
Auditee :	CRESCENT TEKSTIL KONFEKSIYON URUNLERI PAZ. SAN. DIS TIC A.S.
Audit Date From :	21/02/2020
Audit Date To :	21/02/2020
Expiry Date of the Audit :	Please refer to the producer profile in the amfori BSCI platform
Auditing Company :	Intertek
Auditor's Name(s) :	ISIK POLATER(Lead), OZGE YILDIRIM
Auditing Branch (if applicable) :	Intertek Turkey



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Rating Definitions



Rating	A combination of ratings per Performance Area where:	Consequence																																							
<p style="text-align: center;">A</p> <p style="text-align: center;">Very Good</p>	<ul style="list-style-type: none"> • Minimum 7 Performance Areas rated A • No Performance Areas rated C, D or E <p>These are three examples:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td></tr> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td></tr> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td></tr> </table>	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	B	B	B	A	A	A	A	A	A	A	B	B	B	B	B	B	<p>The auditee has the level of maturity to maintain its improvement process without the need for a follow-up audit.</p>
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<p style="text-align: center;">B</p> <p style="text-align: center;">Good</p>	<ul style="list-style-type: none"> • Maximum 3 Performance Areas rated C • No Performance Areas rated D or E <p>These are three examples:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td></tr> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>C</td></tr> <tr><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>C</td><td>C</td><td>C</td></tr> </table>	A	A	A	A	A	A	B	B	B	B	B	B	B	A	A	A	A	A	B	B	B	B	B	B	B	C	B	B	B	B	B	B	B	B	B	B	C	C	C	<p>The auditee has the level of maturity to maintain its improvement process without the need for a follow-up audit.</p>
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B	B	B	B	B	B	B	B	B	B	C	C	C																													
<p style="text-align: center;">C</p> <p style="text-align: center;">Acceptable</p>	<ul style="list-style-type: none"> • Maximum 2 Performance Areas rated D • No Performance Areas rated E <p>These are three examples:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>C</td><td>C</td><td>C</td><td>C</td></tr> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>C</td><td>C</td><td>C</td><td>D</td></tr> <tr><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>D</td><td>D</td></tr> </table>	A	A	A	A	A	A	A	A	A	C	C	C	C	A	A	A	A	A	B	B	B	B	C	C	C	D	C	C	C	C	C	C	C	C	C	C	C	D	D	<p>The auditee needs follow up to support its progress. Following the completion of the audit, the auditee develops a Remediation Plan within 60 days.</p>
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<p style="text-align: center;">D</p> <p style="text-align: center;">Insufficient</p>	<ul style="list-style-type: none"> • Maximum 6 Performance Areas rated E <p>These are three examples:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>D</td><td>D</td><td>D</td></tr> <tr><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>C</td><td>C</td><td>C</td><td>D</td><td>D</td><td>D</td><td>E</td></tr> <tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr> </table>	A	A	A	A	A	A	A	A	A	A	D	D	D	A	A	A	B	B	B	C	C	C	D	D	D	E	D	D	D	D	D	D	D	E	E	E	E	E	E	<p>The auditee needs follow up to support its progress. Following the completion of the audit, the auditee develops a Remediation Plan within 60 days.</p>
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D	D	D	D	D	D	D	E	E	E	E	E	E																													
<p style="text-align: center;">E</p> <p style="text-align: center;">Unacceptable</p>	<ul style="list-style-type: none"> • Minimum 7 Performance Areas rated E <p>These are three examples:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr> <tr><td>A</td><td>A</td><td>B</td><td>B</td><td>C</td><td>D</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr> <tr><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr> </table>	A	A	A	A	A	A	E	E	E	E	E	E	E	A	A	B	B	C	D	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	<p>amfori BSCI Participants shall closely oversee the auditee's progress as the producer may represent a higher risk than other business partners.</p>
A	A	A	A	A	A	E	E	E	E	E	E	E																													
A	A	B	B	C	D	E	E	E	E	E	E	E																													
E	E	E	E	E	E	E	E	E	E	E	E	E																													
<p style="text-align: center;">Zero Tolerance</p>	<p>A Zero Tolerance issue was identified (see amfori BSCI System Manual Part V – Annex 5: amfori BSCI Zero Tolerance Protocol)</p>	<p>Immediate actions are required. The amfori BSCI Zero Tolerance Protocol is to be followed.</p>																																							

Main Auditee Information



Name of producer :	CRESCENT TEKSTIL KONFEKSIYON URUNLERI PAZ. SAN. DIS TIC A.S.		
DBID number :	25305		
Audit ID :	174027		
Address :	15 TEMMUZ MH. 1440 SK. NO:39-41 GUNESLI/BAGCILAR Istanbul		
Province :	Istanbul	Country :	Turkey
Management Representative :	SERKAN ATAC		
Contact person:	SERKAN ATAC	Sector :	Non-Food
Industry Type :	Textiles, clothing, leather	Product group :	Apparel
Product Type :	Denim & Non Denim Outwear		

Audit Details



Audit Range :	<input type="checkbox"/> Full Audit	<input checked="" type="checkbox"/> Follow-up Audit
Audit Scope :	<input checked="" type="checkbox"/> Main Auditee	<input type="checkbox"/> Main Auditee & Farms
Audit Environment :	<input checked="" type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural <input type="checkbox"/> Small Producer
Audit Announcement :	<input type="checkbox"/> Fully-Announced	<input type="checkbox"/> Fully-Unannounced <input checked="" type="checkbox"/> Semi-Announced
Random Unannounced Check (RUC) :	No	
Audit extent (if applicable) :	none	
Audit interferences or contingencies (if applicable) :	none	
Overall rating :	C	
Need of follow-up :	Yes	If YES, by : 21/02/2021

Rating per Performance Area (PA)												
PA 1	PA 2	PA 3	PA 4	PA 5	PA 6	PA 7	PA 8	PA 9	PA 10	PA 11	PA 12	PA 13
D	C	A	A	B	C	A	A	A	A	A	A	C

Executive summary of audit report
<p>CRESCENT TEKSTIL KONF. URUN. PAZ. SAN DIS TIC AS was established on 1990. They produce denim and non-denim goods.</p> <p>Total area of the facility is 2400 sqm. They are operating in a concrete building.</p> <p>The audited building has 7 floors. The lay out of the building is as follows: 4th Floor (Roof): Showroom 3rd floor: Administration 2nd floor: Model Sewing, sample cutting 1st floor: Doctor room, sewing section Entrance floor: Showroom, planning department, accessories warehouse -1st floor: Ironing and packaging -2nd floor: Lunch hall</p> <p>The monthly production is between 80.000 and 100 000 pieces. There are sample sewing, sample cutting, sewing, ironing-packaging sections in the facility. Wet&dry processes are outsourced by the facility. Payment period is monthly.</p> <p>Meal and transportation are provided free of charge.</p> <p>Catering firm(MURAT TONTON) 1 staff was also included into the audit process.</p> <p>Current status of performance areas:</p> <p>PA3 It was reviewed that there was no union in the facility. No evidence of restriction or discrimination was observed regarding the freedom of association or collective bargaining. The worker representative is not prevented from communicating to employees.</p> <p>PA4 The factory has established written social procedures including anti-discrimination. Employees have been well trained on the procedures and there was no discrimination in hiring, compensation, access to training, promotion, termination or retirement based on race, caste, national origin, religion, age, disability, gender, marital status, sexual orientation, union membership or political affiliation. No discrimination in any aspect according to interviews. All workers are aware of the reason for disciplinary measures.</p> <p>PA8 There was no child labour in the facility. There was written policy and procedure against child labour.</p> <p>PA9 All employees are above the age required by local law. The hiring age policy of the facility is 18 years old and above. During the facility tour, there is no observation that any employee looks like a young employee. Based on the employee interviews, they confirmed that there is no employee whose age is less than 18 years old working in the facility.</p> <p>PA10 All employees were permanent and local. Employment contract was available for each employee and it was compliant with regulations. All employees were registered to social security system.</p> <p>PA11</p>

Orientation training is given to employees at the beginning of the employment.
No kind of forced labour was observed.

