
Auditee :	VANELLI KONFEKSIYON TEKSTIL SAN. VE TIC.A.S.
Audit Date From :	02/03/2021
Audit Date To :	03/03/2021
Expiry Date of the Audit :	Please refer to the producer profile in the amfori BSCI platform
Auditing Company :	Intertek
Auditor's Name(s) :	Serap Tumen(Lead)
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 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 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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<p style="text-align: center;">C 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 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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<p style="text-align: center;">E 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																													
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<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 :	VANELLI KONFEKSIYON TEKSTIL SAN. VE TIC.A.S.		
DBID number :	331380		
Audit ID :	205271		
Address :	FETHIYE OSB MAH, GRI CAD.,1.SK. NO:2 NILUFER Bursa		
Province :	Bursa	Country :	Turkey
Management Representative :	EMRAH DINC		
Contact person:	EMRAH DINC	Sector :	Non-Food
Industry Type :	Textiles, clothing, leather	Product group :	Home textiles
Product Type :	Home textiles		

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 :	B		
Need of follow-up :		If YES, by :	

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
B	A	A	A	A	C	A	A	A	A	A	A	A

Executive summary of audit report

NAME OF LEAD AUDITOR: SERAP TUMEN
APSCA NUMBER: RA21700067

The VANELLI KONFEKSIYON TEKSTIL SAN. TIC. A.S. was established as a home textile producer in 1996. It is a company of the TURKUN HOLDING GROUP. The facility operates within the holding group area (a gated campus) covering the top floor of a 4 storey building. The whole production and administrative areas of VANELLI is located on the top floor. The facility employees use the dye house's lunch hall. The doctor room is in the other part of the building. Building was reinforced concrete with 18.631 total closed area and VANELLI occupies 2700 sqm.

Building layout:
3rd floor: VANELLI KONFEKSIYON production areas
2nd floor: TURKUN TEKSTIL showroom, warehouse (out of scope)
1st floor: TURKUN TEKSTIL dyeing facility (out of scope), lunch hall (common usage), doctor room (common usage)
Ground floor: TURKUN TEKSTIL dyeing facility (out of scope)
Basement floor: TURKUN TEKSTIL raw material quality control (out of scope)
* Weaving factory is located in a different address in same industrial zone.

There is a full time nurse and a contracted H&S expert.
There is cutting, sewing, ironing, QC and packing processes.
The main supplier of the facility is the textile group (TURKUN TEKSTIL) of the holding group.

The working practices were arranged as 8:00-18:00 with 60' lunch break for 5 days. The facility has ISO 9001:2008 certification valid till 30.12.2022. Security staff has 3 shifts system.

There were 48 workers on audit date including 6 administrative staff and all of them were local and permanent workers. There is no external service provider for catering, security, or cleaning...etc. in the facility. Security is TURKUN (group company) staff controlling main gate of campus.

Payments were done on 5th of each month officially via bank accounts.

#COVID19 (proper implementations are listed below)
- Lunch hall desks are numbered and protective barriers are provided for isolation.
- Protective masks are provided for every worker.
- Additional hand disinfectants are provided especially for social areas.
- Risk assessment and emergency action plans have been renewed as covering COVID19 issues.
- Workers are trained on COVID19 issues.
- At the entrance of the facility, temperature of workers and visitors are checked with digital probe.
- Social distancing is managed with proper warnings and signs.

**** Performance Areas – Current Status:
PA4, PA8, PA9, PA10, PA11, PA12 NOT RATED for this follow up audit.

PA2
Grievance mechanism is managed by worker representation, complaint boxes, communication channel meetings. Social compliance goals are identified with participation of worker representative and related strategic plans are established. Grievance records are kept properly. Documented procedures, records, meeting records are reviewed.

PA3
No evidence of restriction or discrimination was observed regarding the freedom of association. Grievance mechanism was working properly with documented records, meetings. Documented procedures, worker representative election records, recruitment procedure, meeting records were reviewed.

PA5

Payments are done via bank accounts officially. All workers are paid above minimum wage and also calculated living wage. Workers are covered with social insurance. Additional 1 wage premium, food, education, birth...etc. aids are paid. Meal and transportation are provided free of charge. Overtime premium is above legal rate for weekends and holidays with 200% rate (it is 150% legal). Payment records, procedures, living wage calculation records, surveys are reviewed.

PA13

Anti-bribery procedures are established properly. info@vanellitextile.com is for hot line communication. Training is given to related staff. Employees are informed about the sharing of their personal data with third parties and employees; express consent has been obtained. There are communication channels like internal and external business partners. Documented procedures, consents, training records, bribery risk assessment are reviewed.

Auditor Notes

- 1) Documents noted below are not uploaded in system due to fact that they are not applicable as, Government waivers, CBA, dormitory and inconsistency between records
- 2) Documents noted below are not uploaded in system due to the practice of protection of personal data such as documents containing personnel information as, Working hours (attendance), wages/payrolls, training attendance records...etc.
- 3) Contact person names of external staff like doctor...etc. in report are coded due to the practice of protection of personal law.
- 4) Worker representatives are not available during closing meeting therefore they could not attend.

