

May 2001

Code of Business Practices

The International Council of Toy Industries (ICTI), an association of associations, is committed on behalf of its member companies to the operation of toy factories in a lawful, safe, and healthful manner. It upholds the principles that no underage, forced, or prison labor* should be employed; that no one is denied a job because of gender, ethnic origin, religion, affiliation or association, and that factories comply with laws protecting the environment. Supply agreements with firms manufacturing on behalf of ICTI members must also provide for adherence to these principles.

The role of ICTI is to inform, educate, and survey its members so that individual member companies can adhere to its Code of Business Practices. As an association, it also acts to encourage local and national governments to enforce wage and hour laws and factory health and safety laws.

Specific operating conditions that member companies are expected to meet and obtain contractor agreement in advance are as follows:

1) LABOR

- a) that working hours per week, wages and overtime pay practices comply with the standards set by law or, in the absence of a law, address humane, safe and productive working conditions;
- b) that no one under the legal minimum age is employed in any stage of toy manufacturing; that a minimum age of 14 applies in all circumstances, but notwithstanding the foregoing, that C138 Minimum Age Convention (1973) and C182 Worst Forms of Child Labor Convention (1999) of the International Labor Organization apply;
- c) that no forced or prison labor is employed*, that workers are free to leave once their shift ends, and that guards are posted only for normal security reasons;
- d) that all workers are entitled to sick and maternity benefits as provided by law;
- e) that all workers are entitled to freely exercise their rights of employee representation as provided by local law.

2) THE WORKPLACE

- a) that toy factories provide a safe working environment for their employees and comply with or exceed all applicable local laws concerning sanitation and risk protection;
- b) that the factory is properly lighted and ventilated and that aisles and exits are accessible at all times;
- c) that there is adequate medical assistance available in emergencies, and that designated employees are trained in first aid procedures;
- d) that there are adequate and well-identified emergency exits, and that all employees are trained in emergency evacuation;

- e) that protective safety equipment is available and employees are trained in its use;
- f) that safeguards on machinery meet or exceed local laws;
- g) that there are adequate toilet facilities which meet local hygiene requirements, and that they are properly maintained;
- h) that there are facilities or appropriate provisions for meals and other breaks;
- i) if a factory provides housing for its employees, it will ensure that dormitory rooms and sanitary facilities meet basic needs, are adequately ventilated and meet fire safety and other local laws;
- j) that no mental or physical disciplinary practices are employed.

3. COMPLIANCE

- a) The purpose of this Code is to establish a standard of performance, to educate, and to encourage commitment to responsible manufacturing, not to punish.
- b) To determine adherence, ICTI member companies will evaluate their own facilities as well as those of their contractors. They will examine all books and records and conduct on-site inspections of the facilities, and request that their contractors follow the same practices with subcontractors.
- c) An annual statement of compliance with this Code must be signed by an officer of each manufacturing company or contractor.
- d) Contracts for the manufacture of toys should provide that a material failure to comply with the Code or to implement a corrective action plan on a timely basis is a breach of contract for which the contract may be canceled.
- e) Because of the great diversity in the kinds of toys manufactured and the manufacturing methods used, as well as the wide range in factory sizes and numbers of employees, three annexes are attached to this Code to provide *guidelines* for determining compliance. A rule of reason must be used to determine applicability of the annex provisions.
- f) This Code should be posted or available for all employees in the local language.

* Many countries recognize that prison labor is essential to the rehabilitation process. This provision prohibits the exportation of prison-made goods to countries that prohibit or restrict the importation of such goods.

NOTE: This Code is to be used in conjunction with Appendix I: Methodology for Evaluating Compliance, Appendix II: Audit Checklist and Appendix III: Corrective Action Plan.

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Appendix I

METHODOLOGY FOR EVALUATING COMPLIANCE

While evaluating compliance, the following procedures are deemed necessary:

- check local laws
- conduct on-site visit/inspection
- interview workers

1) Child Labor

- a) Check local laws
- b) Check written factory policy and procedures
- c) Check workers identification by random sampling
- d) Check personnel record of questionable young workers
- e) Interview questionable workers
- f) Check any other evidence

2) Prison/Forced Labor

- (i) Prison Labor
 - a) Check local laws
 - b) Check written factory policy and procedures
 - c) Perform unannounced visit
 - d) Check subcontractors list
 - e) Check any other evidence
- (ii) Forced Labor
 - a) Check local laws
 - b) Interview workers
 - c) Check written factory policy and procedures
 - d) Check voluntary overtime record
 - e) Check any other evidence

