

**** Please submit a separate questionnaire per factory ****

TRACTOR SUPPLY VENDOR SELF ASSESSMENT QUESTIONNAIRE

Vendor Name:
Factory Name:
Factory Business Registration:
Factory Address (include City, Province):

A. SOCIAL ACCOUNTABILITY

1. Have you had any other retailers perform a social accountability audit on this factory? If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you follow all labor laws for your employees If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you maintain proper documentation with regards to employee work hours, legal documentations and detailed wage information If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have policies towards health and safety If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Please confirm that you do not allow child or forced labor in your facilities If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you use sub-contractors If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you provide dormitories and meals to your workers If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you have appropriate fire and safety procedures following the national and local regulations If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you take preventive measures to ensure the safety of your employees while performing their job functions If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you currently have a union in your facility and do you allow freedom of association If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Do you have discrimination policies in place If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B. C-TPAT

1. Does your facility have a security policy If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have proper physical facility procedures in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If other please specify: _____		
3. Do you have access control procedures If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have security procedures with regards to items being brought into your factory (these could be dangerous items or personal items) If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have security personnel in your facility If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are your employees aware of your security policies and procedures If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C. INSPECTIONS

1. Do you currently perform quality control inspections in your facility If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you currently perform incoming quality inspections on your components and raw materials If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have clearly defined quality control procedures in your facility If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have quality control inspectors in your facility and are they easily identifiable If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you maintain detailed records of all quality control inspections carried out in your facility If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does your quality control team report to senior management If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you delay shipments due to quality problems If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you clearly separate pass and failed products in your facility If other please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>