Production Facility Self-Assessment and Monitoring Handbook
TABLE OF CONTENTS

I  INTRODUCTION ...............................................................................................................3
   The Worldwide Responsible Apparel Production – Certification Program

II PREPARING FOR SELF-ASSESSMENT .........................................................................7
   A Understanding the Principles .......................................................................................7
   B Establishing Accountability for Compliance .................................................................7
   C Reviewing Existing Practices .......................................................................................7

III WRAP PRODUCTION PRINCIPLES..............................................................................8

IV PERFORMING THE SELF-ASSESSMENT ....................................................................10
   A Introduction .................................................................................................................10
   B Determining Facility Compliance .................................................................................10
   C Alternative Evidence of Compliance .............................................................................11
   D Evidence of Compliance ..............................................................................................11
   E Specific Evidence of Compliance .................................................................................15

V  FACILITY PROFILE QUESTIONNAIRE (Appendix A)................................................16

VI PRODUCTION PRINCIPLES QUESTIONNAIRE (Appendix B)..................................18

VII FACILITY COMPLIANCE DOCUMENTATION CHECKLIST (Appendix C) ............36

VIII EMPLOYEE INTERVIEW GUIDE ..............................................................................40

IX  FACILITY MONITORING REPORT .............................................................................44

X  FACILITY CERTIFICATION RECOMMENDATION...................................................58

XI GLOSSARY ....................................................................................................................59

“The copyright *2003 by Worldwide Responsible Apparel Production. All rights reserved. No part of this publication may be reproduced in any form, in an electronic retrieval system or otherwise, without the prior written permission of the copyright owner.”
I. INTRODUCTION

WORLDWIDE RESPONSIBLE APPAREL PRODUCTION – WRAP CERTIFICATION PROGRAM

The objective of the WRAP Certification Program is to promote and certify lawful, humane and ethical manufacturing throughout the world. Participation in the WRAP Certification Program demonstrates the sewn products industry’s commitment to socially responsible business practices by adhering to the WRAP Production Principles. The Program seeks to accomplish these objectives by certifying that production facilities engaged in manufacturing comply with the Worldwide Responsible Apparel Production Principles — core standards that address labor practices, factory conditions, and environmental and customs compliance (Section III). The Program is a factory-based certification program. Facilities that participate in the Program voluntarily agree that an independent monitor will evaluate the facility for compliance with the Principles.

A WRAP Certification Board, comprised of a renowned independent Board of Directors and Executive Staff, is responsible for the ongoing administration of the Program. The WRAP reviews facility compliance reports, approves independent monitors, and certifies facilities as complying with the Principles.

FACILITY CERTIFICATION PROCESS

1. Facility submits registration form and fee to WRAP. WRAP provides facility with the Self-Assessment and Monitoring Handbook. Facility must satisfy compliance requirements.

2. Facility schedules an on-site compliance evaluation by an accredited independent monitor. Monitor verifies facility compliance with Production Principles.

3. Monitor submits evaluation reports and recommendations to WRAP for compliance assessment. WRAP issues certifications to qualified facilities.

CERTIFICATION SUBSEQUENT VISITS
To become certified, facilities must complete a three-step process:

**Step 1 – WRAP Certification Program Registration and Self-Assessment**

A. Your facility sends the registration form and $750 application fee to WRAP to initiate the certification process. The facility will have six (6) months from the date of registration to fully satisfy certification requirements. Upon registration, WRAP sends the facility a confirmation letter with a control identification number, and the Self-Assessment and Monitoring Handbook to determine whether your existing policies, procedures and practices meet the requirements of the Program.

- The registration fee covers the Program’s administrative costs. The registration fee is non-refundable and is valid for six (6) months. In the absence of extenuating circumstances, if the facility does not obtain certification within six months from registration, the facility will have to re-apply to the WRAP Certification Program.

- The Handbook lists the evidence your facility must have to demonstrate compliance. When the self-assessment is completed, your facility should be able to respond affirmatively to each question in the Production Principles Questionnaire, and provide suitable evidence of compliance, as discussed in Section IV.C.

B. The facility must be able to provide evidence that its compliance procedures have been in practice for a period of not less than forty-five (45) days.

C. When your facility is able to respond affirmatively to each question and/or meet alternative evidentiary requirements, your facility must then select an accredited independent monitor from the approved country list where your facility is located. The facility must send to both the selected monitor and WRAP the completed Self-Assessment Package (Facility Profile Questionnaire, Production Principles Questionnaire and Documentation Checklist) from the Production Facility Self-Assessment and Monitoring Handbook.

D. Upon receipt of the application fee and registration in the WRAP Certification Program, your facility will be issued a registration number, which will be your administrative control number for your participation. Once issued, you must include this number on all official documents and correspondence with WRAP.
Step 2 – Request for WRAP Compliance Evaluation – Independent Monitoring

A. The facility selects an independent monitor from the accredited monitor list for the country where the facility is located. The facility contracts and pays for the services of the independent monitor that it selects, and schedules a mutually convenient date for the initial on-site compliance evaluation visit. Prior to visiting the facility, the monitor will review your facility’s Self-Assessment Package for completeness. The Self-Assessment Package includes:

♦ Facility Profile
♦ Production Principles Questionnaire
♦ Facility Compliance Documentation Checklist

All required documents are found in the Production Facility Self-Assessment and Monitoring Handbook.

B. The independent monitor will perform an on-site compliance evaluation at your facility. The on-site compliance evaluation will verify whether your facility has the required evidence to demonstrate compliance with the WRAP Production Principles.

C. After the independent monitor concludes the on-site compliance evaluation, the monitor will inform the facility of the summary findings prior to departure. The independent monitor will send a copy of the completed Facility Monitoring Report and certification recommendation to the WRAP Certification Board.

Within sixty (60) business days of the date that the facility contracts a WRAP accredited independent monitor, the independent monitor will give your facility one of the following:

1. Facility Certification Recommendation, or

Step 3 — WRAP Certification – Final Review

A. After the initial on-site compliance evaluation visit, the independent monitor sends to WRAP the results of the Facility Monitoring Report indicating either a favorable Certification Recommendation or the Corrective Action Plan which has been issued to the facility. The independent monitor will provide WRAP with all relevant findings of the initial compliance evaluation and/or all subsequent follow-ups to any issued Corrective Action Plans.

B. The WRAP Certification Board will review and assess all relevant compliance evaluation reports and evidence. The WRAP Certification Board grants certification to qualified participating facilities.

C. The WRAP Certification is granted to your facility for a period of one-year. The terms of the certification will be determined by the WRAP Certification Board based on established risk-based certification guidelines that include, but are not limited to, facility
performance, the facility’s process to obtain recommendation by an independent monitor, independent monitor’s evaluation(s), and both the past practices and business environment of the facility.

♦ Your facility may receive an unannounced inspection consistent with the certification guidelines during the period of certification.

♦ At risk facilities are those that are determined to present more than a reasonable degree of risk at maintaining full compliance with the WRAP Production Principles. Facilities determined to be at risk will receive unannounced follow-up(s) until the facility establishes its performance of best practices in compliance with WRAP Production Principles.

♦ All other certified facilities found to be in compliance with WRAP Production Principles will be granted a standard one-year certification period during which they may or may not receive an unscheduled visit during the year long certification.

At the end of the original Certification Period, your facility can apply to re-certify the facility. To re-certify, the facility must submit a non-refundable certification program application fee and re-register in the certification program by visiting our website at www.wrapapparel.org and clicking on “Certification” then on Re-Certification. You will need a password and the factory’s email address.