3) Working Hours

- a) Check written factory policy and procedures
- b) Check local laws
- c) Conduct random punch card checks and compare with payroll records
- d) Interview workers
- e) Check any other evidence

4) Wages and Compensation

- a) Check written factory policy and procedures (e.g., insurance, medical, accommodation, etc.)
- b) Check local laws
- c) Check payroll records
- d) Interview workers
- e) Check any other evidence

5) Discrimination

- a) Check written factory policy and procedures
- b) Check local laws
- c) Check any other evidence

6) Working Conditions

- a) Conduct on-site inspection(s)
- b) Interview workers
- c) Check written factory policy and procedures
- d) Check local laws
- e) Check injury/illness records
- f) Check any other evidence

7) Industrial Safety

- a) Check local laws
- b) Check written factory policy and procedures
- c) Conduct on-site inspection(s)
- d) Inspect factory accident log
- e) Refer to ICTI Fire Prevention & Emergency Preparedness Manual
- f) Check any other evidence

NOTE: This document is to be used in conjunction with the Code and Appendix II: Audit Checklist and Appendix III: Corrective Action Plan.

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Appendix II

AUDITOR CHECKLIST

References to tests in this document and the related
Guidance Document mean tests conducted by factory management.

1a. Company Overview

Company Name: _____
(English & Local Language)

Vendor Name: _____
(English & Local Language)

Address: _____
(English & Local Language)

Phone: _____ Fax: _____

Senior Management Representative Responsible for ICTI Code:

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Principle Products Manufactured (Give Examples):

Standard Industry Classification (SIC) Code Number of Business: _____
(Insert SIC Code Number)

1b. Company Organization

Please attach general organizational chart.

1c. Number of Employees:

Please indicate estimated number of employees in each area.

<u>Department</u>	<u>Number of Employees</u>
Administrative – Factory	
Administrative – Office	
Engineering	
Maintenance	
Production	
Quality Assurance	
Quality Control	
Warehouse/Distribution	
Other	
Total Number of Employees:	

1d. Language(s) Spoken:

Please indicate primary languages spoken by employees.

1e. Production Process:

Please indicate which production processes and tool room machines the company possesses.

<u>Production Process</u>	<u>Details</u>
Blow Molding	
Die Casting	
Electronics Assembly	
Flat Belt Conveyors	
General Metalworking Shop	
Injection Molding	
Plating Process	
Printing and Packaging Process	
Rooting Machine	
Rotocasting	
Sewing Machines	
Silk Screen Printing	
Spraying Operations	
Tampo Printing	
Tool Room	
Ultrasonic Welding	

Wood Processing	
Other:	

1f. Floor Plan (Manufacturing, Office, and/or Dormitory, as applicable)

Please attach general layout of the facility.

2. Working Hours

AUDIT QUESTIONS				COMMENTS
2.1 Does facility have a written policy for working hours and overtime in compliance with local law(s)? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.2 Are legal working hours and facility working hours made available to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.3 Are hours worked adequately documented (e.g., time cards)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.4 Is overtime voluntary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.5 What are the maximum hours worked per day ? _____hours. Per week _____hours Is this within the legal maximum and written policy for work hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.6 What are the maximum overtime hours worked per month? _____hours. (Provide detailed analysis.) Is this within the legal maximum and written policy for work hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2.7 Are the employees allowed one day off in seven?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.8 Are employees permitted time off with doctor's certificate when sick or for maternity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.9 Are workers allowed adequate: a) meal breaks? b) personal breaks?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No		

3. Wages and Compensation

AUDIT QUESTIONS				COMMENTS
3.1 Does facility have written policy on wages and compensation which is in compliance with the local laws? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.2 Are legal and company minimum wage rates posted or available to employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.3 Do wages and compensation meet legal and policy requirements? Minimum Hourly Rate: _____ ___ Minimum Overtime Rate: _____ Regular Work Days: _____ Rest Days: _____ Holidays: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Legal Minimums: _____ Hourly Rate: _____ Overtime Rates: _____ Regular Work Days: _____ Rest Days: _____ Holidays: _____
3.4 Are legally required withholdings being withheld correctly, and being paid to the proper agency(s)? Explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.5 Are employees made aware of these withholdings and other deductions prior to employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.6 Are deductions for food and housing reasonable and legal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3.7 Are deductions for company provided items reasonable and legal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3.8 Are legally required benefits provided (bonus, paid vacation, meal allowances, etc.)? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.9 Do employees receive detailed paystubs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.10 Are employees paid in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.11 Is the payment of wages made readily available to employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