Ratings Summary



Auditee's background information			
Auditee's name :	VANELLI KONFEKSIYON TEKSTIL SAN. VE TIC.A.S.	Legal status :	CORPORATED COMPANY
Local Name :	VANELLI KONFEKSIYON TEKSTIL SAN. VE TIC.A.S.	Year in which the auditee was founded :	1996
Address :	FETHIYE OSB MAH, GRI CAD.,1.SK. NO:2 NILUFER	Contact person (please select) :	EMRAH DINC
Province :	Bursa	Contact's Email :	emrah@vanelliconcept.com
City :	Bursa	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) :	www.vanelli.com.tr
GPS coordinates :	40.2353894, 28.9591529	Total turnover (in Euros) :	5500000.00
Sector :	Non-Food	Of which exports % :	84.00
Industry :	Textiles, clothing, leather	Of which domestic market % :	16.00
If other, please specify :	NONE	Production volume :	900000 pcs/year
Product Group :	Home textiles	Production cost calculation :	Yes
If other, please specify :	NONE	Lost time injury calculation cost :	Yes
Product Type :	Home textiles		

Auditee's employment structure at the time of the audit		
Total number of workers :	48	Total number of workers in the production unit to be monitored (if applicable) :
		0
	MALE WORKERS	FEMALE WORKERS
Permanent workers	20	28
Temporary workers	0	0
In management positions	2	4
Apprentices	0	0
On probation	1	0
With disabilities	0	1
Migrants (national citizens)	0	0
Migrants (foreign citizens)	0	0
Workers on the permanent payroll	20	28
Production based workers	0	0
With shifts at night	3	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 - 205271] Audit Date: 02/03/2021 PA Score: B

Deadline date:03/03/2022

GOOD PRACTICES:

None observed

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 1. Facility had taken some steps with proper time and wage records, trainings, documented policies and supporting procedures, social management system was almost managed properly. But, there were some gaps in system for PA 1, 6 and 7.

Dokuman incelemesi, çalışan ve yönetim görüşmelerinden elde edilen kanıtlara göre, işletme performans alanı 1 e kısmen uygunluk göstermektedir. İşletme uygun zaman ve ödeme kayıtları, eğitimler, dokumante edilmiş politikalar ve destekleyici prosedürlerle bazı önlemler almıştır ve sosyal yönetim sistemini kısmen uygun şekilde yönetmektedir. Fakat PA1, 6 ve 7 de bazı eksiklikler vardır.

- 1.1 - CAP IS NOT CLOSED BSCI PRINCIPLES 1.1. The facility should have an efficient management system to BSCI values are implemented. Finding: Internal audit does include all performance areas, procedures are established properly. The facility has social compliance management system however there are gaps. Please refer to issues that need to be corrected in PA 1, 6 and 7. This question was rated as partially because the gaps noted were non-systematical.
CAP KAPANMADI BSCI GEREKLİLİKLERİ 1.1. Bulgu: İşletmede iç denetim tüm performans alanlarını içermektedir, prosedürler uygundur. İşletmede bir sosyal uygunluk yönetim sistemi mevcuttur ancak sistemde iyileştirmesi gereken açıklar mevcuttur. Lütfen performans alanı 1, 6 ve 7 te düzeltilmesi gereken konulara bakınız. Bu soru kısmen olarak cevaplanmıştır çünkü varolan eksiklikler sistematik değildir.
- 1.2 - CAP IS CLOSED Dedicated team is established and have adequate knowledge about BSCI system. Team members have their job descriptions and responsibilities and documented properly.
CAP KAPANDI BSCI sistemine hakim ekip oluşturulmuştur. Ekip üyelerinin iş tanımları ve sorumlulukları dokumante edilmiştir.
- 1.3 - CAP IS CLOSED Business partners covering subcontractor and suppliers are taken in monitoring system. Documented procedures, internal audit reports, audit schedules are reviewed.
CAP KAPANDI Fason ve tedarikçileri kapsayan iç ortakları değerlendirme sistemine dahil edilmiştir. Dokumante prosedürler, denetim raporları, denetim planları incelenmiştir.
- 1.4 - CAP IS CLOSED Contingency plan is established and communicated with all related parties.
CAP KAPANDI Beklenmedik durumlar planı oluşturulmuştur ve tüm ilgili taraflar ile paylaşılmıştır.

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: E

Deadline date:31/12/2020

Good practices

The new management is very willing to comply the BSCI system and declared to take actions immediately.

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 1. There was a written social compliance policy with supporting procedures. A responsible person was nominated for Social compliance management system, with organization chart provided but does not have sufficient knowledge on the system. There was a written procedure regarding management of current / future sub-contractors but not suppliers. There was no training plan regarding social compliance issues, and there are gaps to be improved especially on the effectiveness of the system.

İşletme objektif kanıtlara göre sosyal yönetim sistemleri başlığına kısmi uygunluk göstermektedir. İşletmenin yazılı sosyal uygunluk prosedürü ve destekleyici prosedürleri mevcuttur. Sosyal uygunluk konusunda bir yetkili atanmış ancak BSCI sistemi konusunda yetkin değildir, organizasyon şeması sağlanmıştır. Mevcut dış fason firmaların yönetimine dair yazılı prosedür mevcuttur ancak tedarikçiler için yoktur. Özellikle sistemin etkinliğiyle ilgili iyileştirilmesi gereken konular not edilmiştir.