If you do not know your current certification or registration number, please enter the email address you provided when you registered and we will look up your record.
II. PREPARING FOR SELF-ASSESSMENT

This Handbook is a guide to your facility’s self-assessment process. Your facility may perform the self-assessment in many different ways. The only mandatory requirements are:

1. A completed Production Facility Profile, providing pertinent data about the facility;
2. An “affirmative” response for each question included in the Production Principles Questionnaire;
3. The evidence outlined in the Facility Compliance Documentation Checklist or suitable alternative evidence, to demonstrate compliance.

Facilities should review the WRAP Production Principles, complete and send to WRAP: the Facility Profile (Appendix A); the Production Principles Questionnaire (Appendix B); and the Facility Compliance Documentation List (Appendix C) to initiate the certification process.

A. Understanding the Principles

♦ Read the Worldwide Responsible Apparel Production Principles.
♦ Read this Production Facility Self-Assessment and Monitoring Handbook.
♦ Send any questions to the WRAP. Contact information is listed on-line and on the front cover of this Handbook.

B. Establishing Accountability for Compliance

♦ Identify individuals responsible for performing the self-assessment.
♦ Get the support of senior management to emphasize the importance of the assessment process.
♦ Tell employees of senior management’s support, expectations, and responsibilities in the WRAP Certification Program.

C. Reviewing Existing Practices

♦ Determine whether your facility has the practices and evidence related to each Principle and each question on the Production Principles Questionnaire. Use the Compliance Documentation Checklist as a guide for evidence of compliance.
♦ Review copies of all written manuals, bulletins, and procedures relating to the labor practices, factory conditions, environmental and customs compliance covered by the Principles.
♦ Review internal procedures for supervising and monitoring the compliant practices relating to the WRAP Production Principles.
III. WORLDWIDE RESPONSIBLE APPAREL PRODUCTION PRINCIPLES

These Worldwide Responsible Apparel Production Principles are core standards for production facilities participating in the Worldwide Responsible Apparel Production Certification Program. The Program’s objective is to independently monitor and certify compliance with these socially responsible global standards for manufacturing, and ensure that sewn products are produced under lawful, humane and ethical conditions. Participating companies voluntarily agree that their production and that of their contractors will be certified by the WRAP CERTIFICATION PROGRAM as complying with these standards.

Compliance with Laws and Workplace Regulations  Manufacturers of sewn products will comply with laws and regulations in all locations where they conduct business.

Prohibition of Forced Labor  Manufacturers of sewn products will not use involuntary or forced labor – indentured, bonded or otherwise.

Prohibition of Child Labor  Manufacturers of sewn products will not hire any employee under the age of 14, or under the age interfering with compulsory schooling, or under the minimum age established by law, whichever is greater.

Prohibition of Harassment or Abuse  Manufacturers of sewn products will provide a work environment free of harassment, abuse or corporal punishment in any form.

Compensation and Benefits  Manufacturers of sewn products will pay at least the minimum total compensation required by local law, including all mandated wages, allowances and benefits.

Hours of Work  Hours worked each day, and days worked each week, shall not exceed the legal limitations of the countries in which apparel is produced. Manufacturers of sewn products will provide at least one day off in every seven-day period, except as required to meet urgent business needs.

Prohibition of Discrimination  Manufacturers of sewn products 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.

Health and Safety  Manufacturers of sewn products will provide a safe and healthy work environment. Where residential housing is provided for workers, manufacturers of sewn products will provide safe and healthy housing.

Freedom of Association and Collective Bargaining  Manufacturers of sewn products will recognize and respect the right of employees to exercise their lawful rights of free association and collective bargaining.

Environment  Manufacturers of sewn products will comply with environmental rules, regulations and standards applicable to their operations, and will observe environmentally conscious practices in all locations where they operate.
**Customs Compliance**  Manufacturers of sewn products will comply with applicable customs laws, and in particular, will establish and maintain programs to comply with customs laws regarding illegal transshipment of sewn products.

**Security**  Manufacturers of Sewn Products will maintain facility security procedures to guard against the introduction of non-manifested cargo into outbound shipments (i.e. drugs, explosives biohazards and/or other contraband).

**PARTICIPATING ORGANIZATIONS:**

AMERICAN APPAREL & FOOTWEAR ASSOCIATION (USA)

ASOCIACIÓN DOMINICANA DE ZONAS FRANCAS, INC. (DOMINICAN REPUBLIC)

ASOCIACIÓN GREMIAL DE EXPORTADORES DE PRODUCTOS NO TRADICIONALES

AGEXPRONT (GUATEMALA)

ASOCIACIÓN HONDUREÑA DE MAQUILADORES (HONDURAS)

ASOCIACIÓN NACIONAL DE INDUSTRIA, CÁMARA SECTORIAL ALGODÓN-FIBRAS-TEXTILES-CONFECCIONES DE COLOMBIA (COLOMBIA)

ASOCIACIÓN SALVADOREÑA DE LA INDUSTRIA DE LA CONFECCIÓN (EL SALVADOR)

ASSOCIATION DES INDUSTRIES D’HAITI (HAITI)

CÁMARA NACIONAL DE LA INDUSTRIA DEL VESTIDO (MÉXICO)

CÁMARA TEXTIL COSTARRICENSE (COSTA RICA)

CARIBBEAN LATIN AMERICAN ACTION – CLAA (USA)

CLOTHING FEDERATION OF SOUTH AFRICA (SOUTH AFRICA)

COMISIÓN NACIONAL DE ZONAS FRANCAS (NICARAGUA)

CONFEDERATION OF GARMENTS EXPORTERS OF THE PHILIPPINES, INC. (PHILIPPINES)

HONG KONG EXPORTERS’ ASSOCIATION (HONG KONG)

ISTANBUL TEXTILE AND APPAREL EXPORTERS’ ASSOCIATION (TURKEY)

JAMAICA APPAREL INSTITUTE (JAMAICA)

MAURITIUS EXPORT PROCESSING ZONE ASSOCIATION - MEPZA (MAURITIUS)

SRI LANKA APPAREL EXPORTERS ASSOCIATION (SRI LANKA)

TEXTILE COUNCIL OF HONG KONG LTD. (HONG KONG)
PERFORMING THE SELF-ASSESSMENT

A. Introduction

The WRAP Certification Program requires that the participating facilities understand and effectively demonstrate compliance with the core WRAP Production Principles to obtain certification. WRAP requires that the participating facility satisfactorily completes and returns the three written forms, which will facilitate your participation and successful certification in the program. These three forms are the Production Facility Profile, the Production Principles Questionnaire, and the Facility Compliance Documentation Checklist. The forms are included as Appendices A, B, and C in this Production Facility Self-Assessment and Monitoring Handbook.

The Production Facility Profile (Appendix A) provides WRAP and the accredited independent monitor that you will select, a base line of information about your manufacturing facility so that we can better assess your level of compliance and facilitate your certification. The information about your facility helps us to know a little about you and your operations as you begin the certification process. Remember to include your email address to facilitate communication. The Production Facility Profile is an important part of the Self-Assessment Package.

The Self-Assessment Production Principles Questionnaire (Appendix B) contains the minimum Practices required of your facility to demonstrate compliance with the Principles. The first step in the self-assessment process is for your facility to determine whether your current Practices meet the minimum requirements of the core Production Principles. Your facility must be able to respond affirmatively to all of the questions in the Questionnaire demonstrating verifiable compliance before it proceeds with on-site compliance evaluation(s) by an accredited monitor. This is the second component of the Self-Assessment Package to be completed by the facility.

The Facility Compliance Documentation Checklist (Appendix C) is the third and final component of the Self-Assessment Package to be completed by the facility and returned to the selected accredited monitor and WRAP. This Checklist demonstrates the documentation, which the facility possesses and maintains, to verify compliance with the WRAP Production Principles.

B. Determining Facility Compliance

The independent monitor will assess your facility’s compliance with the Production Principles by looking for evidence that management Practices (i.e., actual operations) satisfy the requirements of the Production Principles Questionnaire.