4. Underage Labor

AUDIT QUESTIONS				COMMENTS
4.1 For information purposes, record if there is a compulsory age for school attendance in the country/ region? If yes, up to what age is school compulsory? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.2 Does the facility have a written policy specifying the youngest age for workers hired in the facility? Date of Issue: _____ If yes what is the minimum age? _____ Does it meet standard requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.3 In the absence of law, does the facility's policy meet the ICTI code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.4 Is the law and or policy communicated to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.5 Are the employees' ages in compliance with the policy and local laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.6 If young workers are employed, are they on assignments allowable, as specified by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4.7 Are documents supporting age information kept on record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

5a. Forced Labor

AUDIT QUESTIONS				COMMENTS
5.1 Does the facility have a written policy concerning forced labor, which meets the requirements of the ICTI Code? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.2 Does the facility use any forced labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.3 Does the facility use any bonded labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.4 Are employees permitted to leave employment after giving reasonable notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.5 Is there any evidence of the use of security staff and/or supervision to coerce workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

5b. Prison Labor

AUDIT QUESTIONS				COMMENTS
5.6 Does facility have a written policy against the use of prison labor in their facility or subcontracting to prisons? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.7 Does the facility use any prison labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

6. Disciplinary Practices

AUDIT QUESTIONS				COMMENTS
6.1 Does the facility have a written procedure regarding disciplinary practices which provides freedom from mental or physical abuse? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.2 Is the procedure communicated to all?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.3 Is there any evidence of the use of corporal punishment or physical coercion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.4 Is there any evidence of the use of excessive mental or verbal abuse or intimidation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.5 Is there any evidence of the use of security staff or other nominated staff (other than supervisors) used to discipline workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.6 Are unreasonable disciplinary fines used? If yes, record the fine(s) and the offense(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

7. Discrimination

AUDIT QUESTIONS				COMMENTS
7.1 Does the facility have a written policy against discrimination? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is the policy communicated to all?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

7.2 Is there evidence of discrimination in recruitment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
In workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
In patterns of dismissal	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

8. Employee Representation

AUDIT QUESTIONS				COMMENTS
8.1 Do employees have the ability to approach management on issues of concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8.2 Are there employee representative(s) in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8.3 Are there management representative(s) appointed to interface with employee representative(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8.4 Are there regularly scheduled meetings between representative(s) and management, and are meeting minutes on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8.5 Are the employee representative(s) aware of the ICTI Code of Business Practices, and supporting documents, or the facility equivalent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8.6 Is there evidence of management action on issues of concern relating to the ICTI Code of Business Practice? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8.7 Is there evidence of unequal treatment between employee representative(s) and other employees? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

9. Facilities

AUDIT QUESTIONS				COMMENTS
9.1 Does facility have written policy to adopt the local laws governing the health, safety, environmental, and working conditions in its facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date of Issue: _____				

9.2 Is there a senior management representative for health, safety, welfare, and general facilities? Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.3 Is facility kept clean and maintained in good condition? - Walkways and Aisles - Yard and Storage Areas - Lifts and Stairways - Manufacturing Areas - Electrical Equipment - Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.4 Are routine facility inspections conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.5 Are all machinery, equipment, and facility maintained in safe working condition and adequately repaired following breakdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.6 Is an effective means of communication available for internal and external emergency notification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.7 Do temperature and humidity controls meet safe working practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.8 Do general ventilation controls provide a safe working environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.9 Is lighting adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.10 Is there regular and systematic refuse collection? Date of Last Collection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.11 Has the physical and structural integrity of all buildings been professionally inspected? This may be indicated by the factory having a "Certificate of Occupancy". Date of Last Inspection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.12 Have the boilers, unfired pressure vessels, and furnaces been professionally inspected? Date of Last Inspection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.13 Are allowable floor loading weights determined, posted and adhered to?	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/>		

	Yes	No		
9.14 If the facility had any citations or penalties from violations of working condition laws in the past 12 months, have they all been corrected within the required time frame?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9.15 Do all employees have access to potable water for drinking purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.16 Are adequate toilet facilities available, functional, and in clean condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.17 Are hand-washing facilities available, functional, in clean condition, and located within the toilet facilities area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.18 Are security personnel adequately trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9.19 Are smoking rules observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