Auditor Note: Due to the practice of protection of personal data in Turkey, documents containing personal information, have not been added, in accordance with Amfori's proposal.

LEAD AUDITOR: ISIK POLATER - APSCA NR: RA21701432

TEAM AUDITOR : OZGE YILDIRIM - APSCA NR: RA 21700703

Ratings Summary



Auditee's background information			
Auditee's name :	CRESCENT TEKSTIL KONFEKSIYON URUNLERI PAZ. SAN. DIS TIC A.S.	Legal status :	Incorporated Company
Local Name :	CRESCENT TEKSTIL KONFEKSIYON URUNLERI PAZARLAMA SANAYI DIS TICARET A.S.	Year in which the auditee was founded :	1990
Address :	15 TEMMUZ MH. 1440 SK. NO:39-41 GUNESLI/BAGCILAR	Contact person (please select) :	SERKAN ATAC
Province :	Istanbul	Contact's Email :	satac@crecentturk.com
City :	Istanbul	Auditee's official language(s) for written communications :	Turkish
Region :	Middle East/ North Africa	Other relevant languages for the auditee :	NONE
Country :	Turkey	Website of auditee (if applicable) :	http://www.crescentturk.com
GPS coordinates :	NOT PROVIDED	Total turnover (in Euros) :	16000000.00
Sector :	Non-Food	Of which exports % :	100.00
Industry :	Textiles, clothing, leather	Of which domestic market % :	0.00
If other, please specify :	None	Production volume :	Between 80.000 and 100.000 pieces per month
Product Group :	Apparel	Production cost calculation :	Yes
If other, please specify :	NONE	Lost time injury calculation cost :	Yes
Product Type :	Denim & Non Denim Outwear		

Auditee's employment structure at the time of the audit			
Total number of workers :	170	Total number of workers in the production unit to be monitored (if applicable) :	0
	MALE WORKERS	FEMALE WORKERS	
Permanent workers	88	82	
Temporary workers	0	0	
In management positions	45	37	
Apprentices	0	0	
On probation	0	0	
With disabilities	3	1	
Migrants (national citizens)	0	0	
Migrants (foreign citizens)	0	0	
Workers on the permanent payroll	88	82	
Production based workers	0	0	
With shifts at night	0	0	
Unionised	0	0	
Pregnant	-	0	
On maternity leave	-	0	

Finding Report



Performance Area 1 : Social Management System and Cascade Effect

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: D

Deadline date:21/02/2021

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area.
Organizational chart and reporting line was determined in the factory. It was noted that related procedures for particularly for hiring, using recruitment agencies, subcontracting, dealing with grievances, training workers, promoting ethical behavior, following up on BSCI Remediation Plans was established in the factory.- They have implemented a very detailed social management system manual including all principles of BSCI Code of Conduct 2014. Factory procedures defined an appointed senior management staff who is responsible for BSCI Code 2.0 implementation and grievance system. All employees have been well trained by this responsible senior manager. The factory allocated an adequate budget for BSCI Code implementation and they have implemented their "Contingency Plan" in case of shutdowns. The work instructions, time table, emergency instructions, instructions in case of accidents was available in the factory. The contracts used for all employees were available in the factory. Production capacity planning records were reviewed during course of audit and found that the capacity planned to reduce overtime in the factory. Regular meetings between HR, production manager and worker representatives held in regular basis to avoid bottlenecks in the production.

However gaps have been identified in following implementation:

Firmada Organizasyon Őeması ve raporlama sırası belirlenmiŐtir. Fabrikada kısmi iŐe alma, iŐe alım ajansları kullanımı, fasonculuk, Őikayet deęerlendirme, alıŐan eęitimleri, etik davranıŐa teŐvik ile ilgili prosedür oluŐturulmuŐtur. Fabrika ok detaylı bir sosyal yönetim sistemi el kitapı oluŐturmuŐ olup mevcut yönetim sistemine BSCI Tedariki Kuralları 2014'ü entegre etmiŐtir. Bu prosedürler fabrika üŐ yönetiminden bir kiŐinin BSCI Temsilcisi ve ilikayet Mekanizması temsilcisi olarak atanmasını kapsamaktadır. Atanan üŐ yönetici tarafından tüm alıŐanlara BSCI DavranıŐ Kuralları ve oluŐturulan sosyal politikalar ve prosedürler üzerine eęitim verilmiŐtir. Fabrika BSCI için ayrı bir büte ayırmıŐ olup, üretimin durması durumunda alınması gereken önlemlere iliŐkin "Acil Durum Planı" yapmıŐtır. Fabrikada alıŐma talimatları, alıŐma saatleri, acil durum talimatları, kaza durumunda yapılacak talimatlar bulunmaktadır. Tüm alıŐanların iŐ sözleşmesi bulunmaktadır. Saęlanan üretim kayıtlarına göre fabrikada üretim kapasitesi fazla mesaiyi azaltma yönünde planlanmıŐtır. İK, üretim müdürü ve alıŐan temsilcisi arasında düzenli toplantıların yapılmakta olduęu görölmüŐtür.

Ancak firmanın bu prensibe tam uyum saęlaması için aŐaęıdaki iyileŐtirmelerin yapılması gerekmektedir:

1.1 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 1.1. The facility should have an efficient management system to BSCI values are implemented.

FINDING:

-The written procedure regarding management of current / future sub-contractors and suppliers that might be used, includes the details of the supply chain mapping method. CLOSED

-Internal audit was conducted on 01.03.2019 , but it is not so effective. Because issue was noted on PA5,PA6, PA7, PA2,PA12,PA13 OPEN

-There is no training plan regarding social compliance issues. OPEN

- There are issues that need to be corrected in PA 1,2,5,6,7,12,13. OPEN

NEW FINDING DURING THE 1ST FU AUDIT

-The management review meeting for social compliance issues is not conducted in the facility for 2019.

This question was rated as partially because the facility has responsible team, written social policy and supporting procedures.

CAP TAMAMEN KAPATILMAMIŐTIR

BSCI GEREKLİLİKLERİ 1.1.

