Thank you for your interest in TÜV Rheinland´s BSCI auditing service! To prepare a quotation for the audit, we need some information from you. Please send us the completed application form, and we will provide a quotation to you as soon as possible.

**Instructions:**

1. Please fill in the information in English and the local language where applicable.
2. Please fill in ALL the information in the application form.
3. Please note that a quotation for audit cannot be provided if the information in this form is inaccurate or incomplete.
4. For multiple-site assessments (for a number of audited sites), please duplicate this form, providing the information for each site under “Details of Factory to Be Audited” below.
5. **Please provide the following documents upon the submission of this application form to avoid potential processing delay or rejection of the application:** 
   1. **Applicant’s business license**
   2. **Factory business license (if difference from applicant)**
   3. **Production license (if applicable)**

**General Details**

|  |  |  |
| --- | --- | --- |
| Details | Applicant Details | Billing Details (If different from Applicant ) |
| Company name |  |  |
| Address |  |  |
| Name of contact person |  |  |
| Position |  |  |
| Tel. number |  |  |
| E-mail address |  |  |
| Is the applicant the same as the producer to be audited? | No  Yes, name of RSP holder:  *Note: RSP holder BSCI Participant that holds the responsibility to initiate and follow up BSCI audits in a certain producer. This status is called “Responsibility holder” (RSP) and it is automatically monitored in the BSCI Platform.* | |
| Will the BSCI audit be conducted on behalf of a vendor for BSCI participant “Target Corporation”?  No  Yes  If yes:   * Please state the producers Target ID number: * Vendor authorizes TÜV Rheinland to share with Target all audit related information and documentation, including all audit questions and answers, data sheets, findings and related data. * TÜV Rheinland will have to report any severe and sensitive issues to Target according to the “Target Severe and Sensitive Issue Alert Process”   *Note: This reflects to the companies whose RSP or buyer is Target corporation* | | |

## **Details of producer to be audited**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Producer´s company name: |  | | | |
| amfori site ID: |  | | | |
| Company website: |  | | | |
| Address (same as per business license): |  | | | |
| Did the producer have amfori BSCI audit before? | No  Yes, date: Audit type:  Full  Follow-up | | | |
| Did the producer move since the last audit? | No  Yes, date: | | | |
| Contact person of producer: | Name: |  | | |
| Position: |  | | |
| Tel. number: |  | | |
| E-Mail: |  | | |
| Language(s) spoken by management: |  | | | |
| Language(s) spoken by workers: | Language 1 |  | % of workforce |  |
| Language 2 |  | % of workforce |  |
| Language 3 |  | % of workforce |  |
| Migrant workers (state country and number of workers): |  | | | |
| Site area (m2 or ha): |  | Building shared with other companies? | No  Yes | |
| Scope of audit (whole company or selected sites / units): | Full (normal approach)  Limited (selected sites / units only. Requires physical separation of units and no sharing of workforce). Please specify:  Site / unit to be audited:  Number of staff involved: | | | |
| Small Producer Assessment? | No  Yes. Signed Producer´s Self-Declaration is attached (max. 2 months old). | | | |
| If dormitories provided: distance from company (km) |  | Capacity (number of employees residing in dormitory): | |  |
| Products manufactured / services provided by auditee: |  | | | |
| Main processes: |  | | | |
| Specific health and safety risk for visitors? |  | | | |
| PPE required for visitors? | No  Yes 🡪  PPE provided by auditee?  Auditor should bring PPE | | | |
| Peak & low production months/period (if applicable): | Peak production period:  Low production period: | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have any sub-contractor working onsite for your company? E.g. for security, canteen, work processes. | No  Yes, company name:  Address:  Product/service: | | | | | |
| TOTAL number of employees in all shifts involved in the system incl. management staff, temporary, casual, piece rate, daily rate, contractual, housekeeping, security working within company |  | | | Male | Female | |
| Full time | | |  |  | |
| Contracted / part-time | | |  |  | |
| Total | | |  |  | |
| Shifts and working time: | From: | Until: | Break: | Activities: | | Number of staff |
| Shift 1: |  |  |  |  | |  |
| Shift 2: |  |  |  |  | |  |
| Shift 3: |  |  |  |  | |  |
| Management: |  |  |  |  | |  |
| Which is the weekly day off? |  | | | | | |
| Did the producer receive any consultancy regarding BSCI in the past 2 years? | No  Yes  If yes, company name:  End date of consultancy: | | | | | |
| Preferred audit date (time frame): |  | | | | | |

**Notes:**

If the company to be audited was newly established, at least 3 months’ of active operation with relevant records are required by the time of audit, including payroll, working time records, production records, social insurance records.

If the producer applies for BSCI agriculture audit, please note that the producer:

* Should have implemented BSCI for at least 6 months before the audit.
* Should have conducted internal audit for at least two farms and provide related records before the audit.

After the audit has been confirmed, please inform us immediately in case of any special situation, such as

* Power cut on day of audit
* No running production, e.g. due to business situation, maintenance or repair
* More than 20% of workforce asks for leave
* Key persons become unavailable
* Strike, natural disaster or any other business interruptions

**Declaration:**

I hereby declare that the information provided is true to the best of my knowledge. I also understand that any willful dishonesty may render for refusal of this application or denied audit and a cancellation fee or the full audit cost will be levied against my account with TÜV Rheinland.

Signature Position

Applicants name Date