10.Fire Protection

AUDIT QUESTIONS			COMMENTS
A) Emergency Preparedness			
10.1 Does the site have an adequate written emergency preparedness plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.2 Are personnel trained on fire prevention and emergency preparedness plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.3 Has a site coordinator been designated to administer the fire prevention procedures and emergency preparedness plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

B) Exit and Evacuation			
10.4 Does the site have an emergency alarm system for notifying personnel to evacuate the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.5 Is emergency powered lighting installed, in appropriate locations and inspected periodically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.6 Are aisles and emergency exit doors clearly marked, illuminated, accessible, and kept clear of obstructions, internally and externally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.7 Are evacuation routes posted in the work areas with clear directions on	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

how to exit?			
10.8 Does each employee have access to not less than two remotely located emergency exits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.9 Are doors, passageways, or those that could be mistaken for emergency exits, appropriately marked "NOT AN EXIT".	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.10 Do emergency exit doors open freely (unlocked) in the direction of travel, and without any special knowledge to open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.11 Does the site conduct annual emergency evacuation drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

C) Housekeeping			
10.12 Is trash stored in non-combustible containers and emptied on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.13 Are combustible scraps, debris and waste materials (e.g. oily rags) stored in covered metal containers and removed from the work site promptly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.14 Are areas free of unnecessary combustible materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.15 Are floors kept clean from spills and materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.16 Are containers labeled with their contents and properly stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.17 Are hazardous and other areas appropriately posted with "No Smoking" signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

10.18 Is heat producing equipment such as portable heaters, motors, ovens, etc., kept clear of combustible materials (including dust, grease, oil, and fibers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.19 Are materials properly stored inside and outside of the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

D) Electrical			
10.20 Is electrical equipment and wiring properly maintained, covered/insulated to prevent exposure of wires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.21 Are wires properly attached to fixtures, plugs, circuit breakers, and other equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.22 Are electrical covers in place for junction boxes, outlets, panel boards and are they free from obstruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.23 Does the site have a lightning protection system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

E) Special Hazards			
10.24 Are flammable liquids properly stored in safety cabinets and/or properly ventilated and electrically protected flammable storage rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.25 Are flammable liquids in use properly stored in safety dispensing containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.26 Does the site have a hot-work procedure established for operations using flames or producing sparks (welding / grinding / cutting / brazing / soldering)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.27 Are gas cylinders properly marked, used, inspected, stored and secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.28 Are combustible dust operation areas maintained and clean (wood / flour / starch)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.29 Are solvent spray painting or dust-producing operation areas maintained, clean and constructed of non-combustible materials and at least 20 feet from flames, sparks, operating electric motors, and other ignition sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.30 Is adequate ventilation present to prevent accumulation of flammable vapors during spraying operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.31 Are personnel properly trained in the handling and use of flammable and combustible materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
F) Alarms and Extinguishers			
10.32 Are fire alarms clearly marked, accessible, and maintained operational?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.33 Are adequate fire extinguishers available, clearly marked, and accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.34 Are fire extinguishers fully charged and visually inspected monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.35 Are emergency response personnel trained on proper operation of fire extinguishers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.36 Are fires investigated to	<input type="checkbox"/>	<input type="checkbox"/> No	

determine root causes and examined to prevent a reoccurrence?	Yes		
10.37 Are other fire fighting equipment routinely inspected and maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

11a. General Environmental Health and Safety (EHS)

AUDIT QUESTIONS				COMMENTS
11.1 Does the facility have a written EHS program that includes policies and procedures for environmental, health, safety (EHS) and working conditions? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.2 Are facility's written EHS programs available to all employees in the local language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.3 Has an EHS coordinator been designated? Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.4 Does the facility have an EHS committee/team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.5 Does the facility promote workplace EHS awareness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.6 Is job-specific EHS training/education provided to all employees prior to starting a new job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.7 Are all employees given the opportunity to voice EHS opinions/concerns? If so, describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.8 Are there controls in place to prevent new components, materials, chemicals, machinery, and products from entering the facility, which have not been reviewed for potential EHS hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.9 Do containers coming onto the facility have legible affixed labels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.10 Are contractor personnel given site EHS rules and orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.11 Have the employees been trained on the subject of chemical safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.12 Are up-to-date MSDS's present for all chemical produced, imported, or used, and are they available to all employees in the local language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