BULGU: -Mevcut / ileride kullanılabilecek tedarikilerin, taŐeronların ve fasonların yönetimine iliŐkin yazılı prosedür, tedariki haritalama metodunu içermektedir. KAPALI

-İŐletmede iç denetim 01.03.2019 da yapılmıŐtır ancak etkin deęildir.Cünkü PA5,PA6, PA7, PA2,PA12,PA13 de eksikler tespit edilmiŐtir. ACIK

-İŐletmede sosyal uygunluk konularına iliŐkin eęitimin planının oluŐturulmadıęı görölmüŐtür. AIK

- Performans alanı 1,2,5,6,7,13.de düzeltilmesi gereken bulgular olduęu not edilmiŐtir.ACİK

1CI TAKİPDENETİMİNDE YENİ BULGU:

- 2019 yılı için yönetim gözden geçirme toplantı kayıtları görölmemiŐtir.

Bu soruya, sosyal uygunluk konularından sorumlu bir ekip, yazılı sosyal uygunluk politikaları ve destekleyen prosedürler bulunduęundan, kısmen cevabı verilmiŐtir.

1.3 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 1.3. There should be satisfactory evidence that the auditee has a good overview of the significant business partners and their level of alignment with the BSCI Code of Conduct.

FINDING:

- The supply chain mapping started to be conducted; but in terms of the significance according to social compliance criterias,it is not finalized yet. OPEN

The written procedure regarding management of current / future sub-contractors and suppliers that might be used, does includes the details of the supply chain mapping method. CLOSED

-There is no evaluation system (audit etc.) for service providers in the facility. OPEN

-There subcontractor monitoring records were reviewed. CLOSED

This question is rated partially because the facility has monitoring procedures for suppliers and subcontractors.

CAP TAMAMEN KAPATILMADI

BSCI GEREKLİLİKLERİ 1.3.

BULGU:

- İŐletmede tedariki haritalandırması yapılmaya baŐlanmış ancak, sosyal uygunluk kriterlerine göre önem dereceleri belirleme konusunda henüz tamamlanmamıŐtır. ACİK.

- Mevcut / ileride kullanılabilecek tedarikilerin, taŐeronların ve fasonların yönetimine iliŐkin yazılı prosedür, tedariki haritalama metodunu içerdıęi görölmüŐtür. KAPALI

-TaŐeron ve hizmet saęlayıcılar için bir deęerlendirme sistemi(denetim) olmadıęı görölmüŐtür. ACİK

-Fason firmalara ait denetim kayıtları görölmüŐtür.KAPALI

Bu soruya,firmada tedariki ve fasonlar için denetim prosedürü bulunduęundan,kısmen cevabı verilmiŐtir.

1.4 - CAP IS NOT CLOSED

BSCI REQUIREMENT 1.4. The should be satisfactory evidence that the auditee's workforce capacity is properly organized to meet the expectations of the delivery order and contracts.

Finding:

- There is evaluation system for doing overtime practices & for paying overtime practices according to local law but is not effective. (Please refer to 6.2) (OPEN)

This question was rated as partially because there is emergency action plan for the emergency cases that may lead to slow down or interrupt production and there is production plan at the facility.

CAP KAPANMADI

BSCI GEREKLİLİKLERİ 1.4.

Bulgu:

- Firmanın kanuna uygun şekilde fazla mesai çalışmaları yapmak & fazla mesai çalışmalarını ödemek için bir sistem mevcuttur ancak efektif değildir. (Lütfen 6.2 uygunsuzluğuna bakınız.) (AÇIK)

Bu soru, firmanın üretimi sekteye uğratabilecek acil durumlar için bir aksiyon planı olduğundan dolayı kısmen olarak cevaplanmıştır.

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: D

Deadline date:13/06/2019

Good practices

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 1.

1.1 - BSCI PRINCIPLES 1.1. The facility should have an efficient management system to BSCI values are implemented.

- The written procedure regarding management of current / future sub-contractors and suppliers that might be used, does not includes the details of the supply chain mapping method.

-Internal audit was conducted on 01.03.2019 , but it is not so effective. Because issue was noted on PA5,PA6, PA7, PA2,PA12,PA13

-There is no training plan regarding social compliance issues.

- There were issues that need to be corrected in PA 1,2,5,6,7,12,13.

This question was rated as partially because the facility has responsible team, written social policy and supporting procedures.

BSCI GEREKLİLİKLERİ 1.1.

Bulgu:

-Mevcut / ileride kullanabilecek tedarikçilerin, taşeronların ve fasonların yönetimine ilişkin yazılı prosedür, tedarikçi haritalama metodunu içermemektedir.

-İşletmede iç denetim 01.03.2019 da yapılmıştır ancak etkin değildir.Çünkü PA5,PA6, PA7, PA2,PA12,PA13 de eksikler tespit edilmiştir.

-İşletmede sosyal uygunluk konularına ilişkin eğitimin planının oluşturulmadığı görülmüştür.

- Performans alanı 1,2,5,6,7,13.de düzeltilmesi gereken bulgular olduğu not edilmiştir.

1.3 - BSCI PRINCIPLES 1.3. There should be satisfactory evidence that the auditee has a good overview of the significant business partners and their level of alignment with the BSCI Code of Conduct.

Finding:

- There is no supply chain mapping conducted. The written procedure regarding management of current / future sub-contractors and suppliers that might be used, does not includes the details of the supply chain mapping method.

-There is no evaluation system (audit etc.) for service providers in the facility.

-There is 2 subcontractor monitoring record only. (They have a plan to complete subcontractor monitoring within 3 months.)

This question is rated partially because the facility has monitoring procedures for suppliers and subcontractors.

BSCI GEREKLİLİKLERİ 1.3.

Bulgu:

- İşletmede tedarikçi haritalandırması yapılmamıştır.

- Mevcut / ileride kullanabilecek tedarikçilerin, taşeronların ve fasonların yönetimine ilişkin yazılı prosedür, tedarikçi haritalama metodunu içermemektedir.

-Taşeron ve hizmet sağlayıcılar için bir değerlendirme sistemi(denetim) olmadığı görülmüştür.

-2 fason firmaya ait denetim kaydı görülmüştür.(3 ay içinde fason denetimlerini bitirmeyi planlamaktadırlar)

1.4 - BSCI REQUIREMENT 1.4. The should be satisfactory evidence that the auditee's workforce capacity is properly organized to meet the expectations of the delivery order and contracts.

Finding:

- There is evaluation system for doing overtime practices & for paying overtime practices according to local law but is not effective. (Please refer to 6.2)

This question was rated as partially because there is emergency action plan for the emergency cases that may lead to slow down or interrupt production and there is production plan at the facility.

BSCI GEREKLİLİKLERİ 1.4.

Bulgu:

- Firmanın kanuna uygun şekilde fazla mesai çalışmaları yapmak & fazla mesai çalışmalarını ödemek için bir sistem mevcuttur ancak efektif değildir.(Lütfen 6.2 uygunsuzluğuna bakınız.)

Remarks from Auditee

Performance Area 2 : Workers Involvement and Protection

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: C

Deadline date:21/06/2020

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area.