- 1.1 - BSCI PRINCIPLES 1.1. The facility should have an efficient management system to BSCI values are implemented. - The facility could not interiorise the social compliance system and after the resigning of the responsible person the effectiveness of the system could not be sustained. - No BSCI internal audit report is reviewed. - There was a written procedure regarding management current / future business partners except for sub-contractors. -There is no valid training plan regarding social compliance issues. - There was no grievance control procedure for grievances for outside (community). -The management review meeting for social compliance issues is not conducted in the facility. - There were issues that need to be corrected in PA 1,2, 3, 5, 6, 7,13 This question was rated as partially because The facility has CSR policy and procedures.
BSCI GEREKLİLİKLERİ 1.1. Bulgu: - İşletmede sosyal uygunluk sistemi içselleştirilememiştir; sorumlu kişinin işten ayrılmasını müteakip sistemin etkinliği korunamamıştır. - İşletmeye ait BSCI iç tetkik raporu görülemediği, - Mevcut / ileride kullanabilecek iş ortaklarının yönetimine ilişkin yazılı prosedür sadece fasonlar için mevcuttur. -İşletmede sosyal uygunluk konularına ilişkin güncel bir eğitim planının oluşturulmadığı görülmüştür. - İşletmede dışardan gelecek şikayetlerin yönetimi ve takibi ile ilgili yazılı prosedür yoktur. - Sosyal uygunluk konularının ele alındığı güncel bir yönetim gözden geçirme toplantısı yoktur. - Performans alanı 1,2,3,5,6,7,13 'de düzeltilmesi gereken bulgular olduğu not edilmiştir. İşletmenin yazılı KSS politikası ve prosedürleri mevcut olduğu için soru kısmi olarak cevaplandırılmıştır.
- 1.2 - BSCI PRINCIPLES 1.2.A senior manager should be appointed to ensure that the BSCI values and principles are followed in a satisfactory manner. Finding: - There is responsible person assigned by the senior management, for BSCI CODE OF CONDUCT and social compliance management system but does not have knowledge about BSCI system. - The responsibilities and job descriptions of the team in social compliance organizational chart is not documented except for the main responsible. This question was rated partially as there is CSR policy, team nominated, organizational chart etc.
BSCI GEREKLİLİKLERİ 1.2. Bulgu: - BSCI davranış kuralları ve sosyal uygunluk yönetim sistemi konularından sorumlu, üst düzey tarafından atanmış biri bulunmamaktadır ancak BSCI sistemi ile ilgili bilgi sahibi değildir. - Sistem sorumlusu dışında sosyal uygunluk organizasyon şemasındaki ekibin görev tanımları ve sorumluluklarına dair yazılı döküman mevcut değildir. Soru CSR politikası, atanmış kişiler ve organizasyon şeması olduğu için kısmi olarak işaretlenmiştir.
- 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 supply chain & business partner mapping but there is procedure for only subcontractors for selecting & evaluating including social compliance. -There is evaluation system (audit) for the subcontractors but the periods on the procedures are not followed. (last audit dated 19.02.2019) -The review meeting regarding social compliance management system for suppliers and subcontractors is not conducted - The BSCI COC and TOI is not signed by the suppliers. This question was rated as partially as there is mapping.
BSCI GEREKLİLİKLERİ 1.3. Bulgu: - İşletmede tedarikçi ve iş ortağı haritalandırması yapılmıştır ancak değerlendirmeye dair sosyal uygunluğa da

içeren yazılı bir prosedür sadece fasonlar için mevcuttur. -Taşeronlar için bir değerlendirme sistemi(denetim) mevcuttur ancak prosedüre uygun periyotlar takip edilmemiştir. (son denetim 19.02.2019) - Taşeronların ve hizmet sağlayıcıların sosyal uygunluk açısından değerlendirmesine yönelik gözden geçirme toplantıları yapılmamaktadır. - Tedarikçilere BSCI TOI ve COC imzalatılmamıştır. Haritalama mevcut olduğu için soru kısmi olarak cevaplandırılmıştır.

- 1.4 -** BSCI REQUIREMENT 1.4. There 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 no emergency action plan for the emergency cases that may lead to slow down or interrupt production. The question is marked partial as there is study going on.
BSCI GEREKLİLİKLERİ 1.4. Bulgu: İşletmede üretimin yavaşlaması veya sekteye uğramasına sebep olabilecek acil durumlar için bir eylem planı mevcut değildir, henüz çalışma tamamlanmamıştır. Soru konuyu ilgili çalışma devam ettiği için kısmi olarak cevaplanmıştır.

