

RBA VAP Standard

V8.0.2 – April 2025

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1. Introduction

1.1 Objective

This document is intended to serve as a guideline for deeper understanding of the Responsible Business Alliance Code of Conduct by offering elements to demonstrate Compliance to RBA Code for companies on their efforts to implement the RBA Code of Conduct on their operations. This guidance provides all the elements needed for a successful implementation for each element of the code of conduct.

The vision of the Responsible Business Alliance (RBA) is that through the application of environmental social and governance standards we can enhance the economic and environmental conditions of our members and their supply chains. This includes (but is not limited to) increased efficiency and productivity for companies and suppliers, improved conditions for workers economic development, and understanding and reducing risk to ensure continuity of supply.

The mission of the RBA is that Members, suppliers, and stakeholders collaborate to improve working and environmental conditions and business performance through leading standards and practices.

Fundamental to the RBA is the understanding that a business, in all its activities, must operate in full compliance with the laws, rules, and regulations of the countries in which it operates. The RBA encourages companies to go beyond legal compliance, drawing upon internationally recognized standards to advance social and environmental responsibility.

The RBA Code of Conduct (RBA Code) may be voluntarily adopted by any business in the electronics sector and subsequently applied by that business to its supply chain and subcontractors. To adopt the RBA Code and become a participant ("Participant"), a business shall declare its support for the RBA Code and seek to conform to the RBA Code and its standards in accordance with a management system as set forth in the Code.

For the RBA code to be successful, it is acknowledged that Participants should regard the RBA code as a total supply chain initiative. At a minimum, companies shall require their next tier suppliers to acknowledge and implement the RBA Code. The RBA is committed to obtaining regular input from stakeholders in the continued development and implementation of the RBA Code.

1.2 Document Format

Each element of the RBA code of conduct is presented in this document covering the following elements:

- **Policy:** The high-level minimum items and objectives that should be included in a policy and the goals the company is aiming to accomplish.
- **Procedures & Practices:** Refer to established methods and actions followed within an organization to ensure consistency and efficiency in various operational aspects.
- **Controls & Monitoring:** Refer to the processes and systems in place to oversee, regulate, and track activities, ensuring compliance with established standards and objectives.
- **Records:** key information that should be created and retained.
- **Leading Practices:** Items which go beyond the current RBA Code requirements.
- **Serious Conditions:** Situations to ensure do not occur and/or are not present due to the high risk of adverse impact to rights holders.

2. RBA Assessment Principles

2.1 Documentation

With regard to documenting a policy, procedures, control steps, or other documents, facilities do not need to have a separate policy or procedure for each item in this document. You can fit the noted items into your existing policy and procedure structure in a way that allows:

- Responsible staff (e.g., human resources, legal, EHS) to clearly understand what they are expected to execute, monitor, and control; as well as uphold themselves in an efficient and effective manner.
- Workers and suppliers to understand the expectations.

For instance, if the facility has a single labor policy document, it might be best to integrate the items from the RBA Code provisions in labor into that single labor policy.

2.2 Applicability

This standard applies to all in-scope workers in the facility and its supply chain, including any on-site suppliers and contractors.

In-Scope workers: direct (hired directly by the company) and indirect workers (hired through a labor agent or service provider) subject to an hourly increase or decrease due to volume production and/or covered by local laws governing overtime. Consistent with the RBA Validated Assessment Program (VAP) methodology focusing on production / hourly workers, the requirements outlined here are henceforth applicable to all workers excluding Professional Employees. Professional Employees are those engaged in work that is predominantly intellectual and varied in character as opposed to more routine mental, manual, mechanical, or physical work; such work involves the consistent exercise of discretion and judgment in its performance and is of such a character that the output produced, or the result accomplished cannot be standardized in relation to a given period of time.

2.3 “Stricter-of”

The RBA expectation is that companies are to follow the stricter of: local law, the RBA Code of conduct, or customer requirements (if applicable). Conversely the RBA does not expect a company to violate local law in order to comply with the RBA Code. Carefully consider and determine whether the law is truly requiring the facility to do something or rather it is allowing the facility to do something. A common example is a workers resignation notice period time. The RBA prohibits requiring in-scope workers (those covered by overtime law or impacted by production levels) from needing to provide and serve more than one month of resignation notice AND this must be documented in their employment agreement. Many countries have laws speaking to longer resignation notice timelines; however, these are typically there to cover situations where the worker was not provided with an employment agreement. In this case then the RBA Code is stricter, and workers should not be required to provide notice of resignation of more than one month in advance.

2.4 Policies include relevant legal provisions and customer requirements

It is not sufficient to verbally say that the facility follows a particular local law, regulation, statute, or customer requirement. Applicable laws, regulations, statutes, and customer requirements need to be integrated into company policy and procedure. For instance, if the minimum hiring age where one of your

facilities is located is 16, then your company policy needs to note that the minimum hiring age is 16 (or higher if you choose or if required by your customers).

2.5 Adequate and Effective

Adequate shall mean appropriate and complete for its intended purpose. In practice, it means all required code compliance elements are included in the document (policy or procedure). For example, an adequate policy on prohibition of child labor includes all the elements RBA requires on this code topic.

Effective shall mean successfully achieves its intended goal or outcome. In practice, this means all implementation elements are deployed, and the outcome of process/procedure meets the RBA requirement. An effective procedure of child labor will include all RBA required implementation elements such as age verification, personnel files and no children are present or have been hired.

2.6 Small and Medium Sized Enterprises

For 250 people or smaller enterprises documentation may be less formal: fewer written directions and records. However, policies and procedures still need to be well understood and consistently followed by staff and workers.

2.7 Communication and training

It is important that staff and workers responsible for implementing and conforming to any policies and procedures are aware of them. A communication and training plan, with periodic refreshing should occur.

3. VAP Definitions

For a full list of RBA Definitions please check the document: [RBA VAP Definitions](#)

4. Key links to VAP Resources

RBA Code of Conduct - <https://www.responsiblebusiness.org/code-of-conduct/>

RBA Definition of Fees - <https://www.responsiblebusiness.org/media/docs/RBADefinitionofFeesJan2021.pdf>

5. Service level and quality statement for VAP

The RBA is committed to the improvement of conditions throughout the supply chains of its members. A key component of this commitment is a VAP assessment.

The following service and quality standards apply for RBA Validated Assessments (VA):

- A default independent, experienced, and approved fourth party provides quality management review of assessments.
- The program utilizes leading practices from different industry sectors.
- Assessments are performed by individually qualified assessors from reputable and approved assessment firms.
- The use of standardized RBA assessment protocols and templates.
- The APM provides ongoing guidance to assessors, members, reviewees, and their customers on the assessment program.
- The APM provides ongoing guidance to assessors and reviewees, during a live assessment regarding assessment specific questions. A live assessment is the period between the opening meeting of the on-site assessment and the closing meeting of the on-site assessment.
- The APM provides evaluation of RBA corrective action plan (CAP) for priority findings.
- Feedback mechanisms are available to address concerns about the performance of the VAP.
- Feedback on the assessment process and assessors is tracked, analyzed, and used to improve the performance of each assessment firm and to adjust the program, if needed.
- A fee-based Assessment Quality Management (AQM)-Managed corrective action plan service is available to help companies manage the CAP process for findings other than priority findings, i.e. Major, Minor and Risk of Non-conformance.

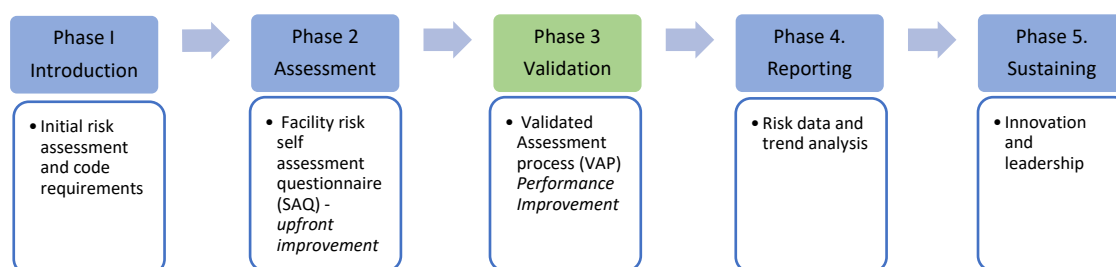
6. VAP Program

The goal of the VAP is to measure and foster improvement in environmental social and governance performance and build capability within the supply base.

RBA assessments produce in-depth evaluations of the social, ethical, occupational health and safety and environmental performance of suppliers as measured against the assessment criteria. The assessment criteria are based on the stricter of local law, the RBA Code of conduct or customer requirements.

The VAP is part of an overall supplier engagement model: The process of assessing and improving labor, health and safety, environmental, and ethical practices in the supply chain. It is an assessment utilizing RBA Approved assessors, RBA developed assessments processes and protocols, as well as an RBA-vetted quality review by either the fourth party AQM or the RBA Quality Management

The RBA VAP has been reviewed by legal counsel and is in line with US anti-trust and EU anti-competition regulation.



The objectives of the VAP are to:

- Encourage broad adoption of Environmental Social and Governance (ESG) leading practices by all companies and suppliers.
- Reinforce the RBA ESG expectations with companies and suppliers and ensure companies and suppliers are working toward conformance.
- Verify conformance with the RBA Assessment Criteria (AC).
- Identify opportunities for improvement in reviewee ESG practices, performance, and management systems.
- Provide companies with objective information to determine whether ESG expectations are being met at reviewed facilities.