Certification is based on a process approach to compliance. The Questionnaire is not a checklist for compliance on any given day. The Questionnaire is an evaluation of whether the management processes are in place to ensure ongoing compliance with the Principles.

For each question in the Questionnaire, your facility must be prepared to demonstrate that your facility 1) has adopted (commitment), 2) has deployed (practicing), and 3) is monitoring (maintaining) the required Practice to demonstrate compliance.
There are certain types of evidence that are required for all questions on the Questionnaire. The common evidence of compliance is listed below in Section IV.D. Additional specific evidence of compliance – required to demonstrate a particular Practice – is detailed for each question in Section IV.E.

C. Alternative Evidence of Compliance

Generally, if the evidence of compliance detailed in this Handbook cannot be adequately demonstrated, your facility may not respond affirmatively to the question. However, a facility may present alternative evidence to support its affirmative response to a question. In such instances, your facility must clearly document the evidence to support the alternative. The independent monitor will assess whether the alternative evidence meets the objective and intent of the Principle. Overall, the use of alternative evidence should be minimized.

D. Evidence of Compliance

To be in compliance with the Principles, your facility must be able to demonstrate the (1) adoption (2) deployment, and (3) monitoring of required Practices as outlined below:

1. Adoption
   • Has your facility adopted the Practice?
   • Have individuals been assigned responsibility for the communication, deployment, and monitoring of the Practice?

2. Deployment
   • Is the Practice being followed consistently?
   • Has sufficient time elapsed since adoption of the Practice to demonstrate consistent use?
   • Is the Practice communicated and understood by relevant employees?

3. Monitoring
   • Does your facility routinely verify the effectiveness of the Practice?
   • Are deviations from the Practice identified, analyzed, and investigated?
   • Does your facility correct noncompliance in a timely manner?

The common evidence your facility must use to demonstrate the adoption, deployment and monitoring of required Practices is described below. This evidence is mandatory for each practice referred to in the Production Principles Questionnaire, unless designated “when appropriate.” Additional specific evidence to demonstrate required Practices is detailed for each question in Section IV.E.

Examples are given of evidence that would successfully demonstrate the adoption, deployment, and monitoring of particular Practices (referenced to sample questions in Section IV.E.). The examples provide illustrations only; they are not comprehensive.
Adoption

Evidence of adoption:

a. Written policies and procedures.

Example: Your facility’s written operating policy manual states:
- Your facility “will not hire any employee under the age of 14” (Principle 3).
- “Your facility obtains proof of age documentation from all potential workers prior to hiring and critically examines the documentation for authenticity?” (Question 3.1).
- “Interviews are required for all prospective employees.” (Question 3.3).

b. Designated individual(s) is/are responsible for communicating, deploying, and monitoring the Practice.

Evidence of this includes a job responsibility chart or matrix -- which identifies position titles, organization charts, and/or other means of communicating responsibilities.

Example: The job responsibility chart or matrix identifies the facility’s human resources manager with responsibility for the following:
- Responsibility for communicating to all employees your facility’s policy prohibiting discrimination on the basis of personal characteristics or beliefs, including the prohibition of pregnancy testing as a condition of employment (Question 7.1, 7.2, 7.5).
- Responsibility for obtaining signed statements from managers affirming their understanding of the facility’s anti-discrimination policy and procedures (Question 7.1).
- Responsibility for investigating and resolving reported violations of the anti-discrimination policy (Questions 7.1, 7.2).

c. Programs and materials to train relevant individuals on the Practice, when appropriate.

Example: Your facility has trained all individuals participating in the hiring process on:
- Facility policies and procedures prohibiting involuntary or forced labor (Question 2.1).
- Pre-screening procedures to confirm prospective employees are at or above the minimum age (Questions 3.1, 3.2).
- Relevant laws on hours of work and days off (Question 6.2).
- Your facility’s anti-discrimination policy (Questions 7.1, 7.2).

Note: Demonstrating your facility has adopted the required Practices in any question will not be enough to respond affirmatively to the question. Your facility must also demonstrate it has deployed and monitors the required Practices in the question.

Deployment

Evidence of deployment:
a. Effective communication of the Practice to employees.

Evidence includes posters, memoranda, company newsletters, electronic communications, company handbooks and policy manuals, reports or minutes of meetings, and/or materials from conventions, courses, and seminars (in the native language(s) of management and employees).

Example: Posters prominently placed in your facility, in the native language(s) of management and employees, state the
- Minimum age requirements (Principle 3).
- Minimum wage rates, benefits policies and additional payment information (Principle 5).
- Regular and overtime hour policies (Question 6.2).
- Anti-discrimination policies for your facility (Question 7.1).

b. Relevant individuals understand the Practice.

Evidence includes signed statements by employees, written in their native language, affirming their understanding of the Practice.

Example: Employees of your facility interviewed by the independent monitor understand relevant machinery and equipment, chemical, and fire safety procedures (Question 8.5).

c. Your facility follows the Practice consistently.

Evidence includes sufficient time elapsing since the adoption of the Practice to demonstrate consistent use.

Example: Your facility’s health and safety records go back ninety (90) days with entries at appropriate intervals (Question 8.1).

Note: Demonstrating your facility has deployed the required Practices in any question will not be enough to respond affirmatively to a question. Your facility must also demonstrate it has adopted and monitors the required Practices in the question.

Monitoring

Evidence of monitoring:

a. Your facility routinely verifies the effectiveness of the Practice.

Example: Your facility periodically reviews age documentation records and hiring procedures to verify that age documentation is obtained from all potential workers and that all prospective employees are interviewed (Question 3.1, 3.2).

b. Documentation is maintained, when appropriate.
Example: Your facility maintains comprehensive payroll records to support all employee compensation, including overtime calculations (Questions 5.4, 5.5).

c. Your facility provides employees a confidential mechanism to communicate violations (e.g., illegal transshipment activities, payroll discrepancies, mental or physical abuse) of the Practice to management and investigates reported violations and documents their resolution.

Mechanisms may include an anonymous suggestion box, posting of the contact information for local agencies with oversight on employment matters, or maintaining an employee telephone complaint line for your facility.

Example: Your facility receives an anonymous call on its “employee complaint line” from an employee who claims that her production supervisor does not allow employees to talk to one another during breaks. Management investigates the claim and documents a meeting with the supervisor where he is told to stop inhibiting employees’ rights of free association (Principle 9).

d. Your facility identifies deviations from the Practice and corrects noncompliance in a timely manner, when appropriate.

Evidence includes records of violations, modification of written policies and procedures, training, and/or remedial action.

Example: Your facility discovers during a review of payroll records that the local minimum wage increase was implemented at your facility two weeks after the change took effect under local law. Your facility corrects employee wage calculations going forward and reimburses the wage underpayment (Questions 1.1, 5.1).

e. Your facility imposes disciplinary action on management and employees responsible for violations of the Practice, when appropriate.

Disciplinary action includes verbal warnings, written warnings (signed by the disciplined employee and management, and maintained in personnel files), suspension, and termination.

Example: A production supervisor found using corporal punishment is appropriately disciplined (Principle 4).

Note: Demonstrating your facility monitors the required Practices in any question will not be enough to respond affirmatively to a question. Your facility must also demonstrate it has adopted and deployed the required Practices in the question.

E. Specific Evidence of Compliance

The specific evidence plus the common evidence listed in Section IV.D is required to demonstrate compliance with the Principles. If any required evidence from the common or
question-specific list is not present, your facility cannot respond affirmatively to the questions on the Production Principles Questionnaire, unless appropriate alternative evidence of compliance is present at your facility.
**REPORT #** __________________________  
*Provided by Monitor*

**WRAP Control #** __________________________  
*Provided by WRAP*

---

Date Issued: __________________________

Name of Production Facility: __________________________

Manufacturer ID number. This number is either the official tax number or manufacturer/industry identification number issued to the facility by the appropriate government authority.

