To

Please provide the following information for our audit planning.

# A. General Information

|  |  |  |
| --- | --- | --- |
|  | Type of Service/ Audit requested | WRAP - Initial certification [ ]  Re-certification[ ] SEDEX –2-Pillar [ ]  / 4-Pillar [ ] C-TPAT [ ] SLCP [ ]  Others [ ]  |
|  | Audit method | Announced [ ]  / Unannounced [ ]  / Semi-Announced [ ]  |
|  | Name of Company / Facility |  |
|  | GST number (for India) |  |
|  | Billing Address: |  |
|  | Audit Location/s: |  |
|  | Audit / facility Registration No. (e.g WRAPregn #, .) | - |
|  | Contact name/ Designation |  |
|  | Email  |  |
|  | Telephone |  | Fax:  |
|  | Audit requester, if not your Company |  |
|  | Brand or key customer names that receive your products / services, if any |  |

# B. Scope of activity

|  |  |  |
| --- | --- | --- |
|  | Scope of products/ services to be audited |  |
|  | Key processes done within the facility |  |
|  | Key outsourced processes |  |
|  | Management system certifications already held by the facility. E.g.ISO9001 |  |
|  | Audits done on the facility in the past 12 months |  |

# C. Facility information - Main site (Repeat Section C information for additional sites)

|  |  |  |
| --- | --- | --- |
| 1 | Year of commencement |  |
| 2 | Permanent workers | Male: | Female: 0 | Young < | Child < |
| 3 | Temporary workers |  |  |  |   |
| 4 | Inter-state Domestic Migrant Workers |  |  |  |  |
| 5 | Management Staff |  |  |  |  |
| 6 | Total number of personnel |  |  |  |  |
| 7 | Working hours | General shiftyes | 1st Shift | 2nd Shift | 3rd shift |
| 8 | Language/s spoken by management | Hindi,English |
| 9 | Language/s spoken by workers | Hindi |
| 10 | Details of Dormitories, if provided (size, genders, location, etc…) | No |

# D. Information completed by

|  |  |  |
| --- | --- | --- |
|  | Name and Designation |  |
|  | Contact details |  |
|  | Signature and date |  |