Two-way communication meetings to discuss about improving working conditions take place between management and workers regularly. The auditee has set and publicly stated their mission, vision and objectives, which also refers to BSCI Code of Conduct. Furthermore, the auditee has ensured worker involvement via detailed procedures and trainings on workers representation and grievance mechanism. Satisfactory evidence has showed that there are freely-elected workers representative, who meet the management once a month. It has been noted that the auditee has an effective grievance mechanism; the mechanism consists of using suggestion boxes, worker representation, and an open door policy. All these processes are documented and integrated into worker trainings. However gaps have been identified in following implementation:

Çalışanlar ile işçi temsilcileri ve yönetim arasında iki yönlü şikayet ve öneri toplantıları yapılmaktadır. Fabrika misyon, vizyon ve hedeflerini yayınlamış olup bu hedeflerde BSCI Tedarikçi Kurallarına atf yapmıştır. Ayrıca çalışanların katılımı şikayet mekanizması üzerine verilen eğitimler ile birlikte artırılmıştır. Elde edilen yeterli kanıtlara göre fabrikada özgürce çalışanlar tarafından seçilmiş çalışan temsilcileri bulunmakta ve yönetim ile aylık toplantılar yapmaktadır. Fabrikada geliştirilmiş olan şikayet dinleme mekanizmasının efektif olarak çalışanlar tarafından kullanıldığı gözlenmiştir. Şikayet kutuları, çalışan temsilcileri ve açık kapı politikası gibi uygulamalar çalışanların kendilerini rahatça ifade etmelerini sağlamaktadır. Tüm bu uygulamalar yazılı politikalar ve eğitimler ile desteklenmektedir. Ancak firmanın bu prensibe tam uyum sağlaması için aşağıdaki iyileştirmelerin yapılması gerekmektedir.

2.2 - CAP IS NOT FULLY CLOSED

BSCI REQUIREMENT 2.2. There should be satisfactory evidence that the auditee defines long-term goals for protecting workers in line with the aspirations of the BSCI Code of Conduct.

FINDING:

-It was reviewed that the long term objectives in line with social policy were set, but not measurable.OPEN

- The workers and workers representatives are not involved in defining goals. OPEN

This question is rated as partially because they set long term objectives.

CAP TAMAMEN KAPATILMADI

BSCI GEREKLİLİKLERİ 2.2.

BULGU:

-Uzun dönemli hedeflerin belirlendiği, ancak bu hedeflerin ölçülebilir olmadığı görülmüştür.ACİK

-İşletmede BSCI kuralları uyarınca belirlenen hedeflerin oluşturulmasında ve gerçekleştirilmesinde çalışanların ve temsilcilerin uygulamalara dahil edilmediği görülmüştür.ACİK

Bu soruya, firmada uzun dönemli hedefler bulunduğundan, kısmen cevabı verilmiştir.

2.4 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 2.4. Auditee should build sufficient competence among managers, workers and workers representatives to successfully embed responsible practices in the business operation.

FINDING:

- Training regarding implementation of BSCI Code was not given to worker representatives and managers . OPEN

This question was rated as partially because training was given to employees and section supervisors.

CAP TAMAMEN KAPATILMADI

BSCI GEREKLİLİKLERİ 2.4.

BULGU:

- Çalışan temsilcilerine ve yöneticilere BSCI davranış kurallarının uygulanışına dair bir eğitim verilmemiştir.ACİK

Bu soruya, eğitim çalışanlara ve ustalara verildiğinden, kısmen yanıtı verilmiştir.

2.5 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 2.5. Auditee should establish, or participates in, an effective operational-level grievance mechanism for individuals and communities.

FINDING:

- The graveances which are done regarding open door policy are not kept.OPEN

This question was rated as partially because suggestion boxes and also procedure is available.

CAP TAMAMEN KAPATILMAMISTIR

BSCI GEREKLİLİKLERİ 2.5.

BULGU

-İşletmede açık kapı politikasına ilişkin yapılan şikayetler kayıt altına alınmamaktadır.ACİK

Bu soruya, dilek şikayet proseduru ve kutuları bulunduğundan, kısmen cevabı verilmiştir.

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: C

Deadline date:13/06/2019

Good practices

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 2.

2.2 - BSCI REQUIREMENT 2.2. There should be satisfactory evidence that the auditee defines long-term goals for protecting workers in line with the aspirations of the BSCI Code of Conduct.

Finding:-It was reviewed that the long term objectives in line with social policy were set, but not measurable.

- The workers and workers representatives are not involved in defining goals.

This question is rated as partially because they set long term objectives.

BSCI GEREKLİLİKLERİ 2.2.

Bulgu:

-Uzun dönemli hedeflerin belirlendiği, ancak bu hedeflerin ölçülebilir olmadığı görülmüştür.

-İşletmede BSCI kuralları uyarınca belirlenen hedeflerin oluşturulmasında ve gerçekleştirilmesinde çalışanların ve temsilcilerin uygulamalara dahil edilmediği görülmüştür.

2.4 - BSCI PRINCIPLES 2.4. Auditee should build sufficient competence among managers, workers and workers representatives to successfully embed responsible practices in the business operation.

Finding:

- Training regarding implementation of BSCI Code was not given to white collar staff.

This question was rated as partially because training was given to employees and section supervisors.

BSCI GEREKLİLİKLERİ 2.4.

Bulgu:

- Çalışan temsilcilerine ve yöneticilere BSCI davranış kurallarının uygulanışına dair bir eğitim verilmemiştir.

2.5 - BSCI PRINCIPLES 2.5. Auditee should establish, or participates in, an effective operational-level grievance mechanism for individuals and communities.

Finding:

- The griveances which are done regarding open door policy are not kept.

This question was rated as partially because suggestion boxes and also procedure is available.

BSCI GEREKLİLİKLERİ 2.5.

Bulgu:

-İşletmede açık kapı politikasına ilişkin yapılan şikayetler kayıt altına alınmamaktadır.

Remarks from Auditee

Performance Area 3 : The rights of Freedom of Association and Collective Bargaining

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A

Deadline date:

Good practices

Areas of improvement

Remarks from Auditee

Performance Area 4 : No Discrimination	
1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	

Performance Area 5 : Fair Remuneration

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: B

Deadline date:21/02/2021

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area.
Monthly wages were paid each month .. All wages paid on-time and wage calculation was correctly done in the factory. All employees received payslips as a confirmation of wage receipt. All employees have been provided with legally required rights: annual leaves, sick leaves, overtime wages, retirement benefits and social insurance.
However gaps have been identified in following implementation:

Yapılan genel değerlendirme sonrasında fabrikanın bu gereksinimi kısmen karşılamakta olduğu gözlenmiştir.
Çalışanlara aylık ücretleri düzenli ödenmektedir. Maaşlar zamanında yapılmakta olup, ücret hesaplamaları doğru olarak yapılmaktadır.
Çalışanlara aldıkları ücreti açıklayan maaş bordroları verilmektedir. Tüm çalışanlara yasal hakları: Yıllık izin, hastalık izni, fazla mesai ödemeleri, emeklilik hakları ve sosyal sigorta hakkı eksiksiz sağlanmaktadır. Ancak firmanın bu prensibe tam uyum sağlaması için aşağıdaki iyileştirmelerin yapılması gerekmektedir.

5.4 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 5.4: There should be satisfactory evidence that the auditee provides sufficient remuneration that allows workers to meet a decent standard of living.