# __________________________

Region: __________________________

Physical Location Address: __________________________

Mailing Address: __________________________

Telephone #: __________________________  Fax #: __________________________

Contact Person: __________________________

Contact’s Title: __________________________

**E-mail Address:** __________________________

Year Facility Established: __________________________

Name of Plant Manager: __________________________

Telephone #: __________________________  Fax #: __________________________

**E-mail Address:** __________________________

Articles Produced: __________________________

Total Employees at this Facility: __________________________

If contract workers employed, how many: __________________________
FACILITY PROFILE QUESTIONNAIRE (Continued)

Language(s) spoken by management and workers at the facility: ______________________________

Street Address of Dormitories (if applicable): ______________________________

COMPLETED BY:

Name: ____________________________________  Title: ____________________________________

Signature: ________________________________  Date: ______________________________
Principle 1: Compliance with Laws and Workplace Regulations – Manufacturers of sewn products will comply with laws and regulations in all locations where they conduct business.

Question 1.1 Does your facility obtain current information on local and national laws and regulations concerning each of the Principles, and does your facility promptly incorporate this information in your business practices? _____ Yes _____ No

If No, please explain: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

1.2 Your facility obtains current information on local and national laws and regulations, including laws and regulations on:

- Wages and hours _____ Yes _____ No
- Freedom of association and collective bargaining _____ Yes _____ No
- Minimum ages for employment and related restrictions _____ Yes _____ No
- Health and safety standards _____ Yes _____ No
- Environmental standards and compliance _____ Yes _____ No
- Employment discrimination _____ Yes _____ No
- General labor law _____ Yes _____ No
- Relevant international trade law _____ Yes _____ No
- Drug enforcement _____ Yes _____ No

1.3 Does your facility have a qualified person responsible for informing the facility of changes to laws and regulations, or access to current publications on national and local labor laws? _____ Yes _____ No

1.4 On a timely basis, does your facility update your practices to incorporate revision to existing laws and regulations? _____ Yes _____ No

1.5 During the previous two years, have any notices of noncompliance been issued against this facility? _____ Yes _____ No

If yes, please explain: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Principle 2:  Prohibition of Forced Labor – Manufacturers of sewn products will not use involuntary or forced labor – indentured, bonded or otherwise.

Question 2.1  Are all employees working at the facility voluntarily?  _____ Yes  _____ No

If No, please explain:_______________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

2.2  Does your facility issue payment of wages directly to employees?  _____ Yes  _____ No

2.3  Do you have agreements for contracted security guards and/or job descriptions for security employees that limit their tasks to normal security matters such as protection of facility property or security for facility personnel?  _____ Yes  _____ No

2.4  Do employees have freedom of movement that is not impeded except for the protection of facility property and security of facility personnel?  _____ Yes  _____ No
**Principle 3: Prohibition of Child Labor** – Manufacturers of sewn products will not hire any employee under the age of 14, or under the age interfering with compulsory schooling, or under the minimum age established by law, whichever is greater.

**Question 3.1** Does your facility obtain proof of age documentation from all potential workers prior to hiring and review the documentation for authenticity?  
_____Yes  _____No

If No, please explain: _________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

3.2  Does your facility obtain and retain proof of age for each employee?  _____Yes  _____No

If Yes, please explain what documentation is used and how you verify its authenticity?  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

3.3  Has your facility verified the employee’s stated age through the interview process?  
_____Yes  _____No
Principle 4: Prohibition of Harassment or Abuse – Manufacturers of sewn products will provide a work environment free of harassment, abuse or corporal punishment in any form.

Question 4.1 Does your facility effectively prohibit all forms of harassment, abuse and corporal punishment? _____Yes _____No

If No, please explain: __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

4.2 Does management sign statements affirming their understanding of your facility’s anti-harassment and abuse policies? (If your facility has not required signed statements in the past, evidence of statements signed on a prospective basis, i.e. from a certain date forward, is acceptable.) _____Yes _____No

4.3 Does your facility communicate your policy on harassment and abuse to workers and third party services (e.g., security guards, kitchen services) that will have significant contact with facility employees? _____Yes _____No

4.4 Does your facility encourage employees to report instances of harassment or abuse, without fear of retribution, through effective communication of your policies and timely resolution of matters reported? _____Yes _____No
Principle 5: Compensation and Benefits – Manufacturers of sewn products will pay at least the minimum total compensation required by local law, including all mandated wages, benefits and additional payments.

Question 5.1 Does your facility have practices to ensure employees are compensated consistent with their terms of employment and in accordance with local laws and regulations? _____Yes _____No

If No, please explain: ______________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

a. How are your employees paid? _____Cash _____Check
   _____Auto pay _____Other

b. How often are employees paid? _____Weekly _____Bi-weekly
   _____Monthly _____other

c. What is the legal minimum wage required for this facility? __________

d. How is the pay rate calculated? _____Hourly _____ piece rate
   _____Combination _____other
   If other pay method, how is pay calculated? _________________________________
   ______________________________________________________________________
   ______________________________________________________________________

e. For production piece rate workers, how does the facility assure they earn at least the minimum wage? _________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

f. Is housing, meals, health benefits, or any other type of benefit or compensation included in the minimum wage calculation? _____Yes _____No

If Yes, please explain. ____________________________________________________
____________________________________________________________________
____________________________________________________________________

Principle 5: Compensation and Benefits
g. Do employees use timecards?  _____Yes  _____No  
If No, how are work hours calculated? ____________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  

h. What are the breaks or rest periods during the day, including meal breaks?  
_____________________________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  

i. What days of the week do you normally work?  
_____________________________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  

j. How is overtime calculated and at what rate? _____________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  

k. What other benefits are given to employees?  (Please check)  

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Employment Policy?</th>
<th>Legally Mandated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>insurance</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>medical</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>pension or retirement</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>accident</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>unemployment</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>vacation</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>maternity &amp; sick leave</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>bonus (13th month)</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>meal</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>transportation</td>
<td>Yes    No</td>
<td>Yes    No</td>
</tr>
<tr>
<td>other, please explain:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Principle 5:  Compensatio and Benefits
1. Is there any type of manufacturing work done at home by company employees?  
   _____ Yes  _____ No  

   If Yes, please explain:  ________________________________________________________  
   __________________________________________________________  
   __________________________________________________________  
   __________________________________________________________  

5.2 What is the legal minimum wage? _____________________

   a. Are all employees receiving at least the minimum wage?  _____ Yes  _____ No

5.3 Does your facility prominently post legal minimum wage rates, benefit policies and additional payment information in the native language(s) of your facility’s workers and management personnel?  _____ Yes  _____ No

5.4 Does your facility have, utilize and maintain an organized system of record keeping (for example, a time clock)?  _____ Yes  _____ No

   a. Are these records kept for a period as required by law?  _____ Yes  _____ No

5.5 Does your facility provide all employees a pay record or stub that lists how their pay was calculated including all components of pay?  _____ Yes  _____ No

5.6 Does your facility store payroll records (paper or electronic) in a secure manner consistent with other business records and in accordance with regulations, or where applicable, as required by law?  _____ Yes  _____ No
**Principle 6: Hours of Work** – Hours worked each day, and days worked each week, shall not exceed the legal limitations of the countries in which sewn products are produced. Manufacturers of sewn products will provide one day off in every seven-day period, except as required to meet urgent business needs.