Remarks from Auditee

Performance Area 2 : Workers Involvement and Protection

1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:

GOOD PRACTICES:

None observed

AREAS OF IMPROVEMENT:

- 2.1 - CAP IS CLOSED Management and worker representatives perform regular monthly meetings, meeting notes are communicated in notice boards. CAP KAPANDI Yönetim ve işçi temsilcileri düzenli aylık toplantılar gerçekleştirilmektedir, toplantı notları duyuru panolarında asılıdır.
- 2.2 - CAP IS CLOSED Annual goals are established, discussed in top management review meetings. Work plans with deadlines and responsible staff are prepared and communicated. CAP KAPANDI Yıllık hedefler yayınlanmıştır, yönetim gözden geçirme toplantısında görüşülmüştür. Termin ve sorumlu kişilerin tanımlandığı çalışma planları hazırlanmıştır ve paylaşılmıştır.
- 2.4 - CAP IS CLOSED Social compliance and BSCI trainings are given to all workers and management staff. Workers have enough understanding. CAP KAPANDI Sosyal uygunluk ve BSCI eğitimleri tüm çalışanlara vey onetime verilmiştir. Çalışanların yeterli farkındalığı mevcuttur.
- 2.5 - CAP IS CLOSED Grievance mechanism is managed with worker representation, complaint boxes, open door policy, communication meetings. Complaints received during meetings, open door policy, boxes are all recorded properly. Discussed and results are communicated with workers. CAP KAPANDI Şikayet mekanizması işçi temsilciliği, şikayet kutuları, açık kapı politikası, iletişim toplantıları ile yönetilmektedir. Toplantılardan, açık kapı uygulamasından, kutulardan gelen tüm şikayetler kayıt altına alınmaktadır. Tartışılmakta ve sonuçla çalışanlar ile paylaşılmaktadır.

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: C

Deadline date:14/11/2020

Good practices

Areas of improvement

Based on satisfactory evidence through site tour, documents review and employee and management interview, the main auditee partially respects this performance area 2 Vision and mission for protecting workers were defined in line with the aspirations of the BSCI Code of Conduct and workers The worker representatives were freely elected by the employees. There was a written grievance procedure. The training regarding implementation of BSCI Code was given to employee representatives and managers were documented but latest training was in the beginning of 2019. There were clear workplace rules in written form, however there are gaps noted to be improved.

İşletme saha turu, döküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 2 'ye kısmen uygunluk göstermektedir. Vizyon, misyon oluşturulmuştur. İşçi temsilcileri çalışanlar tarafından seçimle belirlenmiştir. Dilek-şikayet prosedürü mevcuttur. BSCI davranış kuralları ile ilgili dokümente edilmiş eğitim tüm çalışanlara verilmiştir, ancak son eğitim 2019 başında yapılmıştır. İşyeri kuralları yazılı olarak mevcuttur, ancak iyileştirilmesi gereken konular mevcuttur.

- 2.1 - BSCI PRINCIPLES 2.1. Auditee should have good management practices that involve workers and their representatives in sound information exchange on workplace issues. Finding: -There was no regulars meetings between employees and management regarding improving working conditions and possible issues that need to be corrected in the facility. This question was rated as partially because the open door policy is working BSCI PRENSİPLERİ 2.1. Bulgu: - Çalışanlar veya çalışan temsilcileri ve yönetim arasında çalışma koşullarının iyileştirilmesi ve işletmede düzeltmeye açık konuların görüşülmesine ilişkin düzenli toplantılar yapılmamaktadır. Açık kapı politikası mevcut olduğu için soru kısmi olarak cevaplanmıştır.
- 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: -There is no no long-term goals designated for protecting workers were not defined in line with the aspirations of the BSCI Code of Conduct in the facility. - There is no strategic plan in line with the long term goals - The workers and workers representatives are not involved in defining goals. This question was rated as partially because the gaps noted were minor and non-systematical. BSCI GEREKLİLİKLERİ 2.2. Bulgu: - İşletmede çalışanları korumaya yönelik BSCI Davranış Kuralları uyarınca uzun dönemli hedefler belirlenmemiştir. - Belirlenen uzun dönemli hedefler doğrultusunda bir çalışma planı mevcut görülmemiştir. - 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: - The last informative training on BSCI Code to employees is dated 11.02.2019, the awareness of the employees is low. - No training regarding implementation of BSCI Code to employee representatives and managers are provided. The employee representatives have no awareness on BSCIsystem. This question was rated as partially because there are written procedures. BSCI GEREKLİLİKLERİ 2.4. Bulgu: - BSCI bilgilendirme eğitimi 11.02.2019'da verilmiştir, yenilenmemiştir. Çalışanların farkındalığı düşüktür. - Çalışan temsilcilerine ve yöneticilere BSCI davranış kurallarının uygulanışına dair bir eğitim verilmemiştir. Çalışan temsilcilerin BSCI sistemi ile ilgili farkındalığı yoktur Yazılı prosedürler mevcut olduğu için kısmi cevaplanmıştır.
- 2.5 - BSCI PRINCIPLES 2.5. Auditee should establish, or participates in, an effective operational-level grievance mechanism for individuals and communities. Finding: - Suggestion and complaint box's usage procedure is available but not effective. (monthly chaks instead of weekly, - The training about suggestion & compliance usage procedure to employees is not renewed. - There is no detail in procedure about the way to be followed in case of a compliace received about the person who is responsible for suggestion mechanism. - The griveances which are done regarding open door policy are not kept. This question was rated as partially because the is procedure and boxes. BSCI GEREKLİLİKLERİ 2.5. Bulgu: - Öneri ve şikayet prosedürü mevcuttur ancak sistem efektif olarak kullanılmamaktadır. (haftalık kontrol yerine aylık kontrol notları mevcuttur) - Çalışan temsilcisi dilek şikayet mekanizmasına dahil değildir. -Şikayet& öneri prosedürü ile ilgili eğitim yenilenmemiştir. -İşletmede şikayet mekanizmasından sorumlu kişi için bir şikayet olması durumunda; nasıl bir yol izleneceğine dair prosedürde not bulunmamaktadır. -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 - 205271] Audit Date: 02/03/2021 PA Score: A	Deadline date:
GOOD PRACTICES: None observed	
AREAS OF IMPROVEMENT: 3.4 - CAP IS CLOSED Management and worker representatives perform regular monthly meetings, meeting notes are communicated in notice boards. CAP KAPANDI Yönetim ve işçi temsilcileri düzenli aylık toplantılar gerçekleştirmektedir, toplantı notları duyuru panolarında asılıdır.	
Remarks from Auditee:	
Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: B	Deadline date:31/10/2020
<u>Good practices</u>	
<u>Areas of improvement</u>	
<p>Based on satisfactory evidence through documents review and employee & management interview, the main auditee partially respects this performance area 3. 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. However some gaps were noted as listed below under PA3.</p> <p>İşletme doküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 3'e kısmen uygunluk göstermektedir. İşletmede sendika yoktur. Seçme ve seçilme özgürlüğü ile ilgili herhangi bir kısıtlama veya ayrımcılık yoktur. İşçi temsilcileri çalışanlarla iletişim konusunda herhangi bir kısıtlamaya uğramamaktadır ancak iyileştirilmesi gereken noktalar mevcuttur.</p> <p>3.4 - "BSCI PRINCIPLES 3.4. Auditee should not prevent workers representatives from accessing or interacting with workers in the workplace. Finding: - The worker representatives system is not effective. - There was no regular meeting between worker representatives and management regarding social compliance topics. This question was rated as no because the representatives have no awareness. BSCI GEREKLİLİKLERİ 3.4. Bulgu: - İşçi temsilcisi sistemi efektif değildir. - Çalışan temsilcileri ve yönetim arasında sosyal uygunluk konuları hakkında düzenli olarak toplantı yapılmamaktadır. Soru temsilcilerin farkındalığı olmadığı için hayır olarak cevaplanmıştır.</p>	
<u>Remarks from Auditee</u>	
Performance Area 4 : No Discrimination	
1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 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 - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:

GOOD PRACTICES:

The main auditee exceeds expectations because: - Workers are paid above living wage. - Meal is provided free of charge to all employees. - Transportation is provided free of charge to all employees. - There is premium paid as 1 additional wage annually. - Overtime practices on Saturdays, Sundays and public holidays are paid with 200% rate - There are extra fees paid to employees for food, birth, death, marriage, education etc.

AREAS OF IMPROVEMENT:

5.4 - CAP IS CLOSED Living wage is calculated properly with worker surveys and external data search. Workers are paid more than living wage. CAP KAPANDI Yasam ücreti işçi anketleri ve dış kaynak arařtırmaları ile uygun hesaplanmıřtır. Çalışanlar yasam ücretinin üzerinde ödeme almaktadır.

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: B

Deadline date:31/12/2020

Good practices

The main auditee exceeds expectations because: - Meal is provided free of charge to all employees. - Transportation is provided free of charge to all employees. - There is premium paid as 1 additional wage annually. - Overtime practices on Saturdays were paid with 200% rate - There are extra fees paid to employees for birth, death, marriage, education etc.

Areas of improvement

Based on satisfactory evidence through documents review and employee & management interview, the main auditee partially respects this performance area 5. All employees are paid at least legal minimum wage. Overtime wages are properly calculated and compensated. All employees are registered to the social insurance system. All kind of leaves are used properly by the employees however there is a minor gap to be improved.

İřletme objektif kanıtlara göre, 5. Performans alanına kısmen uygunluk göstermektedir. Tüm çalışanlar minimum asgari ücret almaktadır. Fazla mesai ücretleri uygun şekilde hesaplanmaktadır. Tüm çalışanlar sigortalıdır. Ücretli/ücretsiz izinler kanuna uygun olarak ödenmektedir ancak iyileřtirilmesi gereken konu mevcuttur.

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: The facility did not work on calculating living wage so it is not known in case there is gap to fill. This question was rated as no because there is no calculation
BSCI PRENSIPLERİ 5.4 Bulgu: İřletmede yařam ücretinin belirlenmesi için bir çalışma yapılmadıđı görölmüřtür, dolayısıyla sađlanan ücretle yařam ücreti arasında kapatılması için plan yapılması gereken bir fark var mıdır bilinmemektedir. Soru çalışma olmadıđı için hayır olarak cevaplanmıřtır.

Remarks from Auditee

Performance Area 6 : Decent Working Hours

1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: C

Deadline date:05/05/2021

GOOD PRACTICES:

None observed

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 6. Regular weekly working hours were limited to 45 hours. The daily breaks were in compliance with the regulations. However, excessive weekly rest day practice is noted in 6.4

Dokuman incelemesi, çalışan ve yönetim görüşmelerinden elde edilen kanıtlara göre, işletme performans alanı 6 ya kısmen uygunluk göstermektedir. Normal haftalık mesailer 45 saat ile sınırlandırılmıştır. Günlük mola saatleri kanuna uygun olarak düzenlenmiştir ancak 6.4 e hafta tatili mesai aşımaları not edilmiştir.

6.2 - CAP IS CLOSED There is no more non-compliance noted in question 1.4
CAP KAPANDI 1.4 sorusunda artık uygunsuzluk yoktur.