FINDING: It was noted that the facility did not work on calculating living wage so it is not known in case there is gap to fill. OPEN
Auditors answered related question as 'no' due to fact that facility has no study on this issue

CAP TAMAMEN KAPATILMAMIŞTIR

BSCI PRENSİPLERİ 5.4

BULGU: İşletmede yaşam ücretinin belirlenmesi için bir çalışma yapılmadığı görülmüştür, dolayısıyla sağlanan ücretle yaşam ücreti arasında kapatılması için plan yapılması gereken bir fark var mıdır bilinmemektedir. ACIK
Bu soruya, firma bu konuda bir çalışma yapmamış olduğundan, hayır yanıtı verilmiştir.

5.5 - CAP IS NOT FULLY CLOSED

LAW: In accordance with Social Insurance and General Health Insurance Law; #5510/2006, Rev: 08.05.2008, Art. 80. The social insurance premiums of the employees are calculated and paid based on gross total wage paid to the employees in the related month.

FINDING: It was noted that all normal wages and part of overtime wages were submitted to social insurance agency. The rest of the overtime wages were not submitted to social insurance agency, are paid through by cash. Official and unofficial payrolls were submitted to auditors. Payments were done correctly and on time. OPEN

This question was rated as partially because part of total wages are paid through official payroll records.

CAP TAMAMEN KAPATILMADI

KANUN: SOSYAL SİGORTALAR VE GENEL SAĞLIK SİGORTASI KANUNU #5510/2006, Rev: 08.05.2008, madde 80,

BULGU: İşletmede maaşların tamamı ve fazla mesailerin bir kısmı sosyal sigortalar kurumuna yansıtıldığı kalan fazla mesai ücretlerinin yansıtılmadığı elden ödendiği görülmüştür. Resmi ve gayri resmi bordrolar denetçilerle paylaşılmıştır. Ödemeler tam ve zamanında yapılmaktadır. ACIK

Bu soruya, maaşların bir kısmı resmi kayıtlarla ödendiğinden, kısmen yanıtı verilmiştir.

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: B

Deadline date:13/06/2019

Good practices

The main auditee exceeds expectations with respect to this principle because meal and transportation are provided free of charge to all employees.

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 5.

5.4 - BSCI PRINCIPLES 5.4: There should be satisfactory evidence that the auditee provides sufficient remuneration that allows workers to meet a decent standard of living. Finding: - It was noted that the facility did not work on calculating living wage so it is not known in case there is gap to fill.

Auditors answered related question as 'no' due to fact that facility has no study on this issue

BSCI PRENSİPLERİ 5.4

Bulgu:

- İşletmede yaşam ücretinin belirlenmesi için bir çalışma yapılmadığı görülmüştür, dolayısıyla sağlanan ücretle yaşam ücreti arasında kapatılması için plan yapılması gereken bir fark var mıdır bilinmemektedir.

5.5 - LAW: In accordance with Social Insurance and General Health Insurance Law; #5510/2006, Rev: 08.05.2008, Art. 80. The social insurance premiums of the employees are calculated and paid based on gross total wage paid to the employees in the related month.

FINDING: It was noted that all normal wages and part of overtime wages were submitted to social insurance agency. The rest of the overtime wages were not submitted to social insurance agency, are paid through by cash. Official and unofficial payrolls were submitted to auditors. Payments were done correctly and on time.

This question was rated as partially because part of total wages are paid through official payroll records.

KANUN:SOSYAL SİGORTALAR VE GENEL SAĞLIK SİGORTASI KANUNU #5510/2006, Rev: 08.05.2008, madde 80,

BULGU: İşletmede maaşların tamamı ve fazla mesailerin bir kısmı sosyal sigortalar kurumuna yansıtıldığı kalan fazla mesai ücretlerinin yansıtılmadığı elden ödendiği görülmüştür. Resmi ve gayri resmi bordrolar denetçilerle paylaşılmıştır.Ödemeler tam ve zamanında yapılmaktadır.

Remarks from Auditee

Performance Area 6 : Decent Working Hours

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: C

Deadline date:21/05/2020

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area.
Facility has established an adequate control system on overtime practices. Working practices were limited with legal limits. Time records, production plans, working rules, documented overtime procedure, accident records were reviewed.
However gaps have been identified in following implementation:

Yapılan genel değerlendirme sonrasında fabrikanın bu gereksinimi kısmen karşılamakta olduğu gözlenmiştir. Çalışma saatleri Çalışanlar sözleşmesinde açıkça tanımlanmıştır. Firma, fazla mesai çalışmaları için bir sistem oluşturmuştur. Çalışma saatleri yasal sınırlar içindedir. Elektronik zaman kayıt sistemi kullanılmaktadır. Üretim planları, fazla mesai prosedürü, kaza kayıtları vs. görülmüştür. Ancak firmanın bu prensibe tam uyum sağlaması için aşağıdaki iyileştirmelerin yapılması gerekmektedir.

6.2 - CAP IS NOT FULLY CLOSED

LAW:In accordance with the Turkish Regulation on Working Hours Related to Labor Law, art 4 In general the duration of work shall be at the most 45 hours a week. This period shall be applied by dividing equally among the days of the week worked, unless the opposite is concluded. Daily working hours shall not be exceeded 11 hrs a day in any case.
FINDING: Daily working hours exceed 11hrs in some days in the reviewed months OPEN
.In January 2020: 6 out of 10 employees, min:12.5hrs and max:21,5hrs, min:3 max:25times in ironing and packaging sections.
.In December 2019:5 out of 10 employees, min:12,5hrs, max: 23 hrs, 7 times in ironing and packaging sections.
.In October 2019: None
This question was rated as partially because the gaps noted were non-systematical.

CAP TAMAMEN KAPATILMADI

KANUN:İŞ KANUNUNA İLİŞKİN ÇALIŞMA SÜRELERİ YÖNETMELİĞİ(06.04.2004) No: 25425

Madde 4

BULGU: İncelenen aylarda günlük 11 saat aşımı olan günler görülmüştür. ACIK
Ocak 2010 :10 çalışandan 6 çalışan, min:12.5hrs ve max:21,5hrs, min:3 max:5 defa, ütü paket bölümü
Aralık 2019:10 çalışandan 5 çalışan, min:12.5hrs ve max:23hrs, 7 defa, ütü paket bölümü
Ekim 2019: Yoktur
Bu soruya, not edilen boşluk sistematik olmadığından, kısmen yanıtı verilmiştir.

6.4 - CAP IS FULLY CLOSED

In the reviewed months, it was noted that there are at least 1 day off in 7 days period. CLOSED

CAP TAMAMEN KAPATILDI

Gozden geçirilen aylarda, 6 günlük çalışma süresi içinde en az 1 gün hafta tatili kullanıldığı görülmüştür. KAPALI

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: D

Deadline date:13/06/2019

Good practices

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 6.

6.2 - LAW:In accordance with the Turkish Regulation on Working Hours Related to Labor Law, art 4 In general the duration of work shall be at the most 45 hours a week. This period shall be applied by dividing equally among the days of the week worked, unless the opposite is concluded. Daily working hours shall not be exceeded 11 hrs a day in any case.

FINDING: Daily working hours exceed 11hrs in some days in the reviewed months.

In February 2019: 3 out of 16 employees, min:11.5hrs and max:12,5hrs, min:1 max:2 times in ironing and packaging sections.

In December 2018:2 out of 16 employees, min:11.5hrs and 12,5hrs, min:2 max:3 times in ironing and packaging sections.