**Question 6.1** Does your facility ensure all work is performed in the factory, and employees do not work more hours per day, and per week than legal limits?  
_____ Yes  _____ No

If No, please explain:

___________________________________________________

________________________________________________________________________

___

________________________________________________________________________

___

6.2 Are facility workers, at the time of hiring, made aware of facility policies and procedures, 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?  _____ Yes  _____ No

6.3 Does your facility have, utilize, and retain time records that reflect the day and date employees worked, the number of hours worked by day, and the employees’ acknowledgements?  _____ Yes  _____ No

If No, please explain:___________________________________________________

_____________________________________________________________________

_____________________________________________________________________

6.4 Has the facility defined, "urgent business needs"?  _____ Yes  _____ No

If Yes, please explain:

___________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
**Principle 7:** *Prohibition of Discrimination* – Manufacturers of sewn products 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.

**Question 7.1** Does your facility have written policies that explicitly prohibit discrimination as well as effective procedures and practices to ensure compliance and remediation?

- Yes
- No

7.2 Does your facility have the written policy visibly posted for all to see?

- Yes
- No

a. Is the policy effectively communicated to all employees?

- Yes
- No

7.3 Does your facility communicate the requirements of this principle to third parties (industrial parks, export processing zones, free trade zones, etc.) that may recruit and screen applicants on your behalf?

- Yes
- No

7.4 Have any discrimination charges been filed against the facility by employees, regulatory agencies or any outside agency during the past two years?

- Yes
- No

If Yes, please explain:

_____________________________________________________

_____________________________________________________

_____________________________________________________

7.5 Does your facility have written policies that explicitly prohibit mandatory pregnancy testing as a condition of employment or continued employment?

- Yes
- No
Principle 8: *Health and Safety* – Manufacturers of sewn products will provide a safe and healthy work environment. Where residential housing is provided for workers, manufacturers of sewn products will provide safe and healthy housing.

**Question 8.1** Does your facility comply with national and local health and safety laws and regulations, and properly track health and safety incidents?

_____ Yes _____ No

If No, please explain: ______________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

8.2 Does your facility ensure the workplace is operated and maintained in a safe and healthy manner? _____ Yes _____ No

a. Are exits locked during times when your facility is occupied that prevent free, unobstructed exit from your facility? _____ Yes _____ No

Are exits locked during times when your dormitories are occupied that prevent free unobstructed exit from dormitories? _____ Yes _____ No _____ N/A

b. Are aisles and/or exits in the facility blocked restricting easy access to emergency exits?

_____ Yes _____ No

Are aisles and/or exits blocked in dormitories restricting easy access to emergency exits? _____ Yes _____ No _____ N/A

c. Does your facility have a written safety program including a fire safety plan? _____ Yes _____ No

Does your facility have a written safety program including a fire safety plan for the dormitories section? _____ Yes _____ No _____ N/A

d. Does your facility maintain first aid supplies as recommended by a local medical provider or required by law? _____ Yes _____ No

e. Are first aid supplies available and accessible to all areas of your facility? Yes _____ No

f. Is employee training conducted for first aid and safety? _____ Yes _____ No
g. Are first aid responders/emergency safety personnel identified and properly trained?
   _____ Yes _____ No

h. Is there clean drinking water that is easily accessible at your facility?
   _____ Yes _____ No

   Is there clean drinking water that is easily accessible in dormitories?
   _____ Yes _____ No _____ N/A

   If water is provided, is it at no cost to employees? _____ Yes ____ No _____ N/A

i. Is there a safe work environment, which includes: proper lighting and ventilation, sanitary toilet areas, structurally sound and clean building facilities?
   _____ Yes _____ No

   Is there a safe dormitory environment, which includes: proper lighting and ventilation, sanitary toilet areas, structurally sound and clean dormitory facilities?
   _____ Yes _____ No _____ N/A

   If No, please explain: _______________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

j. Does your facility maintain a safety committee, which holds quarterly meetings, keep minutes of meetings and includes both facility workers and management?
   _____ Yes _____ No

8.3 Check which of the following safety documentation is maintained by your facility:

   _____ Health and safety reports
   _____ Heavy machinery inspection (boilers, compressors, etc…)
   _____ Maintenance reports
   _____ Fire extinguisher records, noting date inspected and expiration
   _____ Emergency drill records, noting date and detail results
   _____ Work injury reports
   _____ Clinic logs noting the date and reason for visit

8.4 Have any government agencies inspected your facility for compliance with safety and health regulations during the past two years? _____ Yes _____ No

   a. Are copies of reports available at your facility? _____ Yes ____ No

8.5 Does your facility have a chemical safety program? _____ Yes _____ No

   a. Does your facility properly store hazardous/toxic materials? _____ Yes _____ No
   b. Are employees trained on chemical safety? _____ Yes _____ No
Principle 8: Health and Safety

c. Does your facility maintain documentation for chemical labeling, chemical usage warnings, and proper handling instructions? _____ Yes _____ No

If No, please explain: _______________________________________________

_________________________________________________________________

_________________________________________________________________

8.6 Does your facility have written emergency procedures to handle natural disasters, fire emergencies, or industrial accidents? _____Yes _____No

Does your facility have written emergency procedures to handle natural disasters, fire emergencies, or industrial accidents for dormitories? _____Yes _____No _____N/A

8.6 a. Have selected employees been trained on the proper use of fire extinguishers? _____Yes _____No

b. Does your facility have an emergency evacuation plan in the native language posted in view of your facility's workers? _____ Yes _____ No
c. Does your facility conduct semi-annual emergency evacuation drills? ___Yes ___No
d. Are there an adequate number and location of emergency exits? _____ Yes ____ No
e. Are fire extinguishers visible, appropriate and accessible? _____ Yes _____ No

8.7 Has your facility conducted a hazard assessment to determine if any personal protective equipment is required? _____ Yes _____ No

8.8 If personal protective equipment is required, is it provided to affected employees at no cost? _____ Yes _____ No

8.9 What is the overall general appearance of your facility?

<table>
<thead>
<tr>
<th>Facility</th>
<th>Dormitories</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ excellent</td>
<td>_______ excellent</td>
</tr>
<tr>
<td>_______ good</td>
<td>_______ good</td>
</tr>
<tr>
<td>_______ fair</td>
<td>_______ fair</td>
</tr>
<tr>
<td>_______ unacceptable</td>
<td>_______ unacceptable</td>
</tr>
</tbody>
</table>

Please explain reason for this condition: ____________________________________________

_________________________________________________________________

_________________________________________________________________
**Principle 8: Health and Safety**

b. What is the overall general appearance of the maintenance shop?

- _____ excellent
- _____ good
- _____ fair
- _____ unacceptable

Please explain reason for this condition: ___________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

c. What is the overall general appearance of the toilets and washrooms?

<table>
<thead>
<tr>
<th>Facility</th>
<th>Dormitories</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ excellent</td>
<td>_____ excellent</td>
</tr>
<tr>
<td>_____ good</td>
<td>_____ good</td>
</tr>
<tr>
<td>_____ fair</td>
<td>_____ fair</td>
</tr>
<tr>
<td>_____ unacceptable</td>
<td>_____ unacceptable</td>
</tr>
</tbody>
</table>

Please explain reason for this condition: ___________________________________
____________________________________________________________________
____________________________________________________________________

8.10 Is trash properly disposed of both inside and outside your facility? ____ Yes ____ No

a. Is trash properly disposed of in the dormitory facilities? ____ Yes ____ No

8.11 Does the facility address the following occupational health needs?

- _____ heat stress  ____ Yes  ____ No
- _____ paint spray/spot cleaning booths  ____ Yes  ____ No
- _____ welding safety  ____ Yes  ____ No
- _____ respirator safety  ____ Yes  ____ No
- _____ bloodborne pathogen program  ____ Yes  ____ No
- _____ hearing (noise control program)  ____ Yes  ____ No
- _____ indoor air quality  ____ Yes  ____ No
- _____ cotton dust ventilation  ____ Yes  ____ No
- _____ sanitary waste disposal  ____ Yes  ____ No
**Principle 9:** *Freedom of Association and Collective Bargaining* – Manufacturers of sewn products will recognize and respect the right of employees to exercise their lawful rights of free association and collective bargaining.

