facility have in place to verify the age of the employees?

5. Are all employees voluntarily working in this facility? What procedures does this facility have in place to ensure/monitor that all employees are working voluntarily?	Yes <input type="radio"/> No <input type="radio"/>
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6. Are there any workers in this facility that are prisoners, have been assigned by the military, or any other branch of government?	Yes <input type="radio"/> No <input type="radio"/>
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7. Are employees free to leave when their work shift ends? If No Please explain why.	Yes <input type="radio"/> No <input type="radio"/>
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8. Are guards posted only for normal security reasons? If so what are their basis duties?	Yes <input type="radio"/> No <input type="radio"/>
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9. How are employees recruited (i.e. newspaper ad, agent, contract)?	Yes <input type="radio"/> No <input type="radio"/>
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10. How are employees disciplined for misconduct or poor performance ?

Pre-Audit Questionnaire

<p>11. Do you restrict employment by age, race, ethnic group, religion, gender, sexual orientation, political affiliation, and/or national origin?</p> <p>If Yes please explain why.</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
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<p>12a. What is the lowest wage paid by the company for trained (i.e. production) employees?</p>	<p>Wage</p>
<p>12b. What is the lowest wage paid by the company for untrained (i.e. janitors, trainee) employees?</p>	<p>Wage</p>

<p>13 How are employees paid ?</p>	<p>Cash <input type="radio"/> Check <input type="radio"/> Auto Pay <input type="radio"/> Other <input type="radio"/></p>
<p>13a How is the pay rate calculated ?</p> <p>If other please explain?</p>	<p>Per Hour <input type="radio"/> Piece Rate <input type="radio"/> Per Day <input type="radio"/> Other <input type="radio"/></p>

<p>14 Is work time documented by a timecard or swipe card ?</p> <p>If no please explain the system</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
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<p>15 How often are employees paid ?</p> <p>If other please explain</p>	<p>Hourly <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other <input type="radio"/></p>
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<p>16. Are there any deductions from employees' wages?</p> <p>What charges are deducted from your employees' pay?</p> <p>How is this documented.</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
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<p>17. Does any employee owe the company money?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
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18. What allowances and benefits are provided to employees in this facility? Please circle/highlight the following that apply: Housing, meals, transportation, and other allowances; health care; child care; sick leave; emergency leave; pregnancy and menstrual leave; vacation; religious and holiday leave; and contributions for social security, life, health, worker compensation and other insurance coverage.

If others please explain.

19. Are benefits and/or allowances included in calculating the minimum wage?

Yes No

If yes please explain

20. Are there any incentive plans offered (i.e. bonus)?

Yes No

If yes please explain

21. Are workers paid for training (if applicable)?

Yes No

If no please explain

22. Do you pay overtime?

Yes No

23. Do you pay overtime?

Yes No

24. What is the maximum number of consecutive days worked ?

25. What are the operational hours of this facility?

From _____ a.m. to _____ p.m.

p.m.

From _____ a.m. to _____

p.m.

From _____ a.m. to _____

26. How many work shifts do you run in your facility?

How many hours per work shift?

27. How are overtime wages calculated (e.g. weekdays, 1.5x; holiday 2x, etc.)?

28. What is the average number of overtime hours worked per worker each week?

29. What is the maximum number of work hours per day at regular pay?

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30. What is the maximum number of hours employees are asked to work in a given week?	
31. Do employees have time each day for a meal? If yes what is the duration of each break.	Yes <input type="radio"/> No <input type="radio"/>
32. Do employees have time each day for breaks? If yes what is the duration of each break.	Yes <input type="radio"/> No <input type="radio"/>
33. Do employees take work home? How are wages for this work determined ?	Yes <input type="radio"/> No <input type="radio"/>
34. Are first aid supplies available in this facility?	Yes <input type="radio"/> No <input type="radio"/>
35. Are there any medically trained personnel on site?	Yes <input type="radio"/> No <input type="radio"/>
36. Are safety education/training programs offered (i.e. first aid, etc.)? If yes what are they	Yes <input type="radio"/> No <input type="radio"/>
37. Do you have fire extinguishers and/or sprinkler systems in this facility?	Yes <input type="radio"/> No <input type="radio"/>
38. Are fire escapes available for buildings more than one story high?	Yes <input type="radio"/> No <input type="radio"/>
39. Is personal protective equipment available at no cost to the employee?	Yes <input type="radio"/> No <input type="radio"/>
40. Do employees have unrestricted access to drinkable water?	Yes <input type="radio"/> No <input type="radio"/>
41. Do you have ventilation and lighting system?	Yes <input type="radio"/> No <input type="radio"/>
42. Is there a supervisor on the floor for each work shift? How many supervisors per work shift?	Yes <input type="radio"/> No <input type="radio"/>
43. Do you allow your employees to associate?	Yes <input type="radio"/> No <input type="radio"/>
44. Do you provide residential facilities for workers? If yes: vendor/licensee controlled facilities <input type="radio"/> rental units <input type="radio"/> other <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