6.1 Validated assessment report (VAR) validity period

A Validated Assessment Report (VAR) is valid for two years from the date of the initial assessment's closing meeting, unless a major change occurs within the reviewed site.

6.2 Roles and responsibilities

There are different organizations and individuals who have responsibilities regarding the VAP.

6.2.1 RBA Staff

RBA Staff is responsible for VAP oversight, including:

- Providing guidance and direction to the Quality Manager (QM) and VA Program.

- Managing the RBA Code of Conduct review and revision process.
- Managing associated work groups, stakeholders, Member Companies, and others who have an interest in the VAP.
- Managing the finances associated with the VAP.
- Updating all program tools and documents.
- Providing and maintaining the data system that allows customers and suppliers to share RBA Validated assessment reports (VAR).
- Reporting program metrics and analysis to RBA and relevant RBA working groups
- Developing appropriate training programs for VAP users and assessors.

6.2.2 Assessment Program Management (APM)

The Assessment Program Management (APM) is an RBA process which is responsible for coordinating VAP activities. These responsibilities include:

- Managing assessment firm contracts
- Managing assessment firm performance
- Approving assessment firms and assessors, including ensuring assessors have the required work experience, assessment skills, receive the proper training, and appropriate certification to conduct RBA assessments
- Maintain RBA approved firms and their assessor list.
- Determining scope and duration for each VAP.
- Tender and allocating VAs to assessment firms.
- Providing assessment firms with relevant documents to facilitate VAP planning (if not in RBA-Online).
- Provide help desk support for live assessments
- Ensuring the end-to-end VAP timeline is followed
- Reporting all priority non-conformances identified during the assessment to Member Companies identified by the reviewee in attachment B (Attachment B Companies).
- Obtaining and reviewing feedback from reviewee management after a VAP.
- Reviewing VAR to ensure quality and consistency globally with RBA criteria.
- Managing a continuous improvement model that includes a closed-loop process incorporating feedback, driving improvement in the supply chain.
- Implementing other VAP projects as necessary.

6.2.3 Quality Management

Is a process and service responsible for coordinating VAP activities during a live assessment. These responsibilities include:

- Verifying that findings and ratings meet RBA criteria.
- Managing guidance, issues, and escalations during a live assessment from assessors and reviewees during an assessment.
- Coordinating VAR finalization with assessors and reviewees using RBA as an escalation point
- Reviewing and incorporating relevant reviewee feedback in the VAR.
- Reviewing draft VARs, to ensure quality and consistency globally with RBA criteria.
- Measuring assessors and assessment firm's performance, and consolidating this information with RBA senior management for review with the assessment firms
- Releasing the final VAR in RBA-Online
- Implementing other special projects as requested by RBA.

6.2.4 Assessment firms

Assessment firms ensure the VAP is conducted in accordance with the expectations defined in this manual. They communicate with the APM to increase the overall consistency and quality of VAP. Additionally, assessment firms must complete and submit assessment Reports on time.

Assessment firms must assign competent assessors who act in an ethical and responsible manner. Assessment firms must confirm that assessors conducting assessments have received the required training and have the proper experience to conduct assessments. All assessors must be on the RBA Approved assessor list.

Assessment firms must coordinate with the APM to schedule the VAP assessments.

For more information about assessment firm approval and requirements, see the RBA assessor Guidebook located at: <http://www.responsiblebusiness.org/media/docs/RBAAuditorGuidebook.pdf>

7. VAP Process

7.1 Initial Assessments

7.1.1 Assessment Scheduling

7.1.1.1 Initial assessment can be scheduled at any time the reviewee is ready to do so. The time to schedule an assessment varies. Assessments may be scheduled up to 9 months in advance.

7.1.1.2 It is the reviewee's responsibility to begin the scheduling process through RBA Online

Refer to [VAP request process](#) for additional reference

7.1.2 Assessor Selection

7.1.2.1 All assessment firms with expertise local to the reviewee are available for selection by the APM.

7.1.2.2 The APM selects the assessment firm, and the assessment firm assigns the assessors to conduct the VAP. The assessment Team must meet the requirements noted in the RBA assessor Guidebook.

7.1.2.3 Assessment assignments are determined by assessment firm performance. Performance measures include:

- Assessment firm quality (Accuracy, Professionalism, Timeliness)
- Availability
- Cost

7.1.2.4 For more information, contact the APM: vap@responsiblebusiness.org

7.2 Priority Closure Assessments

7.2.1 Assessment Scheduling

7.2.1.1 A priority and/or closure assessment(s) and/ or CAP must occur within RBA specified time frames in this manual, to demonstrate closure of any findings identified in the initial assessment. For members these should be in accordance with the membership compliance guidelines.

7.2.1.2 Priority closure assessments are required if priority non-conformances are noted during the initial assessment. The scheduling process is started by the APM as the priority non-conformances are confirmed by the QM. Priority closure assessments are scheduled by the APM in accordance with the RBA VAP timelines.

7.2.1.3 Priority closure assessments utilize the assessment criteria and assessment protocol used in the initial assessment; exceptions require APM approval.

7.2.1.4 Steps to schedule a priority closure assessment:

- The AQM confirms the validity of priority finding and alerts the APM
- The APM initiates the priority closure assessment based on the VAP timelines for closure, soliciting assessors for the preferred assessment date

7.2.2 Assessor Selection

7.2.2.1 When priority closure assessments are required, if viable, the assessment firm which conducted the initial assessment will be assigned to conduct the priority closure assessment. Exceptions to this policy may arise when:

- The assessment firm is not available during the time window required to conduct the assessment.

- There are ethical issues, or potential ethical issues, with the assessor or assessment firm.
- There are extenuating circumstances, as determined by the APM, which require a different assessment firm (for example, a highly technical issue that requires an assessment firm with a specific skill set or knowledge base).

7.2.2.2 If a different assessment firm is needed to conduct a priority closure assessment than the assessment firm which conducted the initial assessment, the selection process follows the same selection process as for an initial assessment.

7.3 Closure assessments

7.3.1 Assessment Scheduling

- 7.3.1.1 There is a three-month waiting period before a closure assessment can be conducted following the completion of the corrective action plan in the previous assessment.
- 7.3.1.2 If the closure assessment is requested after 18 months from the initial assessment, it is recommended to conduct an initial assessment rather than a closure assessment.
- 7.3.1.3 Closure assessments utilize the assessment criteria and assessment protocol used in the initial assessment.
- 7.3.1.4 It is the reviewee's responsibility to begin the scheduling process for closure assessments.
- 7.3.1.5 For more information, contact the APM: vap@responsiblebusiness.org

7.3.2 Assessor Selection

- 7.3.2.1 If the closure assessment occurs within 6 months of the initial assessment, if viable, the APM assigns the assessment firm which conducted the initial assessment to conduct the closure assessment. Exceptions to this policy may arise when:
 - The assessment firm is not available during the time window required to conduct the assessment.
 - There are ethical issues, or potential ethical issues, with the assessor or assessment firm.
 - There are extenuating circumstances, as determined by the APM, which require a different assessment firm (for example, a highly technical issue that requires an assessment firm with a specific skill set or knowledge base).
- 7.3.2.2 If a different assessment firm is needed to conduct a priority closure assessment than the assessment firm which conducted the initial assessment, the selection process follows the same selection process as for an initial assessment.
- 7.3.2.3 If the closure assessment occurs after 6 months of the initial assessment, the assessor selection is the same as for initial assessments.

8. Preparation for the assessment

Assessments require preparation by the assessors and the reviewee. A successful assessment is an assessment which accurately reports the conformance performance of the reviewee to the RBA Code of Conduct. This requires an understanding of the VAP by both the assessor and reviewee.

8.1 Optional reviewee training

It is recommended that the reviewee who is new to the VAP process, or those that would like to learn more about the VAP attend an assessment preparation training class, helping them to learn about the assessment process, the RBA Code of Conduct, RBA expectations, and how to better prepare for the assessment.

Training Options

In person training events featuring our newly formed dedicated Training team.

- <https://www.responsiblebusiness.org/training-events/code-vap-training/>

- Factory Lead Certification Program

<http://www.responsiblebusiness.org/resources/flcp/>

8.2 RBA VAP Overview

8.2.1 The assessment is generally a multi-day event with multiple assessors. The exact number of person-days and number of assessors conducting the assessment is determined by the APM, based on the size, location, number of in-scope workers and scope of operations.