**Question 9.1** Does your facility have written policies that recognize and respect the right of employees to exercise their lawful rights of free association and collective bargaining, as well as effective procedures and practices to ensure compliance? _____Yes _____No

9.2 Does your facility discriminate against employees who form or participate in lawful associations and/or collective bargaining? _____Yes _____No

If Yes, please explain: ________________________________________________
__________________________________________________________________
__________________________________________________________________

9.3 Does your facility discriminate against those who choose not to join any association or bargain collectively?

_____Yes _____No

If Yes, please explain: ________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
**Principle 10: Environment** – Manufacturers of sewn products will comply with environmental rules, regulations and standards applicable to their operations, and will observe environmentally conscious practices in all locations where they operate.

**Question 10.1** Does your facility have an environmental management system?
- _____ Yes  _____ No

If Yes, please explain: ________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**10.2** Does your facility assess its ability to prevent and control harmful releases of industrial waste into the environment? _____ Yes  _____ No

If Yes, please explain how your facility does this:  __________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**10.3** Does your facility maintain a detailed plan for handling accidental release or discharge of environmentally dangerous materials? _____ Yes  _____ No

If Yes, please explain: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**10.4** Does your facility maintain records of emission events? _____ Yes  _____ No

Describe how and where solid, chemical, sanitary, and waste water substances are disposed of:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________
**Principle 11: Customs Compliance** – Manufacturers of sewn products will comply with applicable customs laws and, in particular, will establish and maintain programs to comply with customs laws regarding illegal transshipment of sewn products.

Question 11.1 Does your facility maintain an organized system of production documentation?  
_____ Yes  _____ No

If Yes, please explain:  
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

11.2 Does your facility maintain accurate production records?  _____ Yes  _____ No

If Yes, please indicate by checking the applicable documentation:

_____ Yes  _____ No  A production profile of any subcontracting facility.
_____ Yes  _____ No  Production/purchase orders (with information such as conditions of production, payment, finished product specifications).
_____ Yes  _____ No  Raw material invoices (indicating country/origin/manufacturing facility).
_____ Yes  _____ No  Shipping/receiving documents (outgoing and incoming records of components/fabric/inputs sent to or received from another facility).
_____ Yes  _____ No  Employee work records – accurate records of employee work hours that can be linked to the production of specific products.
_____ Yes  _____ No  Cutting tickets (documents that clearly demonstrate the cutting, origin of fabric and cutter should be available).
_____ Yes  _____ No  Sewing records (including information such as style number, sewing operator, sewing dates).
_____ Yes  _____ No  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).
_____ Yes  _____ No  Export documents (including, where applicable, copies of the quota and visa, if your facility is the quota provider, packing list, manifest, bill of lading/airway bill from truck, ship, plane or train indicating the export date, exporting entity, destination, shipping lines, importing entity, and any charges incurred).
**Principle 11: Customs Compliance**

11.2 (continued)

_____ Yes _____ No  Outward processing production (if applicable, copies of the outward processing program designated by the domestic government, copies of compliance review reports, documentation demonstrating the flow of goods from one facility to another).

11.3 Does your facility's production records verify third party performance?
   _____ Yes _____ No

   If Yes, please indicate applicable records:

   _____ Yes _____ No  Date and location of the verification
   _____ Yes _____ No  Product(s) verified
   _____ Yes _____ No  Purchasing company
   _____ Yes _____ No  Style number
   _____ Yes _____ No  Phase of production
   _____ Yes _____ No  Reference indicator for employee(s) performing operation
   _____ Yes _____ No  Name/stamp or signature of verifying official

11.4 Does your facility maintain an equipment inventory profile, including the number of machines, types of machines, number of employees, daily production capacity?
   _____ Yes _____ No

11.5 Does your facility have a security program to ensure your finished products are not altered, tampered or replaced during storage and shipping?
   _____ Yes _____ No

If Yes, please explain: ________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
**Principle 12: Security** – Manufacturers of Sewn Products will maintain facility security procedures to guard against the introduction of non-manifested cargo into outbound shipments (e.g. drugs, explosives bio hazards and/or other contraband).

**Question 12.1** Does your facility have Practices to guard against the introduction of non-manifested cargo (e.g. drugs, explosives, biohazards, and/or other contraband)?

_____ Yes _____ No

If Yes, please explain: ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12.2 Does the facility have an anti-smuggling policy? _____ Yes _____ No

If Yes, please explain: ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12.3 Does your facility perform background checks on security/shipping/loading dock personnel before their employment is permanent? _____ Yes _____ No

12.4 Does your facility contact appropriate law enforcement authorities to coordinate your drug enforcement and drug prevention practices with them? _____ Yes _____ No

12.5 Does your facility maintain secure premises to prevent the entry or shipment of non-manifested cargo (e.g. drugs, explosives, biohazards, and/or other contraband)?

_____ Yes _____ No

12.6 Does your facility restrict access to your facility by non-employees?

_____ Yes _____ No

a. Do employees have photo identification tags and/or authorized passes? ____Yes ____No

b. Do visitors and employees wear identification tags at all times while on facility premises or have them available on request? _____ Yes _____ No

c. Does your facility escort visitors while in your facility, and control their movements while in the shipping areas of your facility? _____ Yes _____ No
In preparation for the site visit, we request facility management to assemble the documents listed on the chart below. The monitor will review these documents as part of the monitoring process. Facility management must indicate on the list below if these documents are available. Monitor must indicate documentation availability and monitor verification.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Facility</th>
<th>Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicable Laws and Regulations (national and local)</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Child labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrictions on workers below the age of unrestricted employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum daily / weekly hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime hours and rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave and required holidays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other benefits and allowances (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harassment or Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom of Association and Collective Bargaining</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customs Compliance (transshipment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: (i.e., collective bargaining agreements, or labor-management grievance procedures)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FACILITY COMPLIANCE DOCUMENTATION CHECKLIST

*Appendix C (Continued)*

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Facility</th>
<th>Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Policies, Procedures, and Documentation (Practices)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal operating policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel management policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee handbook / terms and conditions of employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wage and hour policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time cards or other work hour support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll records in this facility or other for the last one-year (e.g., piece rate records, pay stubs, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for overtime calculations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Licenses, Certificates of Operation, Inspection Reports re: sanitation, fire safety, worker safety, structural safety, environmental compliance, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety committee procedures and meeting minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Machinery inspection / service logs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies / procedures on use of personal protective equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident / injury log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency medical procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire extinguisher inspection records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Facility</th>
<th>Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel files (including job application, employment contracts, discipline letters, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel identification cards, birth certificates, or other identification records (e.g., school records, official immigration records)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Facility</th>
<th>Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Licenses, Certificates of Operation, Inspection Reports re: sanitation, fire safety, structural safety, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dormitory rules and regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Type</td>
<td>Facility</td>
<td>Monitor</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>Business Agreement(s) (Manufacturing and Subcontracting Agreements)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Memorandum of Understanding (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor Union Agreements (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transshipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase orders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raw material invoices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipping and receiving documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Production records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting tickets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewing tickets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee time sheets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality control records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invoices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Export documents (including quota/visa, invoice, bill of lading)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outward Processing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Export documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Origin documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customs papers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Import documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrier initiative participation records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipment arrival/departure records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security check records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipping services profiles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Affirmation of Self-Assessment Requirements

<table>
<thead>
<tr>
<th>Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you read and understood the WRAP Principles?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have WRITTEN policies and procedures on the adoption, deployment and monitoring of practices as required by the WRAP Certification Program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have designated individual(s) for the communication, deployment and monitoring of the required practices for the WRAP Principles?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have trained individuals responsible for the deployment and monitoring of the specific WRAP practices, when appropriate?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Individual Completing this Form:  