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If vendor/licensee managed dormitories are provided, please answer questions 45 through 65.

46. Number of buildings:	Number of employees that reside in this dormitory:
47. Average number of employees in a sleeping room:	
48. Are sleeping quarters segregated by sex?	Yes <input type="radio"/> No <input type="radio"/>
49. Are employees provided their own individual mats or sleeping space?	Yes <input type="radio"/> No <input type="radio"/>
50. Are employees provided their own individual mats or sleeping space?	Yes <input type="radio"/> No <input type="radio"/>
51. Are directions for evacuation in the case of fire or other emergencies posted in all sleeping quarters in the native language?	Yes <input type="radio"/> No <input type="radio"/>
52. Does this facility have fire extinguishers in all sleeping quarters?	Yes <input type="radio"/> No <input type="radio"/>
53. Are fire drills conducted?	Yes <input type="radio"/> No <input type="radio"/>
54. Are fire escapes available for buildings more than one-story high?	Yes <input type="radio"/> No <input type="radio"/>
55. Are combustible materials stored in the dormitories or buildings connected to the dormitories?	Yes <input type="radio"/> No <input type="radio"/>
56. Number of toilets for employees:	Male Female
57. Are kitchen or laundry facilities provided? If yes please state where.	Yes <input type="radio"/> No <input type="radio"/>
58 Are the employees charged for the following? a. If yes, how much? Sleeping quarters: _____ Meals: _____ Transportation: _____ Others (please list):	
59. Is dormitory access controlled? If yes please state how.	Yes <input type="radio"/> No <input type="radio"/>
60. Are there any curfews on employees? If yes please explain why.	Yes <input type="radio"/> No <input type="radio"/>
60a Are employees free to come and go as they please? If not please explain.	Yes <input type="radio"/> No <input type="radio"/>
61 Do employees have unrestricted access to drinkable water?	Yes <input type="radio"/> No <input type="radio"/>

62. What efforts does the company make in regards to the environment (i.e. waste water management, air purification, hazardous material disposal)?

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63. Do you out source any of your production?

Yes No

Please complete the following for all subcontractors used for the assembly of ~~~~~~products (Please attach additional sheets if necessary).

Subcontractor #1:

Name:

Address:

Product:

Subcontractor #2:

Name:

Address:

Product:

64 Do you source to individuals, families, or collective work groups?

Yes No

What articles/components are produced by these workers?

65. How are these workers paid?

Environmental Pre-Audit Questionnaire

1b What are the key environmental risks posed by the sites operation?

1c

What environmental contingency plans do you have in the case of any accidental spillage or other emergency?

1d

How do you ensure that the site complies with national environmental legislation e.g. on waste disposal, air emissions, waste water disposal etc?

2. Does the facility discharge into a sewer system

Yes

No

a. if no, where to? Ocean, lake, river, quarry, land irrigation, etc.:

3. Is waste water treated prior discharge?

Yes

No

4. Is there any hazardous waste and/or chemicals in the facility

Yes

No

If yes, what?

How is hazardous waste and/or chemicals stored?

How is hazardous waste and/or chemicals disposed?

What safety precautions and training are in place re: hazardous waste and/or chemicals?

5. Does the facility have storage tanks either above or below ground?

Yes

No

If yes, what do they store?

6. What measures, if any, does the facility take to reduce or control air pollution?

7. List all equipment containing polychlorinated Biphenyl at the facility:

8. Is there an inspection program in place for Polychlorinated Biphenyl equipment

Yes

No

	Please explain the frequency of inspection.		
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9.	Is there an inspection program in place for polychlorinated Biphenyl equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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10	Is there any asbestos containing materials/equipment in your facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Completed by:

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____