6.4 - NEW FINDING Law: Turkish Labor Law # 4857 / 2003, Art 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 scale shall be given if they have executed worked during the working days fixed according to article 63. Turkish Labor Law # 4857 / 2003, Art 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: Finding: Overtime practices were performed on weekly rest days in some weeks for peak seasons and 1 uninterrupted rest day was not given after 6 consecutive working days. 3 out of 8 sampled workers performed 11-23 consecutive days once or twice in December 2020 and January 2021 (it is 20% of total reviewed records) (from cutting, sewing, ironing sections) This question was rated as partially because this was an isolated issue in peak seasons.

YENİ BULGU Kanun: Türk İş Kanunu #4857 / 2003, Madde 46 ve 63 Bulgu: Yoğun dönemlerde bazı haftalarda, haftalık izin günlerinde fazla mesai çalışması yapıldığı ve 6 günlük ard arda çalışmanın ardından 1 gün kesintisiz izin kullanılmadığı görülmüştür. Örneklenen 8 kişiden 3 ü, Aralık 2020 ve Ocak 2021 de, bir veya iki kez, 11-23 gün üst üste çalışma yapmıştır. (toplam kayıtların %20 sidir) (kesim, dikim, ütü bölümlerinden) Bu soru kısmi cevaplanmıştır çünkü yoğun dönemde yapılan izole bir durumdur.

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: C

Deadline date:31/12/2020

Good practices

Areas of improvement

Based on satisfactory evidence through site tour, documents review and employee & management interview, the main auditee respects this performance area 6. Regular weekly working hours were limited to 45 hours. The daily breaks were in compliance with the regulations. However due to link between 6.2 & 1.4 6.2 had to be remarked as partial.

İşletme objektif kanıtlara göre, 6. Performans alanına uygunluk göstermektedir. Normal haftalık mesailer 45 saat ile sınırlandırılmıştır. Günlük mola saatleri kanuna uygun olarak düzenlenmiştir ancak 6.12 ve 1.4 arasındaki bağlantıdan dolayı 6.2 sorusuna kısmi olarak cevap verilme konusunda kalınmıştır.

6.2 - PLEASE REFER TO 1.4; the question is marked partial due to the link with 1.4
1.4 sorusunu referans alınız; soru 1.4 ile bağlantısı dolayısıyla kısmi olarak cevaplanmıştır.

Remarks from Auditee

Performance Area 7 : Occupational Health and Safety

1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:03/03/2022

GOOD PRACTICES:

None observed

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 7. Facility had a good overview of health and safety system with emergency teams, trainings, emergency drills, fire safety equipment, first aid system, risk assessment and emergency procedures and documents related to Covid 19, however there are notes to be improved in 7.1, 7.5 and 7.11.

Dokuman incelenemesi, çalışan ve yönetim görüşmeleri doğrultusunda yeterli kanıtla, 7. performans alanı gerekliliklerine kısmen uyulmuştur. Firmada, acil durum ekipleri, eğitimler, acil durum tatbikatları, yangın güvenlik ekipmanları, risk analizi, acil duum eylem planları ve Covid-19 dokümanları, ilk yardım sistemi ile iyi bir sağlık ve güvenlik sistemi mevcuttur, ancak 7.1, 7.5 ve 7.11 de iyileştirilmesi gereken noktalar mevcuttur.

7.1 - CAP IS NOT CLOSED BSCI PRINCIPLES 7.1: The auditee should be in observance of the occupational health and safety regulations applicable for its activities. Finding: Covid-19 committee is established. Laws and regulations regarding health and safety are followed in the facility however some gaps were noted under PA 7. This question was rated as partially due to fact that health and safety system was mostly managed properly. CAP KAPANMADI BSCI PRESİPLERİ 7.1 Bulgu: Covid-19 kurulu oluşturulmuştur. İşletmede iş sağlığı ve güvenliğine ilişkin kanun ve yönetmelikler takip edilmektedir, ancak PA 7 de bazı eksikler olduğu görülmüştür. Bu soru kısmi cevaplanmıştır çünkü sağlık ve güvenlik sistemi cogenlukla uygun yönetilmektedir.

7.5 - NEW FINDING Law: Regulations based on emergency situations at workplaces Art 13/1: In order to monitor and verify the feasibility on each step of prepared emergency plan; drills should be performed at least once a year, audited and reviewed in order to take corrective and preventative actions. Reports which include the date of the drill, observed deficiencies and corrective actions regarding those deficiencies should be prepared. Finding: Last firefighting and evacuation drills were performed on 25.10.2019 and have not been renewed in last 12 months. (Management declared that this is due to pandemic measurements and drills are performed with participation of local fire department – renewal application has been already made) This question is rated as partially because other trainings like spot cleaner usage, machine instructions...etc. are available.

YENİ BULGU: Kanun: İş Yerinde Acil Durumlar Hakkında Yönetmelik, Madde 13/1 Bulgu: Son yangın söndürme ve tahliye tatbikatı 25.10.2019 da yapılmıştır ve son 12 ay içinde yenilenmemiştir. (Yönetim, bu durumun pandemi önlemleri sebebiyle yaşandığını ve tatbikatların yerel itfaiye eşliğinde gerçekleştirildiğini – yenileme başvurusunun hali hazırda yapıldığını belirtmiştir.) Bu soru kısmi cevaplanmıştır çünkü leke kimyasalı kullanımı, makina talimatları...vb diğer eğitimler mevcuttur.