____________________________________

Position of Individual:  

____________________________________

Signature of Individual:  

____________________________________

Date______________________________
EMPLOYEE INTERVIEW GUIDE

REPORT # ____________________________  Facility # ____________________________
Provided by Monitor  Provided by WRAP

EMPLOYEE INTERVIEW QUESTIONS

Potential Forced Labor Issues

1. Is management withholding any of your pay?  _____ Yes  _____ No
   If Yes, how much and why?  _______________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. When do you receive your pay?
   _______________________________________________________________________

3. Do you receive your compensation directly from the factory?  _____ Yes  _____ No
   If No, who receives your paycheck?  _________________________________________

4. Are you ever not permitted to leave the premises when your shift ends?
   _____ Yes  _____ No

5. Have you ever witnessed or been subjected to mental or physical abuse or coercion from
   management or security guards?  _____ Yes  _____ No
   If Yes, describe __________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

6. Is your freedom of movement limited in any way, for other than normal security concerns?
   _____ Yes  _____ No
   If Yes, how?  ___________________________________________________________________
   _______________________________________________________________________

Potential Child Labor Issues
(Note: Questions 7 - 10 should be reviewed in conjunction with employee personnel files.)

7. What is your Date of Birth (verify via employee ID)? __________________________

8. What year were you born? __________________________
EMPLOYEE INTERVIEW GUIDE (Continued)

9. How long have you worked at this factory? ________________________________

10. Have you ever seen underage children working here? _____ Yes _____ No

   If Yes, please explain: ___________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Potential Compensation, Benefits, and Hours Issues

(Note: Questions 11 - 28 should be reviewed in conjunction with the Payroll Testing.)

11. What is your normal workweek? _________________________________________

12. What are your normal work hours? _______________________________________

13. Do you normally get one day off per week? _____ Yes _____ No

   If No, please explain ____________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

14. On average, how many hours (including overtime) do you work per week? ______

15. What breaks are you given? _____________________________________________

16. Who punches your time card? __________________________________________

17. Do you ever work when your time card is not punched? _____ Yes _____ No

   If Yes, when? _________________________________________________________

18. Do you punch in and out while at lunch or on break? _____ Yes _____ No

19. How are you paid? _____ Hourly _____ Piece Rate _____ Salary

   How much? _____________________________________________________________

20. If paid at piece rate, do you keep track of your pieces? _____ Yes _____ No
EMPLOYEE INTERVIEW GUIDE (Continued)

If Yes, does it match pay?  _____ Yes  _____ No

21. Approximately how much do you earn weekly? _______ Net______ or Gross
(Is this consistent with the hourly wage? _____ Yes _____ No)

22. Do you receive an itemized paycheck stub? _____ Yes _____ No
If Yes, are your correct hours listed? _____ Yes _____ No

23. Are you required to pay for any materials or supplies or are you ever charged for any items (i.e. housing, meals, etc.)? _____ Yes _____ No
   If Yes, what? ________________________________________________________
   (test for reasonableness).

24. Are you aware of any legally mandated benefits which you are not receiving?
   _____ Yes _____ No
   If Yes, what benefits? ________________________________________________________

25. Do you ever do any production work at home? _____ Yes _____ No
   If Yes, please explain: ______________________________________________________

Potential Health and Safety Issues

26. Do you have fire drills? _____ Yes _____ No
   If Yes, how often? ______________________________________________________

27. What would you do in the event of an emergency evacuation? ____________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

28. Are people in this plant trained to use fire extinguishers? _____ Yes _____ No

For Facilities that Provide Housing

29. Are the doors locked in the dormitories at night? _____ Yes _____ No

30. Are you allowed to cook in your room? _____ Yes _____ No

31. Is there a fire and emergency evacuation plan for the dormitory? _____ Yes _____ No
General Working Conditions

What is your overall impression of the factory? _________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
WORLDWIDE RESPONSIBLE APPAREL PRODUCTION

WRAP

CERTIFICATION PROGRAM

IX. FACILITY MONITORING REPORT

The Facility Monitoring Report will be used to summarize the verification compliance findings. If a Corrective Action Plan (CAP) is issued, that both the monitor and the facility manager believe is reasonable to ensure conformity with the Principles and local laws, it must be indicated in the appropriate section of the Facility Monitoring Report. If no CAP is required, and the facility is verified to be in compliance on the initial evaluation visit, the monitor must include the Facility Certification Recommendation form with the findings to WRAP for review.

The Facility Monitoring Report should be used in the following manner:

- Document any non-compliance issues on the form below (prior) to the closing meeting;
- Use the Report as an agenda during the closing meeting;
- During the closing meeting, go through the facility monitoring visit findings with the factory management, and try and agree upon a reasonable Corrective Action Plan, including scheduled date for implementation and re-verification visit;
- Document the Corrective Action Plan in the Report;
- Both parties should sign and date the Report.

Please leave one copy of the CAP with the facility manager, retain one copy with the monitoring program or working papers, and remit one copy to the WRAP Office. Once the facility is verified to be in compliance with the WRAP Production Principles (including any/all CAPs and follow-up visits), the independent monitor must send to WRAP the final Facility Monitoring Report with an accompanying Facility Certification Recommendation. No facility will be considered for review without a completed and signed Facility Certification Recommendation and accompanying report.
WORLDWIDE RESPONSIBLE APPAREL PRODUCTION
WRAP
CERTIFICATION PROGRAM
FACILITY MONITORING REPORT

Report #____________________   Facility #______________________

Principle 1:  Compliance with Laws and Workplace Regulations

_____ Acceptable            _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law :

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Corrective Action Required/Completed:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Principle 2: Prohibition of Forced Labor

_____ Acceptable  _____ Corrective Action Required

(please provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
WORLDWIDE RESPONSIBLE APPAREL PRODUCTION
WRAP
CERTIFICATION PROGRAM
FACILITY MONITORING REPORT

Report #____________________ Facility #______________________

_Principle 3: Prohibition of Child Labor_

_____ Acceptable _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Report #____________________ Facility #_____________________

Principle 4: Prohibition of Harassment or Abuse

_____ Acceptable  _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Principle 5: Compensation and Benefits

_____ Acceptable

_____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Report #____________________  Facility #____________________

**Principle 6: Hours of Work**

_____ Acceptable  _____ Corrective Action Required

(provide reference to national/local law, non-compliance, issue and details of corrective action)

National/Local Law:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Report #____________________       Facility #______________________

Principle 7: Prohibition of Discrimination

_____ Acceptable              _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
WORLDWIDE RESPONSIBLE APPAREL PRODUCTION
WRAP
CERTIFICATION PROGRAM
FACILITY MONITORING REPORT

Report #____________________ Facility #______________________

Principle 8: Health and Safety

_____ Acceptable  _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
REPORT #____________________   FACILITY #______________________


_____ Acceptable  _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Report #____________________   Facility #______________________

Principle 10: Environment

_____ Acceptable             _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law :

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Compliance/Non-Compliance Issues and Observations:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Action Required/Completed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Report #____________________   Facility #______________________

**Principle 11: Customs Compliance**

_____ Acceptable               _____ Corrective Action Required

(provide reference to national/local law, non-compliance issue, and details of corrective action)

**National/Local Law:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Compliance/Non-Compliance Issues and Observations:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Corrective Action Required/Completed:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
WORLDWIDE RESPONSIBLE APPAREL PRODUCTION
WRAP
CERTIFICATION PROGRAM
FACILITY MONITORING REPORT

Principle 12: Security

_____ Acceptable

_____ Corrective Action Required

(Provide reference to national/local law, non-compliance issue, and details of corrective action)

National/Local Law:

Compliance/Non-Compliance Issues and Observations:

Corrective Action Required/Completed:
# Facility Monitoring Report

___ Acceptable                ___ Corrective Action(s) Required

Name of Facility: _________________________________________________________
________________________________________________________________________

Name of Monitor:_________________________________________________________
Name of Monitor Firm: ____________________________________________________
Date of Compliance Visit:__________________________________________________

A closing meeting has been performed; the findings described in the Facility Monitoring Report were discussed and agreed upon, including any/all Corrective Action Plans.