AUDIT QUESTIONS				COMMENTS
11.13 Is a current chemical inventory available for all hazardous chemicals produced, imported, and/or used at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.14 Are functional emergency eyewash stations and showers provided where corrosive chemicals or high volumes of solvents are handled and used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.15 Are storage and process tanks, piping, and valves containing hazardous chemicals labeled and/or color-coded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

11b. Health and Safety

AUDIT QUESTIONS				COMMENTS
11.16 Are all reported accidents and near misses investigated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
a) Accident/near miss investigation form used and filled out completely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b) Employees instructed and encouraged to report accidents and near misses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c) Corrective/preventive actions tracked to completion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.17 Are employees discriminated against for reporting accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.18 Is loose clothing, jewelry, and long hair prohibited near moving machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.19 Have the employees been trained on the subject of machine safeguarding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.20 Are machine safeguards provided and used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
a) Points of operation?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Power transmission devices?	<input type="checkbox"/>	<input type="checkbox"/>		
c) Other hazardous moving parts?	<input type="checkbox"/>	<input type="checkbox"/>		
d) Pulleys and belts?	<input type="checkbox"/>	<input type="checkbox"/>		
e) Fan blades protected with a guard and have limited openings?	<input type="checkbox"/>	<input type="checkbox"/>		

AUDIT QUESTIONS				COMMENTS
11.21 Are starting/stopping controls adequate? a) Provided for each operator? b) Protected from accidental activation? c) Labeled and/or properly color-coded? d) Emergency stops of the palm/mushroom type and colored red?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.22 Are any machines, equipment, and fixtures not covered above, in safe operating condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.23 Is adequate local exhaust ventilation present where paints and chemicals (e.g., solvents, solder, dust) are used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.24 Are all personnel exposures maintained at or below safe exposure levels? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.25 Does the facility have a written procedure for the control of hazardous energy? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.26 Is training provided to all authorized users, affected employees, or other employees who are impacted by the hazardous energy control procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.27 Is sufficient lockout and tagout isolation equipment available? Describe: <input type="checkbox"/> Locks <input type="checkbox"/> Tags <input type="checkbox"/> Group lock box <input type="checkbox"/> Breaker lockouts <input type="checkbox"/> Valve lockouts <input type="checkbox"/> Hasps	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.28 Is the energy to equipment and machinery locked out prior to service or maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.29 Has a documented hazard assessment been completed which identifies the personal protective equipment (PPE) required for each operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

AUDIT QUESTIONS				COMMENTS
11.30 Are the following provided and used? <input type="checkbox"/> Eye/face protection <input type="checkbox"/> Foot Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Hand Protection <input type="checkbox"/> Head Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection PPE Provided To Visitors	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.31 Have the employees been trained on the subject of personal protective equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.32 Are signs posted in all areas where personal protective equipment must be worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.33 Have the authorized crane/hoist operators received job-specific safety training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.34 Are inspections conducted on cranes, hoists, and slings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.35 Are capacity limits clearly marked on cranes, slings, and hoists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.36 Are stairs provided with standard handrails and midrails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.37 Are open stairs, platforms, and elevated floors guarded by railings on open sides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.38 Are only approved working platforms used when employees are elevated to perform work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.39 Are elevated work platforms (i.e., baskets), secured to the lifting device (i.e., forklift, high lift, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.40 Are all ladders in good condition for use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.41 Are floor and roof openings covered or protected to prevent falls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.42 Does the facility have a written procedure for entry into confined space areas? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

AUDIT QUESTIONS				COMMENTS
11.43 Have the employees who enter confined spaces been trained on the subject of entry into confined space areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.44 Are confined spaces identified and secured? <input type="checkbox"/> Storage tanks <input type="checkbox"/> Process vessels <input type="checkbox"/> Diked tank farms <input type="checkbox"/> Boilers <input type="checkbox"/> Ovens <input type="checkbox"/> Silos <input type="checkbox"/> Underground trenches <input type="checkbox"/> Enclosed conveyors <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.45 Have the authorized forklift operators received forklift safety training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.46 Are forklifts inspected and maintained in good, safe, working condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.47 Are there "Stop" signs, mirrors, and posted speed limits in areas where pedestrian traffic may be present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.48 Are trailers/containers secured from movement prior to entry for loading and unloading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