In August 2018: None

This question was rated as partially because the gaps noted were non-systematical.

KANUN:İŞ KANUNUNA İLİŞKİN ÇALIŞMA SÜRELERİ YÖNETMELİĞİ(06.04.2004) No: 25425

Madde 4

BULGU: İncelenen aylarda günlük 11 saat aşımı olan günler görülmüştür.

Subat 2019:16 çalışandan 3 çalışan, min:11.5hrs ve max:12,5hrs, min:1 max:2 defa, ütü paket bölümü

Aralık 2018:16 çalışandan 2 çalışan, min:11.5hrs ve max:12,5hrs, min:2 max:3 defa, ütü paket bölümü

Agustos 2018: Yoktur

6.4 - LAW:Turkish Labour Law # 4857 / 2003, ARTICLE 46-The workers employed in the working places within the scope of this Law are granted at least twenty-four hours uninterrupted relaxation period (weekly holiday) within seven days time scale provided that they have executed worked during the working days fixed according to article 63. Turkish Labour Law # 4857 / 2003, ARTICLE 63- In general the duration of work shall be at the most 45 hours a week. This period shall be applied by dividing the same equally among the days of the week worked.

FINDING:Weekly day off working was noted in February 2019 in the reviewed months only.

In February 2019: 2 out of 16 employees from ironing and packaging section, min 8-max 13 consecutive days, max: 1 time.

In December 2018:None

In August 2018: None

This question was rated as partially because the gaps noted were non-systematical.

KANUN:TÜRK İŞ KANUNU # 4857 / 2003,
Madde 46 -

BULGU:İncelenen aylardan yalnızca Şubat 2019 da hafta tatili çalışması görülmüştür.

Subat 2019: 16 çalışandan 2 çalışan(ütü-paket bölümü), min:8 max:13 gün üst üste çalışma , max:1 defa.

Aralık 2018:Yoktur

Agustos 2018: Yoktur

Remarks from Auditee

Performance Area 7 : Occupational Health and Safety

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A

Deadline date:21/02/2021

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

The overall observation shows that the auditee partially fulfills the requirements of this principle Health & Safety policies were in place and trainings on policies were provided regularly. Emergency action plan was documented and teams were established. H&S committee meetings were conducted in monthly basis and latest meeting was . Risk assessment was conducted and adequate precautions were taken. Fire extinguishers were placed and clearly marked in the production floor. Fire training and evacuation drills were. PPE (e.g. gloves, goggles, work clothes and so on) provided to employees for free of charge and usage was encouraged through posters and H&S signs on the walls. Evacuation plans were posted at each floor and reflect the actual set-up of the floor. Machines were regularly inspected and with guards. Safety control reports for steam boiler, compressor and lifts were reviewed and found acceptable. General H&S environment in the factory was good.

However, gaps have been identified in following implementations:

Yapılan genel değerlendirme sonrasında fabrikanın bu gereksinimi kısmen karşılamakta olduğu gözlenmiştir. İSG politikası detaylı bir şekilde oluşturulmuş olup çalışanlara İSG konuları üzerine eğitim verilmiştir. Acil eylem planları dökümanite edilmiş olup, ekipler oluşturulmuştur. İSG Komitesi aylık toplantılar yapmaktadır. Risk değerlendirmesi yapılmış olup, gerekli önlemler alınmıştır. Yangın söndürücüler önlere açık bir vaziyette işaretli olarak yer almaktadır. Yangın eğitimi ve acil tahliye tatbikatları yılda yapılmaktadır. Kişisel koruyucu ekipmanlar (ö.r. eldiven, gözlük, iş kıyafeti, vb.) çalışanlara ücretsiz olarak sağlanmaktadır ve çalışanlara kullanımı işaretlemelere vurgulanmaktadır. Acil tahliye planları tüm katlarda asılmış olup, fabrikanın mevcut konumu yansıtmaktadır. Kazan, kompresör ve asansörün fenni muayenesi yapılmıştır ve sonuçlar uygundur. Genel olarak fabrikadaki çalışmalar iyidir. Tesiste yeterli miktarda yangın söndürücü vardır, bunlar işaretlidir, söndürücülerin yüksekliği uygundur. Binanın duvarlarına yerleştirilen acil tahliye işaretleri vardır. İSG eğitimleri belgelerindenirtilmiştir. Yeme alanları temiz ve hijyenik koşullarda bulunmuştur. İçilebilir su içilebilirlik açısından analiz edilmiştir. Uyarı ve zorunluluk işaretleri tüm çalışma alanlarında mevcuttur. Çalışanlara hijyenik ve temiz tuvaletler verilmektedir. Çalışma alanları iyi aydınlatılmıştır. Ancak firmanın bu prensibe tam uyum sağlaması için aşağıdaki iyileştirmelerin yapılması gerekmektedir:

7.1 - CAP IS NOT FULLY CLOSED

BSCI Principle 7.1; The auditee should be in observance of the occupational health and safety regulations applicable for its activities.

Finding: It was noted that the laws and regulations regarding health and safety are follow in the facility however some missing gaps were noted under PA 7. (OPEN)

This question was rated as partially because the facility follow legal requirement.

CAP TAMAMEN KAPANMADI

BSCI Prensipleri 7.1

Bulgu: İşletmede iş sağlığı ve güvenliğine ilişkin kanun ve yönetmelik takip edilmektedir, ancak PA 7'de bazı eksikler olduğu görülmüştür. (AÇIK)

Bu soru, firmada yasal gereklilikler takip edildiği için kısmen olarak yanıtlanmıştır.

7.11 - CAP IS NOT FULLY CLOSED

LAW: Regulation for facility opening and operating permit (10/8/2005), II. Section, Art 6 (Changed first clause: 19/3/2007 – 2007/11882 K.) – It is not allowed that the facility are not opened and operated without "Opening and Operating Permit" that is taken from local authorities properly. In accordance with In accordance with the Building Inspection Application Regulation, Date: 05.02.2008, No: 26778, Duties and Responsibilities of building owner, Art. 8 (5), The building whose construction is finished, cannot be brought into use without Building Usage Permit.

FINDING: It was noted that the opening and operating permit covers ground floor, 1st, 2nd, and 3rd floors. -1st -2nd and roof floor is not included on opening and operating permit. Additionally, building usage permit is not included roof floor. OPEN

2)BSCI Requirement 7.11: The auditee confirms that the equipment and buildings used for production are stable and safe.

FINDING: The earthquake-resistance performance report that conducted on 21.02.2018 was reviewed. However roof floor is not included in earthquake-resistance performance report. OPEN

This question was rated as partially because other floors are included in opening and operating permit, and building usage permit. also fire brigade report include 7 floors.

CAP TAMAMEN KAPATILMADI

1)KANUN: İŞYERİ AÇMA VE ÇALIŞMA RUHSATLARINA İLİŞKİN YÖNETMELİK (10/8/2005) No : 25902 - II. Bölüm, Madde 6- (Değişik birinci fıkrası: 19/3/2007 – 2007/11882 K.) Yetkili idarelerden usulüne uygun olarak işyeri açma ve çalışma ruhsatı alınmadan işyeri açılmaması ve çalıştırılması. Yapı Denetimi Uygulama Yönetmeliği, 05.02.2008 Tarihli, No:26778, Yapı sahibinin görevleri ve Sorumlulukları, Madde 8 (5)

BULGU: İşyeri açma ve çalışma ruhsatı zemin kat, 1.kat, 2.kat ve 3. Katı kapsamaktadır. -1., -2., ve çatı katı açma çalışma ruhsatına dahil edilmemiştir. Ayrıca çatı katı yapı kullanım iznine dahil edilememiştir. ACIK

2)KANUN: 3030 sayılı kanun kapsamı dışında kalan belediyeler tip imar yönetmeliğinde değişiklik yapılmasına dair yönetmelik Madde 57 .