8.2.2 The assessment Criteria is based on the RBA Code of Conduct and local legal requirements. The criteria cover five main areas:

- Labor
- Health & Safety
- Environmental
- Ethics
- Supply Chain Management System

8.2.3 The assessment includes:

- Site observations
- Reviews of records, programs, procedures, and policies
- Interviews with management and workers

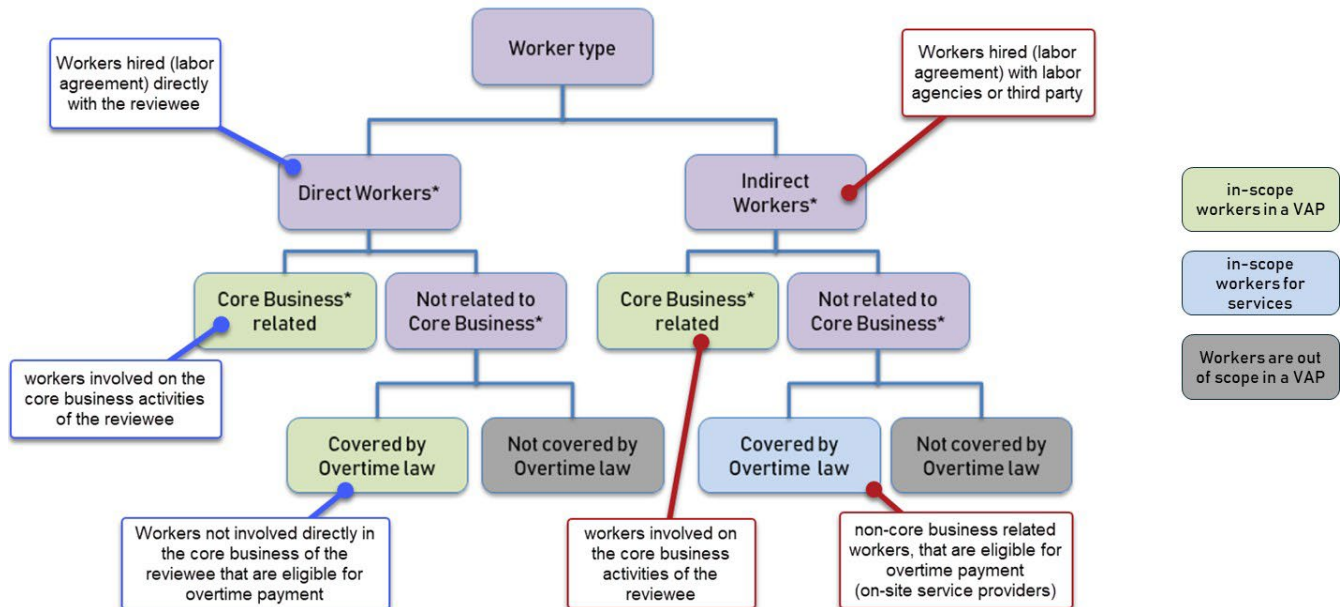
8.3 Assessment Scope

8.3.1 For VAP of a product supplier, the entire facility is 'in scope.' In scope means that all buildings and sections or areas are subject to the VAP. This includes, but is not limited to:

- All lines of business and all reviewee customer's production areas
- Production and supporting non-production areas (equipment rooms, wastewater treatment, maintenance shops, etc.)
- Common areas
- Office areas
- Storage areas (material warehouse, shipping and receiving, chemical and waste storage, etc.)
- Canteens and kitchens

- Dormitories, hostels, and any off-site housing of workers/migrant workers (if company or labor agent owns/rents accommodation for workers)
- Security room(s)
- Surrounding land within border of factory property

8.3.2 In scope workers definition



A reviewee may request a reduced-scope VAP for any of the following reasons only however reviewees may choose to proceed with assessments where the below conditions exist without limiting the scope at their discretion:

- Site has more than 40,000 in-scope workers
- Operations at the site that are not within the industry of the facility being assessed
- Section(s) of the site are not accessible due to proprietary, or confidentiality reasons and written confirmation must come from the head office (management) of the Customers. However, workers working in these areas will be subjected to the workers interview as per the sampling methodology.
- Site has different companies operating within the same facility, which must include one or more of the following:
 - i. Operating under a different legal entity or license
 - ii. Having different management systems (including tracking of hours and pay) and management teams.
 - iii. More than 5 kilometers between facilities, if they are included in one assessment, then APM would include travel time at the scoping stage
 - iv. May not share employees (employees cannot go back and forth between companies without resigning from one company and being hired at the next)

To initiate a scope exemption, the reviewee or attachment B company must submit a written request to the APM during the assessment scoping.

8.4 Reviewee Preparation requirements

8.4.1 Prior to the assessment, the reviewee must:

- Complete the RBA Facility Risk Assessment Questionnaire (SAQ).
- Confirm the assessment dates (start and end) with the assessment firm.
- Provide information on travel logistics, as requested, travel restrictions, and any other special considerations.
- Participate in the pre-assessment meeting (Subsection 9.5) and documentation review.
- Understand the on-site assessment agenda.
- Prepare and provide documents requested by the assessor, if any, prior to the assessment start date.
- Ensure that relevant information is available for the assessors when they arrive, including:
 - i. Names, phone numbers and locations of the reviewee's key people, as defined by the assessor
 - ii. Maps of the site and surrounding area
 - iii. Most current manuals, records and documentation required by the assessor
 - iv. Ensure that assessors will have access to all areas of the facility/facilities that are considered in scope for the assessment (e.g. dormitories, canteens, manufacturing, assembly, chemical storage areas, ...).
 - v. Ensure that working hours records and wage data are available.
 - vi. Invite appropriate staff members to the opening meeting, closing meetings, daily wrap-ups, and to accompany the assessors during the site inspection.
 - vii. Provide the assessors with meeting room(s), preferably with access to a telephone/internet line, printer and copy machine.

8.4.2 Prior to the assessment, the APM is available for additional guidance, if needed. During the live assessment, the Quality Manager is available for additional guidance.

8.4.3 During the live assessment the reviewee must:

- Populate the working-hours template after the assessors have selected the samples.
- Make appointments and set the interview schedule, as requested by the assessors.

8.5 Pre-assessment meeting

8.5.1 After the assessment is assigned to an assessment firm, a pre-assessment meeting between the assessor and reviewee must take place.

8.5.2 For RBA assessments, the assessment firm is responsible for scheduling and conducting a pre-assessment meeting with reviewee management; this pre-assessment meeting should take place between 3 to 10 days prior to the assessment.

NOTE: If the reviewee has not been contacted by the assessment firm 3 days prior to the assessment contact RBA APM for assistance vap@responsiblebusiness.org

8.5.3 The following items should be addressed in the pre-assessment meeting:

- Assessor introduction
- APM approved assessment scope.
- Assessment agenda
- Translation needs; mainly for worker interviews
- Travel requirements, if any, during the assessment (auxiliary or support buildings, different facilities, ...)
- Logistics, if needed (directions, preferred hotels and/or airports, travel restrictions and any special considerations)

- Site safety and security requirements
- Confirm exact time of arrival and time of opening meeting; ensure participation by the site manager and key staff.
- Confirm there is an adequate area for performing the assessment., as well access to internet and phone (if needed).

8.5.4 Documentation preparation:

- Confirm the documents that will be needed and must be ready at the start of the assessment.
 - i. RBA Workforce composition survey
 - ii. Working Hours template
- Confirm whether there are any additional documents and records that are needed for the assessment team to prepare for the assessment (e.g. organizational chart, key staff members, on-site suppliers, ...)

8.5.5 For service provider assessments, the assessor shall contact both the management team at the reviewee location as well as the sites where the workers are deployed. Worker interviews and a facility tour should be arranged (where possible) at the sites where workers are deployed.

8.6 RBA Assessment observer guidance and feedback

- 8.6.1 Observers to the assessment may be present during the assessment. This is to ensure quality and integrity of the process as well as provide improvement feedback on the performance of the assessment firms and assessors.
- 8.6.2 The role of the observer is to observe the assessment and to provide feedback on the assessment process and the assessors.
- 8.6.3 The observer must be from an attachment B company (RBA Member Company) and have social and/or environmental, VAP or assessing experience; the RBA may provide exceptions to these requirements.
- 8.6.4 Only 2 Internal observers and only 1 Attachment B company observer are allowed per assessment.
- 8.6.5 Only 1 assessment firm observer is allowed per assessment.
- 8.6.6 RBA reserves the right to remove any observer from a live assessment if the observer rules are not followed.

Observer rules

- 8.6.7 The APM must be:
- Notified of the observer at least 2 weeks before the start of the assessment.
 - Provided with the name of the observer, company, email address and mobile number.
- 8.6.8 The observer:
- May participate in the site observation in the following areas:
 - i. Common areas (e.g. canteen, dormitories, general staff areas, pollution control, etc.)
 - ii. Production areas specific to the observer's company
 - May observe and participate in the document review but may only review documents that either apply to the reviewee as a whole or those related to their company's business with the reviewee.

- Will not interfere with the assessment in any way.
- Will not advise or influence the assessment firm regarding the findings, process, scoring, or other parts of the assessment.
- Will not advise, guide, or interfere with the management of reviewee.
- Will be introduced by the assessment firm as the observer in interactions with staff during the assessment.
- Will not participate in any formal interviews and may also be required not to participate in some or all informal interviews.
- Should attend all key on-site meetings, including the opening and closing meetings.

8.6.9 At the end of the assessment, the observer completes the observer Feedback Form and submits it to the APM.

8.6.10 The assessor keeps all information regarding workers, information learned from interviews, and all proprietary information confidential from the observer.

8.6.11 Exceptions to these guidelines may be given by the RBA.

9. VAP on-site process

The VAP must be conducted using the following process.

9.1 Assessment Start

- 9.1.1 Upon site arrival, the assessors will present identification.
- 9.1.2 The assessor(s) must bring with them all assessment tools and equipment necessary for the assessment.

9.2 Opening Meeting

- 9.2.1 All assessments begin with an opening meeting. The assessors must use the RBA assessment Opening Meeting Template as a foundation but can be modified as needed for the particular VAP situation.

9.2.2 Assessor Requirements

- 9.2.2.1 The assessor discusses the following topics in the opening meeting:

- Purpose and objectives of assessment
- Assessment schedule, scope, and approach
- Discussion of site observations, interviews, record reviews, taking field notes
- Discussion of representative sampling
- Introduction of assessment observers
- Preparation for daily wrap-ups and closing meeting including APM notifications of priority findings

- 9.2.2.2 The assessors should answer any questions the reviewee may have.

