

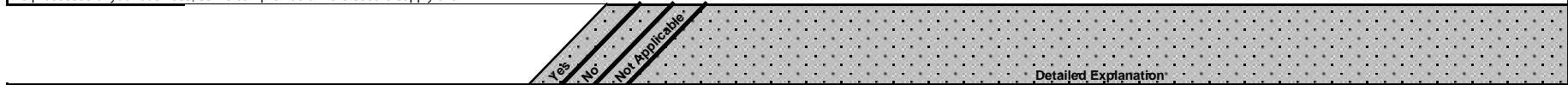


**THE STUFF YOU
NEED OUT HERE**

C-TPAT Vendor Questionnaire

Vendor Name: Factory Name Address Line 1 Add Line 2 w/ postal code Contact Information Phone Email	Business Type: Identify the Ownership of this company Foreign or U.S. Public or Privately Held
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Instructions for completing this questionnaire: Please fill out all questions to the best of your ability. Provide any documentation that may validate statements made on this questionnaire. This questionnaire is being used to assess the processes of your business, so we can provide a more secure supply chain.



General Company Information

1	How many years in operation?				
2	CY SHIPPING LOCATION: Please advise the name, address and full contact details of the location where your factory will load full containers shipping to TSC (CY shipments). If more than one possible loading location, please list all.				(Company Name and Address completed here)
3	CFS SHIPPING LOCATION: Please advise the name, address and full contact details of the location where your factory will deliver less than container load (CFS) shipments. Generally this will be TSC forwarder Expeditors International, however please confirm or advise any other location you have permission to drop TSC CFS loads.				(Expeditors International or details of other consolidation facility completed here)
4	Has your facility been through a security audit with another U.S. Retailer? If yes, With Who? When?				
5	Please advise as to what, if any, security programs your company currently subscribes or is certified in:				
6	Does your company participate in the U.S. Customs and Border Protection's Customs-Trade Partnership Against Terrorism? If yes please advise SVI Partner ID number				(SVI number Completed Here)

General Access Control Security

7	Do you have procedures for issuance and removal and changing of access devices (e.g. keys, key cards, etc.) If applicable?				
8	Is positive identification of all employees into the warehouse and/or office facility required?				
9	Is positive identification of all visitors into the warehouse and/or office facility required?				
10	Is positive identification of all vendors into the warehouse and/or office facility required?				
11	Do employees challenge any unauthorized or unidentified person entering the warehouse and/or office facility?				
12	Are all visitors and vendors escorted by a company employee while in the facility?				

General Physical Security

13	Is the Packaging & Shipping Areas of your facility continuously monitored?				
14	Do you have a security system for this location? Please specify. <input type="checkbox"/> Cameras <input type="checkbox"/> Alarm System <input type="checkbox"/> Security Guards <input type="checkbox"/> Other _____				
15	What is the physical structure of the building? <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Cement <input type="checkbox"/> Metal <input type="checkbox"/> Other _____				



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Yes No Not Applicable

Detailed Explanation

General Physical Security

15	Is there a perimeter fence?				
16	Is there a gate(s)?				
17	If the facility has a gate(s), is it manned and monitored at all times?				
18	Are thefts (or attempted thefts) from the facility promptly reported to the appropriate law enforcement agency?				
19	Do all of your buildings have locks on External Doors?				
20	Do all of your buildings have locks on Internal Doors?				
21	Do all of your buildings have locks on External windows?				
22	Is the facility, equipment, vehicles, and access controls regularly inspected to detect evidence of unauthorized access or tampering?				

Procedural Security-Shipping Operation

23	Are there established procedures to identify possible security issues that may arise when handling cargo?				
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Procedural Security-Cargo Control

24	Are carriers/truckers mandated to receive authorization from the facility staff, before the carrier's vehicle is allowed to enter the facility?				
25	Are there any records kept of carriers/truckers entering and leaving the facility?				
26	Are container seals used for shipping closely controlled by the company staff or managers?				
27	Does the shipping staff personally apply seals to all outbound loaded containers or trailers, and verify that those seals are intact and secured before the load is allowed to leave your facility?				
28	Are there container inspection processes in place?				
29	Does the container inspection process examine the following aspects of the container? <input type="checkbox"/> Front Wall <input type="checkbox"/> Floor <input type="checkbox"/> Ceiling/Roof <input type="checkbox"/> Left & Right Side <input type="checkbox"/> Inside/Outside Doors <input type="checkbox"/> Outside/Undercarriage				
30	Do you have storage areas for full and empty containers to prevent unauthorized access?				
31	Is the Packaging & Shipping Areas of your facility continuously monitored?				



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Yes No Not Applicable

Detailed Explanation

Procedural Security-Theft Prevention

32	Are doors secured when not in use?				
33	Are gates kept closed and secured at all times?				
34	Is parking for private vehicles (including employee vehicles) kept separate from shipping and receiving areas?				
35	Do the facility staff and managers have adequate communication systems to contact local police and/or security guards when needed?				

Personnel Security

36	Are pre-employment screening and background checks conducted as allowed by law?				
37	Are there termination procedures in place for removing employees from the facility, information technology systems, etc.?				

Information Technology Security

38	Do you have computers at this facility? If no proceed to next section.				
39	Do you have procedures to determine if there is any abuse or unauthorized access to certain computer programs?				
40	Do you have procedures in place to insure computer password issuance and controls?				

Employee and Business Partner Education-Security

41	Are employees trained on safety and security practices as it applies to your business environment?				
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I certify that all information on this form is true and correct to the best of my knowledge and ability.

Name & Title of Responsible Party: _____