BULGU: 21.02.2018 tarihli deprem dayanıklılık raporu incelenmiştir Ancak çatı katı deprem dayanıklılık raporuna dahil edilmemiştir. ACIK

Bu soruya, diğer katlar açma çalışma ve yapı ruhsatına dahil edildiği için ve yangın raporu da 7 katı kapasadığından, kısmen yanıtı verilmiştir.

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A

Deadline date:13/06/2019

Good practices

Areas of improvement

Based on satisfactory evidence through documents review, facility tour, employee and management interview, the main auditee partially respects this performance area 7.

7.1 - BSCI Principle 7.1; The auditee should be in observance of the occupational health and safety regulations applicable for its activities.
Finding: It was noted that the laws and regulations regarding health and safety are followed in the facility however some missing gaps were noted under PA 7.
This question was rated as partially because the facility follows legal requirements.

BSCI Prensipleri 7.1

Bulgu: İşletmede iş sağlığı ve güvenliğine ilişkin kanun ve yönetmelik takip edilmektedir, ancak PA 7'de bazı eksikler olduğu görülmüştür.

7.11 - 1)LAW: Regulation for facility opening and operating permit (10/8/2005), II. Section, Art 6 (Changed first clause: 19/3/2007 – 2007/11882 K.) – It is not allowed that the facility are not opened and operated without "Opening and Operating Permit" that is taken from local authorities properly. In accordance with In accordance with the Building Inspection Application Regulation, Date: 05.02.2008, No: 26778, Duties and Responsibilities of building owner, Art. 8 (5), The building whose construction is finished, cannot be brought into use without Building Usage Permit.

FINDING: It was noted that the opening and operating permit covers ground floor, 1st, 2nd, and 3rd floors. -1st -2nd and roof floor is not included on opening and operating permit. Additionally, building usage permit is not included roof floor.

2)BSCI Requirement 7.11: The auditee confirms that the equipment and buildings used for production are stable and safe.

FINDING: The earthquake-resistance performance report that conducted on 21.02.2018 was reviewed. However roof floor is not included in earthquake-resistance performance report.

This question was rated as partially because other floors are included in opening and operating permit, and building usage permit. also fire brigade report include 7 floors.

1)KANUN: İŞYERİ AÇMA VE ÇALIŞMA RUHSATLARINA İLİŞKİN YÖNETMELİK (10/8/2005) No : 25902 - II. Bölüm, Madde 6- (Değişik birinci fıkrası: 19/3/2007 – 2007/11882 K.) Yetkili idarelerden usulüne uygun olarak işyeri açma ve çalışma ruhsatı alınmadan işyeri açılmaz ve çalıştırılmaz. Yapı Denetimi Uygulama Yönetmeliği, 05.02.2008 Tarihli, No:26778, Yapı sahibinin görevleri ve Sorumlulukları, Madde 8 (5)

BULGU: İş yeri açma ve çalıştırma ruhsatı zemin kat, 1.kat, 2.kat ve 3. Katı kapsamaktadır. -1., -2., ve çatı katı açma çalıştırma ruhsatına dahil edilmemiştir. Ayrıca çatı katı yapı kullanım iznine dahil edilmemiştir.

2)KANUN: 3030 sayılı kanun kapsamı dışında kalan belediyeler tip imar yönetmeliğinde değişiklik yapılmasına dair yönetmelik Madde 57 .

BULGU: 21.02.2018 tarihli deprem dayanıklılık raporu incelenmiştir Ancak çatı katı deprem dayanıklılık raporuna dahil edilmemiştir.

Remarks from Auditee

Performance Area 8 : No Child Labour

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A

Deadline date:

Good practices

Areas of improvement

Remarks from Auditee

Performance Area 9 : Special protection for young workers

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A

Deadline date:

Good practices

Areas of improvement

Remarks from Auditee

Performance Area 10 : No Precarious Employment	
1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	
Performance Area 11 : No Bonded Labour	
1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	

Performance Area 12 : Protection of the Environment

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: A

Deadline date:21/04/2020

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through site tour, documents review and employee & management interview, the main auditee partially respects this performance area
EIA report was provided. Factory created satisfied environmental procedures. Also, facility management conducted environmental risk analysis
However, gaps have been identified in following implementation:

Evrak inceleme, saha turu , yönetim ve çalışan görüşmeleri sonucunda, denetlenen firmanın bu performans alanına kısmen uyduğu görülmüştür. Çevresel etki değerlendirme raporu görülmüştür. Fabrika çevre prosedürlerini oluşturmıştır. Ayrıca, çevresel risk analizi yapmıştır. Firmanın bu prensibe tam uyum sağlaması için aşağıdaki iyileştirmelerin yapılması gerekmektedir.

12.4 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 12.4 Auditee should manage waste in a way that does not lead to the pollution of the environment.

FINDING: -The training about the waste management procedure was given to blue collar(production employee) on February 2019 but white collar staff were not given this training.OPEN

This question was rated as partially because waste management procedure is available in the facility.

CAP TAMAMEN KAPATILMAMIŞTIR

BSCI PRENSİPLERİ 12.4

BULGU: -Çalışanlara atık yönetim prosedürü ile ilgili eğitim Şubat 2019 da mavi yakaya verilmiştir ancak bu eğitim beyaz yakaya verilmemiştir.

ACIK

Bu soruya, firmada çevre atık proseduru bulunduğuundan, kısmen yanıtı verilmiştir.

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: A

Deadline date:13/06/2019

Good practices

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 12.

12.4 - BSCI PRINCIPLES 12.4 Auditee should manage waste in a way that does not lead to the pollution of the environment.

Finding:

-The training about the waste management procedure was given to blue collar(production employee) on February 2019 but white collar staff were not given this training.

This question was rated as partially because waste management procedure is available in the facility.

BSCI PRENSİPLERİ 12.4

Bulgu:

-Çalışanlara atık yönetim prosedürü ile ilgili eğitim Şubat 2019 da mavi yakaya verilmiştir ancak bu eğitim beyaz yakaya verilmemiştir.

Remarks from Auditee

Performance Area 13 : Ethical Business Behaviour

1- Followup Audit [Audit Id - 174027] Audit Date: 21/02/2020 PA Score: C

Deadline date:21/02/2021

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review, facility tour, employee and management interview, the main auditee partially respects this performance area.