Signature of Monitor  Date

Signature of Facility Official  Date

Name of Facility Official  Title of Official
To: WRAP Certification Board

We have conducted an independent compliance assessment of this manufacturing facility. As per WRAP Certification Program requirements, we find that practices consistent with the WRAP Production Principles minimum standards have been in place for a period of not less than forty-five (45) days prior to the Report Date below.

Our independent assessment was made in conformance with the criteria of the WRAP Production Facility Self-Assessment and Monitoring Handbook.

On __________ / ______ / ______, ______________________________, performed the WRAP Compliance Evaluation visit on the manufacturing facility:

_______________________________________________________________________,

(Name of production facility)

and hereby recommends it for certification under the WRAP Certification Program.

______________________________________________    ________________________
Name of Independent Lead Monitor                                  Date

_____________________________________           _____________________________
Authorized Signature for Independent Monitoring Firm    Name of Authorizing Official

Date of Initial Compliance Visit _____________________________________________

Date(s) of Corrective Action Plan Visit(s), (if relevant): __________________________

_________________________________________   _____________________________
Signature                                  Date

Executive Director Recommendation: _____Yes  _____ No _______________________
Executive Director

WRAP Board Documentation Review: ________________________________________

Board Member

________________________________________________________________________
WRAP
WRAP is the registered trademark acronym of the Worldwide Responsible Apparel Production, the non-profit organization that administers the Certification Program. The Worldwide Responsible Apparel Production Certification Program is a factory certification program based on the WRAP Production Principles, designed to ensure that ‘sewn products’ are manufactured in lawful, humane, and ethical conditions throughout the world.

WRAP Production Principles
The WRAP Principles are the twelve core global production standards for manufacturing facilities throughout the world that voluntarily participate in the Certification Program, designed to ensure that the manufacturing is performed under lawful, humane and ethical conditions.

Certification Guidelines
The criteria used to consider the terms of certification as either normal or risk-based. The guidelines provide for annual certification valid for both normal and risk-based classifications. Those production facilities determined by the WRAP Certification Board to be at risk of maintaining compliance are subject to a mandatory unscheduled, unannounced follow-up visit by WRAP accredited monitor. The guidelines are issued and determined exclusively by the WRAP Certification Board.

Certification Board
The Certification Board of the Worldwide Responsible Apparel Production is comprised of the independent WRAP Board of Directors and Executive Officer(s), and is responsible for the governance of the Certification Program.

Corrective Action Plan
The Corrective Action Plan is the required plan of remediation to be implemented by a participating manufacturing facility, if it is determined that the participating facility is not in compliance with the adoption, deployment and monitoring of any one, or more of the WRAP Principles. The Corrective Action Plan is determined, created and issued by the accredited independent monitor who performs the on-site compliance evaluation. Once issued, only the Certification Board has the authority, if deemed necessary, to alter the Corrective Action Plan.

Evidence of Compliance
The Evidence of Compliance includes all the required specific and supplementary documentation and practices, which can demonstrate a manufacturing facility’s adoption, deployment and monitoring of the WRAP Principles. This includes, but is not limited to, the physical evidence, management policies and practices at a participating manufacturing facility.

Facility
Facility refers to a factory, manufacturing plant, or other production area where product is made.
Facility Certification Recommendation
The Facility Certification Recommendation is a required action performed by the accredited independent monitor based on the successful compliance findings of the on-site evaluation at the participating manufacturing facility. If a manufacturing facility is verified to be in compliance with the WRAP Production Principles, the independent monitor will issue a written Facility Certification Recommendation to the WRAP Certification Board. The recommendation will be reviewed with all other relevant findings to determine certification. If the participating manufacturing facility is found not to be in compliance, the accredited independent monitor will issue a Corrective Action Plan. A Certification Recommendation can only be issued if and when a participating manufacturing facility satisfies the compliance requirements as verified by an accredited independent monitor.

Facility Compliance Documentation Checklist
The Outline is the documentation/materials assembled by the facility that supports and gives evidence to the affirmative responses required in each question of the Production Principles Questionnaire. The Facility Compliance Documentation Checklist is found as appendix C in the Production Facility Self-Assessment and Monitoring Handbook.

Facility Monitoring Report
The Facility Monitoring Report is the report of findings by the accredited independent monitor after performing an on-site compliance evaluation at a participating manufacturing facility.

Independent Monitor
An independent monitor is the company, organization or individual accredited by the WRAP Certification Board to participate in the WRAP Certification Program to perform on-site compliance evaluations at participating manufacturing facilities. The independent monitor is subject to the conditions and requirements of Accreditation and the Monitoring and Reporting Procedures Manual.

Production Facility Self-Assessment and Monitoring Handbook
The Handbook is the official guide and reporting requirements for the WRAP Certification Program. The Handbook serves both participating manufacturing facilities and the accredited independent monitors who evaluate facility compliance. The Handbook contains seven sections: Administrative Information, Facility Profile Questionnaire; Production Principles Questionnaire; Facility Compliance Documentation Checklist; Facility Employee Interview Guide; Facility Certification Recommendation; Facility Monitoring Report; and the Glossary.

Production Facility Policies and Procedures Manual
The Production Facility Policies and Procedures Manual is a guidebook of sample management policies and procedures that a facility can adopt, deploy and monitor for compliance with the WRAP Principles. This guide can be used by facilities that presently do not have the required policies and procedures required for compliance with the WRAP Principles. The suggested policies and procedures are samples.

Practices
For the purposes of the WRAP manuals and processes, ‘Practices’ means those actions, including but not limited to, the practices, policies and procedures that management performs.
or requires at the manufacturing facility to conduct its business. Management Practices are used as evidence of compliance for the adoption, deployment, and monitoring of the WRAP Principles.

**Risk-Based Certification**
Risk-Based Certification is the certification granted to a participating manufacturing facility when the WRAP Certification Board determines the facility presents a risk to sustained compliance with the WRAP Production Principles. Risk-Based Certification is only an administrative determination and the Certificate of Compliance is issued annually with mandatory unscheduled follow-up monitoring visits by a WRAP accredited monitor. After two successive years of verified uninterrupted compliance, a risk-based facility may have its risk-base classification reviewed by the WRAP Certification Board. If a positive review is concluded, the WRAP Certification Board can remove the participating facility from the risk-based classification and permit full certification. Factors of risk include, but are not limited to, the Risk-Based Criteria.

**Risk-Based Criteria**
Risk-Based Criteria are the relevant factors and extenuating circumstances considered by the WRAP Certification Board in its certification review of a participating manufacturing facility. These factors include, but are not limited to: the facility’s past and present management performance, the facility’s process to obtain recommendation by an independent monitor, and both the past practices and regional/local business environment of the facility.

**Production Principles Questionnaire**
The Questionnaire denotes the minimum Practices required of your facility to demonstrate compliance with the WRAP Production Principles. If your facility is unable to answer “yes” to any of the questions in the Production Principles Questionnaire, your facility must establish the required Practice before it can proceed with the WRAP Evaluation and Certification. Sample models of practices and policies can be found in the Production Facility Policies and Procedures Manual available upon request by participating manufacturers.

**Subcontracting Facility**
Defined as any manufacturer that produces under contract for a participating manufacturing facility. The work performed and/or produced by the Subcontracting Facility contributes or is a component of the product of the participating manufacturing facility.