9.2.3 Reviewee Requirements

- 9.2.3.1 The reviewee should discuss the following in the opening meeting, if applicable:

- Visitor safety, security, and escort protocols
- ESG program and organizational assignment of responsibilities ESG accountabilities and organizational responsibilities
- ESG goals, performance, and current issues
- Business climate for the facility
- Review of facility operations
- Identification of notable site activities occurring during the time of the assessment including the seasonal changes of production load – high, moderate, and low months / seasons.
- Major changes since the last assessment
- Review of the pre-assessment documentation
- Interview schedules
- Identification and location of the assessor work room(s)
- Phone and internet protocol and support personnel
- Review of site work hours
- Other information relevant to the assessors and the assessment process

- 9.2.3.2 The reviewee is free to invite any reviewee site staff or employee to the opening

9.2.4 Interviews

- 9.2.4.1 Worker interviews are a sensitive topic, and proper management of the interview process is an important element of the assessment.

- 9.2.4.2 There shall be no retaliation (e.g. reduction in pay or benefits, losing jobs, intimidation, or any other penalties) for any information discovered during an interview.

9.2.4.3 Throughout the assessment, the assessors interact with workers gathering information in both formal and informal situations. Formal interactions are when the assessors select and interview certain in-scope workers individually. Informal interactions occur as the assessors have brief interactions with workers at their place of work or in other areas of the factory (e.g. dormitories, canteens, common areas, parking area).

9.2.4.4 Formal interviews are conducted privately, without the presence of reviewee managers, other staff, or observers. The workers' identity and comments must remain confidential. Failure to do this will result in a penalty to the assessors' performance score and possibly a suspension depending on seriousness of the violation.

9.2.4.5 Formal interviews are conducted in two ways: individually or in group settings.

9.2.4.6 Formal individual interviews generally last about 10 minutes. Formal group interviews typically last about 20 minutes, but may take longer, if needed, at the assessor's discretion.

9.2.4.7 Interviewees should represent a range of workers including:

- Permanent and temporary
- Both direct hired and indirect hired production workers.
- Direct hired non-production workers (security, cleaners, food preparation)
- Employees and subcontract labor
- New hires and experienced workers
- More and less skilled positions
- Various departments
- All shifts
- All genders
- All nationalities (limited to foreign workers who are not foreign expatriate or skilled staff)
- Worker representatives, if present
- Pregnant woman, nursing mothers, and workers with Disabilities if present

NOTE: *Indirect hired non-production workers (security, cleaners, food preparation) are not included in the group interviews.*

9.2.4.8 The assessor should immediately inform the APM if site management is unwilling to allow interviews, or if the assessors feel that workers talking openly with assessors will compromise the workers. The APM will assess the situation in order to determine if the assessment should continue.

9.2.5 Management Interviews

9.2.5.1 Gathering information from managers provides the assessors with an understanding of how the reviewee's ESG programs are managed and intended to be implemented.

9.2.5.2 Typically, the assessors interact and talk with the following people (Note: not all of these people may be at the facility, and may have different titles):

- Site manager(s)
- Production manager(s)
- Maintenance staff
- Environmental, Health & Safety manager(s)
- Quality manager(s)
- Internal assessment manager(s)
- Human Resources manager(s)
- Onsite services staff such as canteen, dormitory supervisors, security staff
- Finance manager/payroll manager(s)
- Procurement manager/supply chain manager(s)
- Warehouse and chemical store manager(s)
- Onsite medical staff

- Legal
- Other personnel

9.3 Site observation

9.3.1 General guidance

- 9.3.1.1 The purpose of the site observation is for the assessors to observe physical conditions and current practices in all areas of the facility.
- 9.3.1.2 The assessor should have access to all areas of the facility and should set the pace and direction of the site observation. During the site observation, the assessors should endeavor to minimize disruptions to production.
- 9.3.1.3 It is the responsibility of the reviewee to inform the assessors of the safety rules and requirements, including the use of personal protective equipment (PPE) in specific facility areas, and provide the assessors with necessary PPE where required.
- 9.3.1.4 There are two parts to site observation, namely site tour and site assessment.

9.3.2 Site Tour

- 9.3.2.1 Site tour is generally undertaken by the entire assessment team, and it will last for about 30 minutes.
- 9.3.2.2 At the start of the assessment, a site tour may be conducted. Portions of this site tour may take place prior to the opening meeting.
- 9.3.2.3 The objective of the site tour is to provide context to the assessors of the reviewee's operation and to help the assessors prepare questions for further investigation.
- 9.3.2.4 The site tour may consist of:
 - Transportation infrastructure
 - Emergency services, such as fire department or outside security services
 - Identify common areas, overview of company operations.
 - Identifying potential local community and environmental concerns, which may impact or be impacted by the facility.
 - Identify Unreasonable restriction on workers' freedom of movement or rights.
 - Any records or documents displayed that might show a discrepancy between operational activities and the protection of human rights.
 - Workers' noticeboards and information relating to union or worker's committee meetings.
 - Understanding the size, scope and location of all building and support facilities
 - Quality, production, and time records.
 - Posting of relevant codes and any worker information relating to their rights.

9.3.3 Site assessment

- 9.3.3.1 The site assessment is carried out by the EHS assessor, and it will last from 4-8 hours depending on the number of areas / buildings / facilities / dormitories, and canteen to be covered.
- 9.3.3.2 During the site assessment, the assessor typically inspects in detail all the high-risk areas identified during the site tour (note: not all facilities have the following areas):
 - Work environment (space, temperature, lighting, ...)
 - Ergonomics and workstations
 - Manufacturing and processing operations
 - Fire and emergency equipment
 - Machine protection and maintenance
 - Emergency procedures
 - Personal protective equipment

- First aid equipment and medical center/clinic
- Air emissions and emission control systems
- Hazardous materials storage and handling
- Hazardous waste generation and storage
- Waste (hazardous and non-hazardous) management
- Fuel, chemical and oil storage, transport, and use
- Toilets and sanitation
- Canteen and kitchen hygiene and safety, when applicable
- Dormitory facilities including hygiene and safety
- Wastewater treatment, discharge, and sludge disposal
- Recreational facilities

9.3.3.3 Assessors should obtain permission to take photos in the facility. Alternatively, the reviewee can take photos as requested by the assessors and provide them by the end of each day to the assessment team. If the management does not give such permission and will not take requested photos (either as a whole, or in certain areas), assessors will document this in the VAR. Photos are not intended to contain or focus on product, product information or any other proprietary information.

9.3.4 Document Review

9.3.4.1 As part of the assessment, the assessors review relevant records. Examples include:

- Working hour records, payroll, wages, deductions, and benefits
- EHS management system documentation
- Permits/ licenses /approvals
- Waste records
- Written policies, programs, procedures, work instructions
- Training records

9.3.4.2 The records to be reviewed are specified by the assessors to the reviewee during the assessment.

9.3.4.3 The assessors should be thorough in the review of records; however, this does not mean that every record must be evaluated. The assessor may use representative sampling in the review process. Where the assessor does not review every record and there is a non-conformance finding, the assessor must reflect the sampling method in the statement of finding.

9.3.4.4 Unless otherwise stated, the documents and records must be available on-site for assessors to review, and must cover at least the previous 12 months for VA. For payroll, wages, deductions and benefits documents and records must be available for 24 months.

9.3.4.5 Unless otherwise stated, the records shall be available on-site for assessors to review at the start of the assessment and shall cover at least the review period of the assessment. If additional records are requested, they shall be available within 24 hours from the request or before noon on the last day of the assessment, whichever occurs first. If requested records are unavailable as stated, the records shall be excluded by the assessor and result in a finding.

9.3.4.6 As part of the documentation review, the assessors may need to record some information to complete their evaluation. The assessors will not include any confidential information, such as detailed product information, detailed process steps, or personal identifiers in the VAR.

9.3.4.7 Unless otherwise noted, references to percentages of workers in conformance or non-conformance in the VAR are based upon the defined sample.

9.3.5 Daily 'Wrap-up Meeting'

9.3.5.1 Daily wrap-up meetings occur at the end of each day and are approximately 30 minutes or less. During the meeting, the assessor should follow below guidance:

9.3.5.2 If priority non-conformances were identified:

- Discuss any priority non-conformances, including need for immediate correction and/or containment.
- Inform reviewee management that a formal communication of priority non-conformances will be made to the QM, who will in turn notify the assessment customers.
- Make the reviewee aware of any issue, finding, or potential finding where additional information is needed.
- Encourage the reviewee to present/prepare additional evidence or information on local legal requirements, as needed.

9.3.5.3 If no priority non-conformances are identified

- Discuss preliminary findings, providing the opportunity for the reviewee to provide additional information in the case of a disputed finding.
- Agree upon the agenda for the remaining onsite assessment.
- Clarify any further needs to ensure the assessment is performed as effectively and efficiently as possible.

9.3.6 Closing Meeting

9.3.6.1 The closing meeting is held at the end of the last day of the assessment. The same group of reviewee personnel that participated in the opening meeting, as well as any others who would benefit from hearing from the assessment team, should attend the closing meeting.

9.3.6.2 If the meeting is not conducted or is cut short, reviewees should notify the AQM.

9.3.6.3 The closing meeting includes the following:

- A discussion of all major and priority non-conformance(s), ensuring that the reviewee fully understands those issues.
- A brief discussion of all minor non-conformance(s)
- Discussion of issues in which the assessors need to conduct further studies (e.g. investigate or review relevant legislation) to establish a finding.