7.11 - CAP IS NOT CLOSED BSCI PRINCIPLES 7.11 There should be satisfactory evidence that the auditee confirms that the equipment and buildings used for production are stable and safe. 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 is not opened and operated without "Opening and Operating Permit" that is taken from local authorities properly FINDING: - Business opening and operating permit is not available. The building is issued under the opening & operating permit of the holding group company Türkün Tekstil; the organized area management does not provide permit to lessee Vanelli as they occupy less than 3000 sqm area. This question is rated partially as there is building permit, construction permit, fire brigades report and earthquake performance analysis report.

CAP KAPANMADI KANUN: İŞYERİ AÇMA VE ÇALIŞMA RUHSATLARINA İLİŞKİN YÖNETMELİK (10/8/2005) No : 25902 - II. Bölüm Madde 6 BULGU: İşyeri açma ve çalışma ruhsatı yoktur.Binaholding firması olan Türkün Tekstil adına ruhsatlıdır, organize sanay, kiracı durumundak, firmaya 3.000 m2 altında alana sahip olduğu için ruhsat vermemektedir. Bu soru kısmi cevaplanmıştır çünkü yapı ruhsatı, yapı kullanım izni, itfaiye raporu ve deprem performans analiz raporu mevcuttur.

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: A

Deadline date:14/10/2020

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 7. Facility had a good overview of health and safety system with emergency teams, trainings, emergency drills, fire safety equipment, first aid system, risk assessment and emergency procedures and documents related to Covid 19, however there are notes to be improved.

Dokuman incelenemesi, çalışan ve yönetim görüşmeleri doğrultusunda yeterli kanıtla, 7. performans alanı gerekliliklerine kısmen uyulmuştur. Firmada, acil durum ekipleri, eğitimler, acil durum tatbikatları, yangın güvenlik ekipmanları, risk analizi, acil duum eylem planları ve Covid-19 dokümanları, ilk yardım sistemi ile iyi bir sağlık ve güvenlik sistemi mevcuttur, ancak iyileştirilmesi gereken noktalar mevcuttur.

7.1 - aw: Announcement of the General Directorate of Occupational Health and Safety dated 19.04.2020 titled "MEASURES TO BE TAKEN AGAINST NEW TYPE CORONA VIRUS". Article 1: These measures are carried out; In workplaces where there is an occupational health and safety board, by the board, in other workplaces; by a team of workplace physicians, occupational safety specialists and other health personnel (if possible), as well as representatives of employees who have received first aid training or experience, in coordination with the employer or his / her deputy. Board or preparatory team; is obliged to follow the recommendations of the official authorities and the information published by the General Directorate of Occupational Health and Safety and to do what is necessary. Finding: There is no committee established responsible for Covid-19 implementations. #COVID19 The question is rated partial as there is a good H&S system and implementations on covid-19 is proper Kanun: 19.04.2020 tarihli, "İŞYERLERİNDE YENİ TIP KORONAVİRÜSE KARŞI ALINMASI GEREKEN ÖNLEMLER" başlıklı İş Sağlığı Ve Güvenliği Genel Müdürlüğü duyurusu Madde 1 Bulgu: İşletmede Covid-19 konularından sorumlu bir komite kurulmamıştır. #COVID19 Soru işletmede gerekli önlemler alındığı için kısmi olarak cevaplandırılmıştır.

7.11 - BSCI PRINCIPLES 7.11 There should be satisfactory evidence that the auditee confirms that the equipment and buildings used for production are stable and safe. 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 FINDING: - Business opening and operating permit is not available. The building is issued under the opening & operating permit of the holding group company Türkün Tekstil; the organized area management does not provide permit to lessee Vanelli as they occupy less than 3000 sqm area. The question is rated partially as there is building permit, construction permit, fire brigades report and earthquake performance analysis report.

BSCI PRENSİPLER 7.11 KANUN: İŞYERİ AÇMA VE ÇALIŞMA RUHSATLARINA İLİŞKİN YÖNETMELİK (10/8/2005) No : 25902 - II. Bölüm Madde 6 BULGU: - İşyeri açma ve çalışma ruhsatı yoktur.Binaholding firması olan Türkün Tekstil adına ruhsatlıdır, organize sanay, kiracı

durumundak, firmaya 3.000 m2 altında alana sahip olduğu için ruhsat vermemektedir. Soru işletmeye ait yapı ruhsatı, yapı kullanım izni, itfaiye raporu ve deprem performans analiz raporu olduğu için kısmi olarak cevaplandırılmıştır.

Remarks from Auditee

The deadline is given for 7.11. No deadline can be given for 7.1 due to government limitation.