The factory management provided full access to any type of documents requested by the auditor. And their approach is cooperative and respective to auditors. Anti-bribery and corruption policies are documented in the factory. However, gaps have been identified in following implementation:

Evrak inceleme, saha turu , yönetim ve çalışan görüşmeleri sonucunda, denetlenen firmanın bu performans alanına kısmen uyduğu görülmüştür. Fabrika yönetimi denetçinin tüm dökümanlara erişebilmesini sağlamıştır. Yönetimin denetçilere yaklaşımı işbirliği ve saygı çerçevesindedir. Firmada yolsuzluk ve rüşvet politikası oluşturulmuştur. Ancak, Firmanın bu prensibe tam uyum sağlaması için aşağıdaki iyileştirmelerin yapılması gerekmektedir.

13.1 - CAP IS NOT FULLY CLOSED

BSCI PRINCIPLES 13.1. Auditee should actively oppose any act of corruption, extortion or embezzlement, or any form of bribery in its activities as a business enterprise.

FINDING :-White collar employees were not trained regarding handling and managing bribery and corruption cases. OPEN

-There is no risk assessment about anti-bribery and anti corruption issues. OPEN

This question is rated partially because an anti-bribery policy was provided, with the procedure about following the way if employees are faced with bribery-corruption issues.

CAP TAMAMEN KAPATILMAMIŞTIR.

BSCI PRENSİPLERİ 13.1.

BULGU:

- Beyaz yaka çalışanlara rüşvet ve yolsuzlukla mücadelesi/yönetimi ilişkin bir eğitim verilmemiştir. ACIK

-İşletmede, anti rüşvet ve yolsuzluk ile ilgili risk analizinin yapılmadığı görülmüştür. ACIK

Bu soruya, anti rüşvet politikası ve çalışanların rüşvet ve yolsuzluk konularıyla karşılaştıklarında ne yol izleyecekleri dair yolları gösteren prosedür bulunduğundan, kısmen yanıtı verilmiştir.

13.3 - CAP IS NOT FULLY CLOSED

LAW:In accordance with Social Insurance and General Health Insurance Law; #5510/2006, Rev: 08.05.2008, Art. 80. The social insurance premiums of the employees are calculated and paid based on gross total wage paid to the employees in the related month.

FINDING:It was noted that all normal wages and part of overtime wages were submitted to social insurance agency. The rest of the overtime wages were not submitted to social insurance agency, are paid through by cash. Official and unofficial payrolls were submitted to auditors. Payments were done correctly and on time. OPEN

This question was rated as partially because part of total wages are paid through official payroll records and employee know this situation.

CAP TAMAMEN KAPATILMADI

KANUN:SOSYAL SİGORTALAR VE GENEL SAĞLIK SİGORTASI KANUNU #5510/2006, Rev: 08.05.2008, madde 80,

BULGU: İşletmede maaşların tamamı ve fazla mesailerin bir kısmı sosyal sigortalar kurumuna yansıtıldığı kalan fazla mesai ücretlerinin yansıtılmadığı elden ödendiği görülmüştür. Resmi ve gayri resmi bordrolar denetçilerle paylaşılmıştır. Ödemeler tam ve zamanında yapılmaktadır.

AÇIK

Bu soruya, maaşların bir kısmı resmi kayıtlar ile ödendiğinden, kısmen yanıtı verilmiştir.

Remarks from Auditee:

Full Audit [Audit Id - 145580] Audit Date: 13/03/2019 PA Score: C

Deadline date:13/06/2019

Good practices

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 13.

13.1 - BSCI PRINCIPLES 13.1. Auditee should actively oppose any act of corruption, extortion or embezzlement, or any form of bribery in its activities as a business enterprise.

Finding:-White collar employees were not trained regarding handling and managing bribery and corruption cases.

-There is no risk assessment about anti-bribery and anti corruption issues.

This question is rated partially because an anti-bribery policy was provided, with the procedure about following the way if employees are faced with bribery-corruption issues.

BSCI PRENSİPLERİ 13.1.

Bulgu:

- Beyaz yaka çalışanlara rüşvet ve yolsuzlukla mücadelesi/yönetimi ilişkin bir eğitim verilmemiştir.

-İşletmede, anti rüşvet ve yolsuzluk ile ilgili risk analizinin yapılmadığı görülmüştür.

13.3 - LAW:In accordance with Social Insurance and General Health Insurance Law; #5510/2006, Rev: 08.05.2008, Art. 80. The social insurance premiums of the employees are calculated and paid based on gross total wage paid to the employees in the related month.

FINDING:It was noted that all normal wages and part of overtime wages were submitted to social insurance agency. The rest of the overtime wages were not submitted to social insurance agency, are paid through by cash. Official and unofficial payrolls were submitted to auditors.Payments were done correctly and on time.

This question was rated as partially because part of total wages are paid through official payroll records and employee know this situation.

KANUN:SOSYAL SİGORTALAR VE GENEL SAĞLIK SİGORTASI KANUNU #5510/2006, Rev: 08.05.2008, madde 80,

BULGU: İşletmede maaşların tamamı ve fazla mesailerin bir kısmı sosyal sigortalar kurumuna yansıtıldığı kalan fazla mesai ücretlerinin yansıtılmadığı elden ödendiği görülmüştür. Resmi ve gayri resmi bordrolar denetçilerle paylaşılmıştır.Ödemeler tam ve zamanında yapılmaktadır.

Remarks from Auditee

Summary



Audit Type	Date	Audit Id	PA1	PA2	PA3	PA4	PA5	PA6	PA7	PA8	PA9	PA10	PA11	PA12	PA13	Overall Rating
Follow-up Audit	21/02/2020	174027	D	C	A	A	B	C	A	A	A	A	A	A	C	C
Full Audit	13/03/2019	145580	D	C	A	A	B	D	A	A	A	A	A	A	C	C

Producer Photos



External photo(s) of the production unit(s)
OUTVIEW.JPG



Photo first aid facilities
DOCTOR ROOM.JPG



Photo first aid facilities
FIRST AID BOX.JPG



Photo of the canteen (if applicable)
LUNCH HALL.JPG



Photo of the sanitary facilities
SANITARY FACILITY.JPG



Photo of the code of conduct on display
BSCI COC ON DISPLAY (450 x 600).jpg



Photo of the inside of the main production hall
DOCTOR ROOM.JPG



Photo of the inside of the main production hall
EYE WASH.JPG



Photo of the inside of the main production hall
FIRST AID BOX.JPG



Photo of the inside of the main production hall
LOCKER ROOM.JPG



Photo of the inside of the main production hall
LUNCH HALL.JPG



Photo of the inside of the main production hall
PRAYER ROOM.JPG



Photo of the inside of the main production hall
PRODUCTION CUTTING.JPG



Photo of the inside of the main production hall
PRODUCTION IRONING.JPG



Photo of the inside of the main production hall
PRODUCTION SEWING.JPG



Photo of the inside of the main production hall
SUGGESTION BOX.JPG



Photo of the inside of the main production hall
TIME RECORDING MACHINE.JPG



Photo of the inside of the main production hall
WATER DISPENSER (450 x 600).jpg



Photo of fire safety equipment
EMERGENCY EXIT DOOR (450 x 600).jpg



Photo of fire safety equipment
EVACUATION PLAN (450 x 600).jpg



Photo of fire safety equipment
EVACUATION STAIRS.JPG



Photo of fire safety equipment
FIRE ALARM BUTTON.JPG



Photo of fire safety equipment
FIRE EXTINGUISHER (450 x 600).jpg



Photo of fire safety equipment
FIRE HOSE.JPG