9.3.6.4 If priority non-conformance were noted during the assessment:

- Communicate that immediate containment actions are mandatory (unless working hours, recruiting fees and social insurance).
- Immediate containment actions should be completed by the end of the assessment, or as quickly as possible if the issues were discovered late in the assessment.
- Assessor will list the status of the immediate containment actions as "assessor note" in the conclusion of the applicable question in the AR and Assessment Finding Acknowledgement (AFA)¹.
- The AFA is signed by reviewee and lead assessor at the end of the closing meeting.
- Presentation, by the reviewee, of additional evidence or clarification.
- Inform the next steps of the assessment process, including the draft review feedback process.

¹ AFA – A document/ preliminary record of any findings, including priority or major assessment findings (can include other findings if assessor details them). The reviewee is required to sign the AFA at the end of the closing meeting.

10. Validated assessment report (VAR)

The assessment Report (VAR) is a formal document describing the assessment findings and is the basis for the Corrective action plan (CAP).

The assessment Team prepares the VAR and provides it to the AQM. Assessment firms must employ a rigorous internal quality assurance process to ensure that all reports meet the RBA minimum criteria for quality and completeness.

The assessment findings are entered in RBA Online.

- General information about the reviewee, assessment Team, site characteristics
- Executive summary
- Overall assessment score and assessment score detail
- Findings related to the policies, practices, and conditions for the sections of the RBA Code
- Supporting evidence / data

10.1 Assessment finding severity definition

10.1.1 Findings communicated in the Validated assessment Report (VAR) identify good practices and deficiencies. The VAR provides information for the reviewee's management team to improve their ESG programs and performance, related to:

- Intent – what the facility is trying to do
- Implementation – how well the practice meets the defined criteria
- Impact – whether the policies and practices deliver the intended results

10.1.2 Assessors review the evidence gathered during the assessment and evaluate the compliance status for each question of the assessment.

10.1.3 Assessors classify each assessment criteria as one of the following:

10.1.3.1 Priority Non-conformance. A priority non-conformance is any finding leading to:

- i. Imminent Risk to life, limb, facility, the environment, or the community
- ii. Egregious ethical breach

10.1.3.2 Major non-conformance

- i. Violation of applicable law (see [14.1.2](#) for extended definition)
- ii. Systemic failure (e.g., same incident multiple times or multiple incidents at the same time)
- iii. Non-conformance situation in which equal or greater than 20 % of total sample population is affected.

10.1.3.3 Minor non-conformance

- i. One-off incident, not likely to repeat.
- ii. A non-conformance situation in which less than 20% of the total sample population is affected.

10.1.3.4 Risk of non-conformance – if the condition or practice meets minimal conformance with the requirement but would likely deteriorate to a non-conformance without some additional action or effort on the part of facility management.

10.1.3.5 Opportunity for improvement – A situation which is not fully in conformance or can be improved but where a Corrective action plan is not mandatory but recommended. It is sometimes referred to as an “observation”.

10.1.3.6 Conformance – Conformance is noted when the assessor determines that a facility meets or exceeds the assessment criteria and expectations.

10.1.3.7 Not applicable – Not Applicable applies in cases where a specific operation is missing from the site, for example, facilities that do not have dormitories. In addition, the facility has provided evidence that certain criteria do not apply.

10.1.4 The rating of each assessment criteria has been predefined. However, based on the identified risk, the assessor is free to suggest either increasing the rating (e.g. major to priority) or decreasing the rating (e.g. major to minor). A thorough justification must be provided for any change to the predetermined question significance levels.

10.1.5 The following are examples of risk factors to consider when changing the rating of a finding:

- Health and safety risks to workers
- Health, Safety and Environmental risks to the community
- Significant restrictions or abrogation of worker rights
- Reputational risk
- Operational risk

10.2 Management exception

If an issue could not be verified prior to the closing meeting, then this is specifically stated in the closing meeting as an exception. Further analysis on this topic is done prior to release of the draft report and the assessment firm informs the reviewee of the conclusion. Exception management of assessment questions should be minimized and should not occur in most assessments.

11. VAP Appeal and guidance mechanism

11.1.1 Appeal mechanism

In the VAP process, it is possible to challenge a finding or conclusion, or file an appeal on the quality of the VAR. For details of the VAP Appeal Mechanism (VGM) please see: [RBA Appeal Mechanism - Link](#)

11.1.2 Guidance and Manual Updates

In the VAP program, the RBA reserves the right to periodically issue updates to this standard and the VAP processes linked in this document. For details of the VAP Standard updates, please see: [VAP Manual Guidance Updates](#)

12. Corrective action plans

12.1 CAP Definition and responsibilities

- 12.1.1 Corrective action plan (CAP) is an important part of the VAP. The purpose of the CAP is to define corrective actions for resolving any non-conformances identified during the assessment. CAP activities must occur within RBA specified time frames in this manual, to demonstrate closure of any findings identified in the initial assessment. For members, these should be in accordance to the Membership Compliance Guidelines.
- 12.1.2 The reviewee is responsible for completion of the corrective and preventive actions listed within the plan.
- 12.1.3 The CAP should include:
- Determination of root cause(s)
 - Description of the proposed corrective actions to address root cause(s)
 - If reviewee determines that no action will be taken or is necessary in response to a non-conformance, the plan must describe the basis for this determination and why no corrective actions is required.
 - Application of a preventive action to prevent future recurrence of the problem or related issue(s)
 - The date the action is expected to be completed.
 - Current status of the action items
- 12.1.4 The reviewee must use the CAP template.
- Priority CAPs will be issued by the QM.

12.2 Priority non-conformance containment

Upon receiving notification of any priority non-conformance(s) from the assessment Team, the reviewee reviews the non-conformances and initiates containment immediately. Containment is the act, process, or means of immediately reducing a threat or lowering a risk of the situation identified in the priority non-conformance(s).

12.2.1 Priority non-conformance timeline

All corrective actions must be completed within the timeframes provided. Any deviations from the prescribed timelines must be approved by the APM. Priority non-conformances (other than exceptions listed in the priority non-conformance section), must be immediately contained.

0 Hours	<ul style="list-style-type: none"> Non-conformance identified and communicated to reviewee management during onsite VA Reviewee immediately removes the threat (issue which has caused the priority issue) 	Assessment Team Reviewee
<1 Hour	<ul style="list-style-type: none"> Lead assessor to Alert QM with conclusion, immediate containment, data points and supporting evidence 	Lead assessor
<12 Hours	<ul style="list-style-type: none"> QM confirms priority finding to APM 	QM
<24 Hours	<ul style="list-style-type: none"> APM reports issue to Attachment B Companies 	APM
<24 Hours	<ul style="list-style-type: none"> Attachment B Companies contact(s) reviewee to discuss situation and status 	Attachment B Companies
<48 Hours	<ul style="list-style-type: none"> Priority non-conformance action in place (containment in place, reviewee puts in place temporary measures to ensure priority non-conformance does not re-occur) Communicate containment action and proof of implementation to Attachment B Companies /QM 	Reviewee Reviewee
7 days*	<ul style="list-style-type: none"> Full CAP on priority non-conformance(s) is submitted for review to QM Feedback on priority non-conformance CAP and communicates to APM Adjust priority non-conformance CAP if needed 	Reviewee QM Reviewee
10 days*	<ul style="list-style-type: none"> Approved priority non-conformance CAP implementation Communicate priority non-conformance CAP to Attachment B Companies 	Reviewee Reviewee/APM
30 days**	<ul style="list-style-type: none"> APM schedules priority closure assessment Closure assessment of priority non-conformance(s) Note: If there is sufficient / legitimate evidence that more time is required, reviewee must respond to the APM with the details for the APM to consider. 	APM Assessment Team Reviewee

*Exception:

12.2.2 Priority non-conformance for working hours where working hours is under 84hr/week and/or social insurance (timeline = timeline above plus 1 week)

**Exceptions:

12.2.3 Priority non-conformance for working hours where working hours is > 84hr/week = 90 days

12.2.4 Priority non-conformance for working hours where working hours is under 84hr/week = 180 days

12.2.5 Priority non-conformance for social security = 180 days

12.2.6 Priority non-conformance on fees (code provision A1) = 90 days

12.3 Overall CAP timeline

The following table shows the rating definitions and associated timelines for VAP findings.

Rating	Finding	Submit CAP	Approved CAP	Progress / Complete CAP
Priority	All findings except those noted below (this includes Working Hour >84 h/week)	1 week from discovery	10 calendar days from discovery	30 days from discovery
Priority	Working Hour ≤ 84 h/week and Social Insurance	2 weeks from receipt of final VAR	6 weeks from receipt of final VAR	180 days from receipt of final VAR
Major	All	2 weeks from receipt of final VAR	6 weeks from receipt of final VAR	180 days from receiving final VAR (guidance only)
Minor	All	2 weeks from receipt of final VAR	6 weeks from receipt of final VAR	In conformance within 270 days from receipt of final VAR
Risk of Non-conformance	All	2 weeks from receipt of final VAR	6 weeks from receipt of final VAR	270 days from receipt of final VAR (guidance only)

*VAR –Validated assessment Report

The following table shows the associated CAP timelines for priority non-conformances related to fees.

Rating	Finding	Submit CAP	Approved CAP	Reimbursement Plan	Progress / Complete CAP
Priority	Recruitment Fees (existing workers)	1 week from discovery	14 calendar days from discovery	Reviewee submits: 90 calendar days(*)	90 days from reimbursement plan approval(*)
	Departed workers (< 6 months)				270 days from reimbursement plan approval (**)

* RBA must approve remediation plan; The remediation plan must include implementation steps for no fees recruitment policy(ies). Reviewee must contact RBA compliance team compliance@responsiblebusiness.org if a priority finding is identified.