Performance Area 8 : No Child Labour

1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 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 - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: A

Deadline date:

Good practices

Areas of improvement

Remarks from Auditee

Performance Area 10 : No Precarious Employment

1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: A

Deadline date:

Good practices

Areas of improvement

Remarks from Auditee

Performance Area 11 : No Bonded Labour	
1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 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 - 205271] Audit Date: 02/03/2021 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	

Performance Area 13 : Ethical Business Behaviour

1- Followup Audit [Audit Id - 205271] Audit Date: 02/03/2021 PA Score: A

Deadline date:

GOOD PRACTICES:

None observed

AREAS OF IMPROVEMENT:

- 13.1 - CAP IS CLOSED Anti-bribery procedure is established with communication ways. Risk assessment was performed, and related staff is given trainings.
CAP KAPANDI Anti-rüşvet prosedürü iletişim yollarını içerecek şekilde yayınlanmıştır. Risk analizi gerçekleştirilmiştir ve ilgili kişiler eğitim almıştır.
- 13.4 - CAP IS CLOSED Written and signed consents are available regarding sharing of personal data with third parties.
CAP KAPANDI Kişisel verilerin, 3. taraflar ile paylaşılması konusunda çalışanların yazılı ve imzalı rıza formları mevcuttur.

Remarks from Auditee:

Full Audit [Audit Id - 192564] Audit Date: 14/09/2020 PA Score: B

Deadline date:14/11/2020

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 13 This facility had no legal case. The management was transparent during the audit process. There is ethical hand book and detailed procedue. However some gaps were noted during the audit process as listed below.

İşletme saha turu, döküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 13'e kısmen uygunluk göstermektedir. İşletmeye açılmış herhangi yasal dava mevcut değildir. Etik el kitabı vedetaylı prosedür mevcuttur. Yönetim denetim sürecinde şeffaf davranmıştır. Ancak iyileştirilmesi gereken noktalar mevcuttur.

- 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: - There is no proper way designated for employees to communicate about bribery-corruption issues without fear of reprisal. - There is no risk assessment about anti-bribery and anti corruption issues. There is detailed policy and procedure so the question is marked partial
BSCI PRENSİPLERİ 13.1. Bulgu: -İşletmede rüşvetle karşılaşılması ve ya rüşvete tanık olunması durumunda çalışanların mülmeden korkmadan bildirim yapabileceği bir yöntem belirlenmemiştir. -İşletmede anti rüşvet ve yolsuzluk ile ilgili risk analizinin yapılmadığı görülmüştür. Soru detaylı etik politika ve prosedür olduğu için kısmi olarak cevaplanmıştır.
- 13.4 - LAW:In accordance with Protection of Personal Data Law #6698 / 2016, ARTICLE 5- (1) Personal data cannot be processed without the express consent of the person concerned. ARTICLE 10- (1) In the process of obtaining personal data, the person in charge of the data or the person authorized by him / her shall be entitled to; a) The identity of the data officer and the representative, if any, b) The purpose for which personal data will be processed, c) To whom and for what purpose the personal data processed may be transmitted, ç) The method and legal basis of personal data collection is obliged to provide information about FINDING: It was noted that employees were not informed about the sharing of their personal data with third parties and employees' express consent was not obtained. This question was rated partially because the facility started to established a procedure about this issue.
KANUN:Kişisel Verilerin Korunması Kanunu 6698, Madde-5, Madde-10 BULGU: Çalışanlara ait kişisel verilerin, 3. taraflar ile paylaşılması konusunda çalışanların bilgilendirilmediği ve çalışanların açık rızalarının alınmadığı görülmüştür. Bu soru firmanın ilgili konuya yönelik prosedürü oluşturmaya başladığından dolayı kısmen olarak yanıtlanmıştır.

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	02/03/2021	205271	B	A	A	A	A	C	A	A	A	A	A	A	A	B
Full Audit	14/09/2020	192564	E	C	B	A	B	C	A	A	A	A	A	A	B	D

Producer Photos



External photo(s) of the production unit(s)
Main gate.JPG



External photo(s) of the production unit(s)
Outside view.JPG



Photo first aid facilities
Doctor room.JPG



Photo first aid facilities
Eye wash solution.JPG



Photo first aid facilities
First aid kit.JPG



Photo of fire safety equipment
Emergency exit.JPG



Photo of fire safety equipment
Evacuation plan.JPG



Photo of fire safety equipment
Fire alarm button.JPG



Photo of fire safety equipment
Fire extinguisher.JPG



Photo of fire safety equipment
Fire hose.JPG



Photo of fire safety equipment
Firefight equipment.JPG



Photo of fire safety equipment
Smoke detector.JPG



Photo of the canteen (if applicable)
Lunch hall.JPG



Photo of the code of conduct on display
BSCI CoC posted.JPG



Photo of the inside of the main production hall
Complaint box.JPG



Photo of the inside of the main production hall
Cutting area.JPG



Photo of the inside of the main production hall
Fabric warehouse.JPG



Photo of the inside of the main production hall
Hand disinfectant.JPG



Photo of the inside of the main production hall
Heating system.JPG



Photo of the inside of the main production hall
Lockers.JPG



Photo of the inside of the main production hall
Notice board.JPG



Photo of the inside of the main production hall
Packaging area.JPG



Photo of the inside of the main production hall
Potable water.JPG



Photo of the inside of the main production hall
Sewing area.JPG



Photo of the inside of the main production hall
Spot cleaning area.JPG



Photo of the inside of the main production hall
Time recording device.JPG



Photo of the personal protection equipments (if applicable)
Personal protective equipment.JPG



Photo of the sanitary facilities
Lavatory.JPG