11c. Environmental

AUDIT QUESTIONS				COMMENTS
11.49 Is hazardous waste managed properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.50 Is all hazardous waste disposed of at an approved government site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.51 Does the facility have a process waste water discharge permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.52 Has the facility obtained the necessary registration from the local environmental agency for all air discharge points?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11.53 Does the facility have a septic system or discharge permit to dispose of sewage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

12a. Welfare-Dormitories

AUDIT QUESTIONS				COMMENTS
12a. Does the facility provide dormitory living for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, complete all questions. If no, skip to section 12b.
12.1 How many employees per room? # workers per room _____				
12.2 Does each employee have sufficient living space in the dormitory.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.3 Are there adequate toilet and shower facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.4 Are dormitories kept clean and maintained in good condition? <input type="checkbox"/> General Dormitory <input type="checkbox"/> Dormitory Rooms <input type="checkbox"/> Toilets <input type="checkbox"/> Showers <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.5 Is a laundry facility available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.6 Is a recreation area available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.7 Does building appear structurally sound and in good repair? Date of Last Inspection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.8 Are there written dormitory rules for residents and/or guests to follow? If so, are they posted in the local language?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No		
12.9 Are appropriate actions taken for not following dormitory rules? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.10 Are workers permitted to exit and re-enter the dormitory freely during their personal time off from work? Any curfew times? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.11 Are dormitory rooms, toilets, and showers segregated between men and women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.12 Are security measures taken to protect workers and their property? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12.13 Does the dormitory have a written procedure for fire safety and emergency preparedness in	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

compliance with Section 10? Date of Issue: _____				
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12b. Welfare-Canteen/Cafeteria Services

AUDIT QUESTIONS			COMMENTS
12.14 If food preparation areas are subject to local government audit or licensing, has approved audit/license been received? Date of Audit/License: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.15 Are food service areas kept clean and hygienic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.16 Are food service personnel trained in food preparation hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.17 Is there a system in place to ensure that food handlers are in good health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.18 Is food kept clear of the floor areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.19 Are food storage methods and controls adequate to prevent spoilage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

12c. Welfare-Medical Services

AUDIT QUESTIONS			COMMENTS
12.20 Does facility have written procedure for handling medical emergencies? Date of Issue: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.21 Is common emergency medical treatment available? Explain. If there is an on-site clinic, is the medical clinic in compliance with local laws and standards?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	
12.22 Does the facility keep injury/illness records and are they used for corrective actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.23 Does each shift have adequate personnel trained in first aid and cardiopulmonary resuscitation (CPR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.24 Are first aid supplies reasonably available at the facility and dormitory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.25 Does the facility have a bloodborne pathogen process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.26 Is medical waste segregated and properly disposed of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Compliance with the following sections is necessary for conformance with the ICTI Code of Business Practices and is determined using Appendix II, the Audit Checklist.

Conformance is expected in the shortest time practicable; exceptions are in cases of life threatening or abusive situations, which should be immediately corrected.

Section	Acceptable	If NO, detail Corrective Action requested (attach additional pages if necessary)	Priority Code*
1. General Information about the Company	YES [] NO []		
2. Working Hours	YES [] NO []		
3. Wages and Compensation	YES [] NO []		
4. Underage Labor	YES [] NO []		
5a. Forced Labor	YES [] NO []		
5b. Prison Labor	YES [] NO []		
6 Disciplinary Practices	YES [] NO []		
7. Discrimination	YES [] NO []		
8. Employee Representation	YES [] NO []		
9. Facilities	YES [] NO []		
10. Fire Protection	YES [] NO []		
11a. General Environmental Health and Safety (EHS)	YES [] NO []		
11b. Health and Safety	YES [] NO []		
11c. Environmental	YES [] NO []		
12a. Welfare - Dormitories	YES [] NO []		
12b. Welfare – Canteen/Cafeteria Services	YES [] NO []		
12c. Welfare – Medical Services	YES [] NO []		

CODES TO SPECIFY PRIORITIES FOR CORRECTION ACTION REQUESTS

A	<i>Impact:</i>	High	<i>Feasibility:</i>	Easy	Immediate action required
B	<i>Impact:</i>	Medium	<i>Feasibility:</i>	Easy	Complete by 1 month
C	<i>Impact:</i>	High	<i>Feasibility:</i>	Hard	Complete by 3 months
D	<i>Impact:</i>	Medium	<i>Feasibility:</i>	Hard	Complete by 6 months
Z	<i>Impact:</i>	High	<i>Feasibility:</i>	Very Hard	Provide work plan by 3 months