** Workers resigned within 6 months prior to the last assessment day, the facility has 90 days to make “best efforts” to contact workers that have left the facility within the last 6 months. Workers then have 90 days to request repayment and then those fees must be paid back within 90 days of acceptance.

12.4 CAP management options for non-priority findings

There are 2 options available for CAP management of non-priority findings.

- AQM managed CAP
- Customer Managed CAP or reviewee Managed CAP

12.4.1 AQM Managed CAP.

CAP can be managed using the payable AQM Managed CAP process. The communication on the CAP and its progress is managed by the AQM directly with the reviewee using RBA-Online. APM will communicate with all Attachment B Companies (RBA members only). Therefore, only one CAP is required no matter the number of assessment customers. An AQM managed CAP is strongly encouraged for:

- Reviewees who are providing a corrective action plan to multiple customers.
- Reviewees new to the VAP which could use additional guidance on developing or managing their CAP.
- Reviewees that wish to have a quality review by the RBA AQM team.

12.4.1.1 The AQM is available as a resource, and actions taken suggested in an AQM approved CAP will likely meet the expectations of an assessor during the closure assessment.

12.4.1.2 The option to use the QM Managed CAP process can be confirmed to the APM up to 3 months from the release of the VAR.

12.4.2 AQM Managed CAP is 3 step process

- Review and approval of Root Cause Analysis and immediate containment actions
- Review and approval of Corrective actions (management system oriented)
- Monitoring for implementation of corrective actions (12 months)

More information about the CAP process can also be found at: [AQM Managed CAP Process](#)

Write to vap@responsiblebusiness.org to request AQM-Managed Service

12.4.3 Process steps and timing of AQM CAP Process. The following steps, timelines and process applies to the AQM managed CAP process for Major, minor or risk of non-conformance

Time	Action	Responsible
0 weeks	• Receipt of final VAR and CAP template pre-populated	AQM
2 weeks	• Submit completed CAP version 1	Reviewee
	• Review and provide feedback on CAP version 1 within 48h or approve CAP	AQM
	• Communicate CAP status and Approved CAP (if applicable) to companies on Attachment B and APM	AQM
4 weeks	• Submit completed CAP version 2	Reviewee
	• Review and provide feedback on CAP version 2 within 48h or approve CAP	AQM
	• Communicate CAP status and Approved CAP (if applicable) to companies on Attachment B and APM	AQM
6 weeks	• Submit completed CAP version 3	Reviewee
	• Review and provide feedback on CAP version 3 within 48h or approve CAP version 3	AQM
	• Communicate CAP status and Approved CAP (if applicable) to companies on Attachment B	AQM
	• Note: If version 3 is not approved then process ends	

Timing for follow-up of approved CAP actions

Time	Action	Responsible
1 month from CAP approval and every following month until CAP completed or maximum of 12 months from the date of implementation of CAP	<ul style="list-style-type: none"> Provide monthly update of non-conformance CAP implementation progress to APM for a maximum of 12 months 	Reviewee
	<ul style="list-style-type: none"> Submit proof for each non-conformance CAP implementation which has been completed 	Reviewee
	<ul style="list-style-type: none"> Review of non-conformance CAP implementation progress 	AQM
	<ul style="list-style-type: none"> Communicate non-conformance CAP implementation Status to companies on Attachment B 	AQM
CAP implementation completed to a maximum of 12 months from the date of implementation of CAP	<ul style="list-style-type: none"> Closure assessment process management 	APM

12.4.4 Escalation

12.4.4.1 If there is a delay in submission of CAP of one week RBA APM will inform the Attachment B Companies (RBA members only). The Attachment B Companies can follow up with reviewee and facilitate, if needed, a timely submission of CAP or implementation updates. The “late” notification is repeated to the Attachment B Companies until receipt of CAP or implementation update is received on a weekly basis.

12.4.4.2 The Attachment B Companies are informed by the APM if the CAP implementation status varies by more than 20 percent versus agreed CAP implementation due date or RBA CAP timeline.

12.4.5 Approval of corrective actions

12.4.5.1 The Corrective action plan should be approved by the AQM before any corrective actions are implemented.

12.4.5.2 APM should review and approve the CAP for all non-conformances within 2 days of submission.

12.4.5.3 All corrective actions must be reviewed and approved by the APM before they can be closed. Corrective actions cannot be approved until the reviewee provides a complete CAP and proof of implementation.

Note: The objective of obtaining AQM approval is to ensure completeness of CAP, completeness of implementation, and use of correct RBA tools. It is not an approval or statement of conformance. Conformance can only be determined by a qualified third-party assessment firm upon detailed review through a closure assessment (remote or on-site).

12.4.6 Monitoring progress

- 12.4.6.1 For CAPs with implementation periods greater than 30 days, reviewees must provide RBA VAP AQM with status updates at monthly intervals. It is the reviewee's responsibility to submit this to the AQM.
- 12.4.6.2 Once the reviewee believes the CAP has been fully implemented, the reviewee must provide a final status update indicating the non-conformance has been addressed and provide the appropriate evidence supporting this position.
- 12.4.6.3 The evidence must be provided in commonly accepted formats (JPEG, PDF, Word.doc, excel, etc.). It is the responsibility of the reviewee to provide evidence in a format that can be accessed by the AQM.
- 12.4.6.4 Evidence must have the correct references in and to the CAP template to allow easy navigation between CAP template and proof of implementation.

If the Corrective Action has not been closed in the time specified in the CAP or if the corrective action is inappropriate, the reviewee has to provide a proposal to address the issue in the CAP management tool.

Any changes to an approved CAP must be reviewed and authorized by the AQM.

12.5 Customer managed CAP or reviewee managed CAP

There are 2 additional available methods for companies to manage their CAP.

- 12.5.1 The Customer Managed CAP process requires that the attachment B company (only Member Companies) manage the CAP, working directly with the reviewee.

Requirements for customer managed CAPs:

- 12.5.1.1 A copy of the approved CAP must be uploaded to the RBA-ONLINE
 - 12.5.1.2 The attachment B company manages the CAP to meet their expectations or reviewee manages the CAP to meet customer(s) expectations.
 - 12.5.1.3 The AQM is NOT available as a resource, nor does the APM verify the actions taken will meet the expectations of an assessor during the closure assessment.
- 12.5.2 Alternatively, the reviewee can manage their own CAP process and communicate with their customers. (formerly known as auditee managed CAP).

12.6 Root cause analysis

The first step in the CAP process is to conduct a root cause analysis for each non-conformance.

"Root Cause Analysis" is a method used to identify underlying cause(s) of a non-conformance. It is used to correct or eliminate the cause and prevent the problem from recurring. If a root cause analysis is not conducted, or conducted poorly, there is a risk that time and resources may only address the symptoms of a problem, rather than addressing the real issue.

The most common element of a root cause analysis includes asking "Why a particular non-conformance occurred?" and documenting the answer.

When considering “Why” a particular problem occurred, it might be useful to consider the following potential elements to ensure comprehensive analysis:

- Knowledge – Did the problem occur due to lack of awareness or knowledge?
- Assignment – Did the problem occur because responsibility was not clearly assigned?
- Tools – Did the problem occur because appropriate tools were not available?
- Training – Did the problem occur due to lack of proper training?
- Accountability – Did the problem occur because little/no accountability, e.g. in a typical situation nothing happens when the task is not done?
- Resources – Did the problem occur due to insufficient resources?

The corrective action to a root cause often requires the examination of one or more of the above management systems for change or improvement.

Example: Consider the case of a worker observed not wearing hearing protection in a high noise area. It may be easy to conclude that the reason was that hearing protection was not provided. However, upon a more thorough evaluation of the evidence, the auditor may find that the auditee was unfamiliar with the regulation requiring the use of hearing protection, or that the worker was not trained on the need to wear hearing protection, or the auditee lacked an enforcement/ reinforcement process. These are more fundamental or root causes of the observed deficiency.

13. Closure assessments

All priority non-conformances must be closed through a closure assessment. Completing CAP items, (whether an AQM CAP or an Auditee or Customer CAP) does not close issues, as closure only occurs through a closure assessment.

Major, minor and risk of non-conformance findings may also be closed through a closure assessment.

The timing of the closure assessment should be based upon the type of findings in the initial assessment (Priority, major, minor, risk of non-conformance and whether there are working hours, recruitment fees, and/or social insurance related findings).

The focus of a closure assessment are the issues identified in the initial assessment. However, if an assessor identifies any other finding during any closure assessment, this is to be included as a new issue, following the same process and rules as the initial assessment.

13.1 Priority closure assessment

- 13.1.1 Priority findings are required to be closed by a priority closure assessment.
- 13.1.2 The purpose of a priority closure assessment is not to achieve conformance for the AC but to remove the condition which triggers the priority rating. Of course, if an AC is verified as conformance during a priority closure assessment because the situation is remediated, and the system fixed to ensure consistent conformance with the AC then a closure assessment for this AC is no longer required.
- 13.1.3 Closure assessments for priority non-conformance(s) are triggered by the APM. The clock starts when the priority non-conformance is confirmed by the AQM and assessors, which may be:
 - During the assessment
 - During the draft report stage (when more data is analyzed or during the QM review of the draft report)
 - When the rating is changed as per the rating guidance (to correct a mis-rating in draft assessment report)
- 13.1.4 Priority closure assessments take place
 - For all issues other than recruitment fees, working hours and social insurance: 30 days from discovery
 - Working hours and social insurance: 180 days from discovery
- 13.1.5 Other findings may be closed during the priority closure assessment. However, to be closed it must be agreed upon with the APM during the scheduling process to ensure the priority closure assessment is properly scoped.

13.2 Non-priority findings closure assessments

- 13.2.1 At the election of the reviewee, major and minor issues can be closed through the same closure assessments or through a separately scheduled stand-alone closure assessment.
- 13.2.2 Closure assessments for non-priority findings are not scheduled on a set timeline, rather, these are triggered by the reviewee or attachment B company.
- 13.2.3 Closure assessment timing should reflect 3 months of implementation and align with the corrective action timeframes listed in this document.

14. VAP Standard

The following notes apply to all provisions herein:

- 14.1.1 When there is a discrepancy between the RBA code, local law, a participant's policies, or a Collective Bargaining Agreement (CBA), the RBA defines conformance to the RBA code as meeting the strictest requirements (even if it meets RBA code provisions and legal requirements). A Collective Bargaining Agreement may create requirements beyond the RBA Code requirements. The Validated assessment (VA) shall not validate CBA compliance where it is stricter than the RBA Code.
- 14.1.2 A legal non-conformance is a Major non-conformance unless otherwise stated in a specific provision (e.g., A3.1 if the situation of reviewee is below 60h/w but above local law for $\leq 40\%$ of the workers) or there is another finding which has a higher non-conformance rating for that provision.
- 14.1.3 All communications from the reviewee to workers shall be done in a language the worker can understand unless otherwise stated in the provisions. If this is not the case, the relevant aspect is, at minimum, a 'Major' non-conformance.
- 14.1.4 Guidance applies to all workers, including temporary, migrant, student, and contract, directly and indirectly, employed workers that work in the factory/on production/in the warehouse and any other type of worker/employee unless the AC specifically states a narrower focus group.
- 14.1.5 Unless otherwise noted, references to the percentage of workers in conformance or non-conformance are based on the defined sample.
- 14.1.6 A Process is not required to be in writing (unless the AC states specifically it shall be documented). However, all processes shall be verifiably implemented consistently.
- 14.1.7 Adequate shall mean appropriate and complete for its intended purpose. In practice, it means all required code compliance elements are included in the document (policy or procedure). For example, an adequate policy on prohibition of child labor includes all the elements RBA requires on this code topic.
- 14.1.8 Effective shall mean successfully achieves its intended goal or outcome. In practice, this means all implementation elements are deployed and the outcome of process/procedure meets the RBA requirement. An effective procedure of child labor will include all RBA required implementation elements such as age verification, personnel files and no children are present or have been hired.

Internal Migrant Workers

- 14.1.9 Internal migrant workers: Individuals who are recruited and migrate from their usual place of residence to another state or province within their home country for employment purposes. These individuals may differ from the dominant group, often the majority population—in terms of race, color, religion, or cultural origin.
- 14.1.10 Internal migrant workers shall be considered a separate group, like foreign migrant workers, during the Validated assessment to determine risks and conformance specific to this group.

A. Labor

Code 8.0 Labor Preamble: Participants commit to respect the human rights of workers, and to treat them with dignity and respect as understood by the international community. This applies to all workers including temporary, migrant, student, contract, direct employees, and any other type of worker.

A1. Prohibition of Forced Labor

Code 8.0: Forced labor in any form, including but not limited to, bonded (including debt bondage) or indentured labor, involuntary or exploitative prison labor, slavery or trafficking of persons is not permitted. This includes transporting, harboring, recruiting, transferring, or receiving persons by means of threat, force, coercion, abduction or fraud for labor or services. There shall be no unreasonable restrictions on workers' freedom of movement in the facility in addition to unreasonable restrictions on entering or exiting company- provided facilities including, if applicable, workers' dormitories or living quarters. As part of the hiring process, all workers must be provided with a written employment agreement in their native language, or in a language the worker can understand that contains a description of terms and conditions of employment. Foreign migrant workers must receive the employment agreement prior to the worker departing from his or her country of origin and there shall be no substitution or change(s) allowed in the employment agreement upon arrival in the receiving country unless these changes are made to meet local law and provide equal or better terms. All work shall be voluntary, and workers shall be free to leave work at any time or terminate their employment without penalty if reasonable notice is given, which shall be clearly stated in workers' contracts. Participants shall maintain documentation on all leaving workers. Employers, agents, and sub-agents' may not hold or otherwise destroy, conceal, or confiscate identity or immigration documents, such as government-issued identification, passports, or work permits. Notwithstanding the foregoing, employers can only hold documentation if necessary to comply with the local law. In this case, at no time shall workers be denied access to their documents. Workers shall not be required to pay employers' agents or sub-agents' recruitment fees or other related fees for their employment. If any such fees are found to have been paid by workers, such fees shall be repaid to the worker.

Elements to Demonstrate Compliance to RBA Code:

1. **Policy:** Have a detailed, comprehensive documented policy prohibiting the use of any type of forced, bonded (including debt bondage) or indentured labor, involuntary or exploitative prison labor, slavery, or trafficking of persons. This policy would contain specific elements including:
 - a. No levies, recruiting, hiring or placement fees or costs, even if allowed by local law.
 - b. No fees or costs charged to workers as defined by the RBA Definition of Fees
 - c. No deposits, mandatory saving, or any other financial obligation are required to obtain or keep a job.
 - d. If fees and costs were found to be charged, workers must be repaid within 90 days.
 - e. No holding original identification documents of workers
 - f. Overtime is to be voluntary (i.e., workers can always refuse overtime)
 - g. Resignation must be voluntary, and the required notice period cannot exceed one month.
 - h. The penalty for not serving notice cannot exceed 60% of one month's wages.
 - i. Workers' freedom of movement is not restricted.
2. **Procedures & Practices** are in place such that:
 - a. Workers are not required to pay any deposit or employment fee to the supplier, labor recruiter or employment agency to get or keep their job (See [RBA Definition of Fees](#)).
 - b. No control of or access to workers' banking or financial accounts (direct deposit is allowed).

- c. Workers are informed before employment of the key employment terms and conditions in writing in their native language or in a language that the worker can understand.
 - i. Allowed fees (e.g., housing), deductions (e.g., taxes, social insurance) are disclosed to the workers.
 - ii. No detrimental changes to the contract or work conditions
- d. Signed employment contracts or agreements are in place between the worker and the facility, to ensure the worker is provided with documentation of their legal rights and responsibilities. All terms required by law are in the employment contracts.
- e. Verbal explanation to workers of the key components of the employment conditions in the worker's native language, or in a language the worker can understand AND gaining their acknowledgement this has happened.
 - i. Nature of work including what PPE is required to be worn.
 - ii. Working hours (which do not exceed 60 hours, 6 consecutive workdays), personal leave allowance and public holidays.
 - iii. Benefits (housing, transportation, uniforms, etc.)
 - iv. What allowed fees the worker shall be charged and the amount(s)
 - v. Wages and wage deductions (including all components of tax and social insurance(s)) and how these are calculated including premiums for overtime (which must be at least 125% of standard pay), working rest days and statutory holidays.
 - vi. Other non-legally required benefits provided (pension, insurances, etc.)
 - vii. Information concerning the general conditions of life and work.
- f. Offer letter / Contract terms should include:
 - i. Name and address of the employer
 - ii. Worker's full name
 - iii. Workers' start date and duration of contract.
 - iv. Contract termination requirements include a notice period not to exceed one month, or less per local law and a penalty for early contract termination.
 - v. Contract renewal provisions (if applicable).
 - vi. Description of the location and nature of work to be performed.
 - vii. Regular work hours and shifts and anticipated overtime hours with total working hours not to exceed 60 hours per week or local law, whichever is lower.
 - viii. Regular, overtime, and holiday wage rates and estimated monthly base and total pay.
 - ix. Any bonuses and conditions for earning them.
 - x. Any allowances granted (e.g., food, accommodation)
 - xi. Full listing of all deductions including specification of the type and amount of each deduction and which, if any, are optional.
 - xii. Method and frequency of wage payment
 - xiii. Description of additional benefits including medical insurance coverage, accident/injury, insurance, holidays, annual leave, sick leave, and/or any other applicable benefits
 - xiv. If accommodation is provided include detailed description of living conditions and breakdown of any deductions for accommodations, meals, transportation, or other services provided or offered by the employer and/or their labor agent or other representative or service provider.
 - xv. Any other terms required by applicable laws and regulations.
 - xvi. Clear prohibition on charging of recruitment or placement fees
 - xvii. Note: there should be no terms
 - 1. Requiring overtime
 - 2. Restricting movements

3. Restricting a worker's rights to freedom of association and collective bargaining consistent with local law.
- g. Worker handbook or similar document should include the items above and also:
 - i. Discipline process (note this cannot include any threat of punishment, fines, violence, or withholding wages)
 - h. For Migrant Workers
 - i. Terms and conditions of employment shall be delivered to the migrant workers before departure indicating the conditions of work and remuneration (minimum wage which is guaranteed).
 - ii. Description of repatriation process and specification of the costs to be borne by the employer and the worker.
 - iii. Transportation to the receiving country and repatriation as well as between living accommodations and the work facility
 - iv. Ability to return home during annual leave and family emergencies without penalty.
 - v. No substitution or change(s) allowed in the employment contract / agreement upon arrival in the receiving country/region unless these changes are made to meet local law and provide equal or better terms.
 - i. Workers are not subject to any deductions from their pay other than legally required deductions and agreed upon fees for meals, lodging, uniforms, etc. The amounts of such deductions are communicated to workers at time of hire.
 - j. Original personal identification such as government issued identification, passports or work permits, certifications, or educational documents such as diplomas are in the possession of the workers unless specifically required by local law.
 - i. Only copies should be retained to use as verification of age and right-to-work.
 - ii. Where holding documents is required by local law it must be done with the full knowledge, permission and participation of the worker and procedures are in place to ensure proper handling and immediate access if requested by the worker.
 - iii. It is acceptable for employers to be in temporary possession of original personal documents only for the time when they are helping to obtain or renew work permits and other legal documents. Provide proper documentation receipt stating the reason for holding of passport/ travel document and expected duration to hold such documents.
 - iv. In no case shall there be a fee for the possession of government-issued identification, passports, or work permits.
 - v. Personal documents shall not be tampered with or damaged in any way.
 - vi. Secure personal storage is required when living accommodations are provided directly or indirectly.
 - k. Ensure workers are free to use bathrooms, drinking water, and medical facilities, as needed.
 - l. Reasonable restrictions linked to health and safety, and IP restrictions can exist.
 - m. Workers are allowed to leave the workplace location or dormitory outside of their normal work hours (i.e., no curfews unless dictated by law).
 - n. Freedom to enter and leave the site does not apply to prison labor.
 - o. Doors can be locked from the outside only for normal business and housing security reasons and do not prevent emergency egress.
 - p. Workers may choose to use external medical facilities for personal health care even when onsite infirmaries or other medical facilities exist.
 - q. Personal loans are no greater than 60% of 1-month gross base salary, have a maximum repayment maximum of 10% of the worker's gross base wage per month for maximum of 6 months. Charging interest is not permitted.

- r. Education loans are no greater than 120% of 1-month gross base salary, have a maximum repayment maximum of 10% of the worker's gross base wage per month for maximum of 12 months. Charging interest is not permitted.
- s. The termination notice period is not stricter than 1 month and is noted in their contract/agreement and explained at the time of hiring. The penalty for leaving without reasonable notice cannot exceed 60% of 1 month of gross base wages. Terminating employment is voluntary with no explicit threat of punishment, fines, violence, or withholding wages.

3. Controls & Monitoring should include:

- a. Cascade this policy and the RBA Code of Conduct to suppliers, contractors, subcontractors, and labor recruiters noted the expectation that they adopt it, put in place procedures to follow it.
- b. Conformance to the policy is regularly monitored.
- c. When engaging with recruiters and labor agents determine the specific amount of any fees and expenses that are required to recruit, hire and onboard each individual (which varies if they are local, internal migrant, or foreign migrant worker) prior to commencement of work and ensure that is part of contract and sub-contracts and paid to reduce risk of workers incurring fees.
- d. Actively verify compliance through monitoring labor recruiters, brokers, and agents.

NOTE: reimbursement is not the desired model (no fees to workers is) and therefore it is a non-conformance to the RBA Code of Conduct albeit a lesser one.

4. Records are maintained including:

- a. Personnel files for all workers are maintained and include:
 - i. All versions of employment contract / agreement
 - ii. All items to ensure regulatory compliance.
 - iii. They are maintained with appropriate access and retention controls (on and/or off site) and confidentiality to protect privacy.
 - iv. Documentation on their leaving conditions and end of contract of workers
 - v. Workers' documentation must be retained for at least 12 months or as required by law whichever is longer.
- b. Contracts with service providers, recruiters, labor agents and labor contractors and evidence that they have acted in compliance with the contract/agreement requirements.
- c. Records on allowed fees are maintained and disclosed to the worker.

5. Serious conditions that will result in a severe finding:

- Restricting workers from voluntary employment termination.
- Imposing any penalty for resignation that is >3 months of gross base wages.
- Creating a situation that puts workers at risk such as locking exit doors in the factory or dormitories while the workers are inside.
- Any action that would be considered coercive or restrictive to reasonable movement by the use of threats such as firing, "sending home," reporting immigration status to authorities or similarly severe activities.
- Use or employment of non-voluntary labor.
- Changing the terms and conditions of employment to be materially worse than originally agreed.
- Not communicating employment terms and conditions before employment.
- Keeping, destroying, concealing, or confiscating original personal identification documents such as passports, work permits, identity, or travel papers.
- If in the rare case where local law requires an employer to store personal identification documents, tampering with or restricting access for more than 12 hours or charging a fee to access them.

6. Leading Practices include:

- Contract or offer letter detailing the level of physical work and what personal protective equipment is required to be worn. If this is impractical for a contract or offer letter, a separate document can suffice.
- Contract or employment agreement includes the worker's date of birth.
- Foreign and internal migrant workers should be interviewed when they join the company to learn if any of the policies were violated, in which case remedy must be provided, and they must be informed of the grievance mechanism. If fees and costs were found to be charged, workers must be repaid within 90 days.

7. Fees evaluation criteria:

Rating:

Scenario 1 – Prohibited recruitment and hiring fees that were paid and not reimbursed within 90 days or as soon as practicable upon discovery.

Frequency \ Severity in monthly gross base wages	0-<5%* (<1-month gross base salary)	5%-<100%* (<1-month gross base salary)	100-<150%* (> 1 month – 1.5-month gross base salary)	150%* (>1.5-month gross base salary)
≤1% or 3 workers or fewer (whichever is greater)	Minor	Minor	Major	Priority
>1%-5% or more than 3 workers but less than 7 workers	Major	Major	Major	Priority
>5%-40% or more than 7 workers	Major	Major	Priority	Priority
>40%	Major	Priority	Priority	Priority

Scenario 2 – Prohibited recruitment and hiring fees that were paid and reimbursed within 90 days before or after commencement of employment.

Frequency \ Severity in monthly gross base wages	0-<5%* (<1-month gross base salary)	5%-<100%* (<1-month gross base salary)	100%* (1-month gross base salary)
≤1% or 3 workers or fewer (whichever is greater)	Minor	Minor	Major
>1% or 3 workers or fewer (whichever is greater)	Minor	Major	Major
*Total of all fees charged during recruitment and employment			

A2. Young workers

Code 8.0: Child labor shall not be used in any stage of manufacturing. The term “child” refers to any person under the age of 15, or under the age for completing compulsory education, or under the minimum age for employment in the country, whichever is greatest. Workers under the age of 18 (Young Workers) shall not perform work that is likely to jeopardize their health or safety, including night shifts and overtime. Participants shall ensure proper management of student workers through proper maintenance of student records, rigorous due diligence of educational partners, and protection of students' rights in accordance with applicable laws and regulations. Participants shall implement an appropriate mechanism to verify the age of workers. The use of legitimate workplace learning programs, which comply with all laws and regulations, is supported. Participants shall provide appropriate support and training to all student workers. In the absence of local law, the wage rate for student workers, interns, and apprentices shall be at least the same wage rate as other entry-level workers performing equal or similar tasks. If child labor is identified, assistance/remediation shall be provided.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Have a detailed, comprehensive documented young worker policy with elements including:
 - a. Child labor prohibition: setting a minimum working age that is no lower than the greater of local law, 15 years of age, or customer expectations.
 - b. Do not refuse a previous applicant if they now meet company policy and the corresponding legal requirements.
 - c. If underage labor is identified, assistance/remediation is provided and should include:
 - i. Health exam and appropriate action if necessary.
 - ii. Aid to and through completion of compulsory schooling.
 - iii. Maintaining the child's income until legally eligible to work.
 - iv. When they exist, and are acceptable by law, to move underage workers into proper apprenticeship positions, restricting their hours and type of work to accommodate educational needs, as required, rather than discharging or fining these workers.
 - d. When young workers are employed, policies shall include:
 - i. Health checks if required by law.
 - ii. Identification and assignment of young workers to non-hazardous positions.
 - iii. Restriction on time of day worked (young workers are not allowed night work <generally means any consecutive period of at least 7 hours between 10 PM and 7 AM> or overtime).
 - e. When employing learners (apprentices, interns, student workers) a policy shall include:
 - i. A commitment to only providing internships/student workers assignments and apprenticeships that complement their course of study field or learning of a new vocation.
 - ii. Follow a principle of equal pay for equal work (if performing same/similar work/level as regular workers then the pay should be the same).
 - iii. Ensure working hours shall not conflict with any of the learner's school attendance.
 - iv. Be clear and limit the duration of the training period, and the number of times the same worker can be classified as a trainee.
 - v. Do not require and ensure that there is not any placement, onboarding, or other fees paid by the learner to gain or retain employment.
 - vi. Do not allow deduction for educational fees from the student worker's wages.
 - vii. If there is a period where wages can be below minimum wage as per law it should be limited and reasonable in duration or not longer than 6 months, whichever is stricter.
 - viii. Ensure that no agency or intermediary is used in connection with the recruitment, hiring, arrangement, and management of student workers, interns, or apprentices.

- ix. Ensure that all work is voluntary (including choice of learning placement assignment).
- x. Do not use student workers, interns, or apprentices to simply fill a labor shortage.
- xi. When employing apprentices, the maximum duration of apprenticeship (not more than 6 months if worker is paid below minimum wage).
- xii. When employing Student workers policy shall include:
 - 1. A three-way agreement is required between the student workers (and/or legal guardian), school and supplier that includes the terms.
 - 2. Ensure that the student worker is insured against accidents or liability and that the student worker is fully covered for any other forms of insurance required by law or regulation.
 - 3. Due Diligence: verify that worker is actively enrolled in a valid program of study at an educational institution.

Note: If learners are NOT to be hired a learner policy is not needed, however a note stating that the supplier does not hire apprentices/interns/student workers is required to be in place.

2. Procedures & Practices are in place such that:

- a. You only employ workers above the legal/hiring policy age for employment.
- b. There is a formal documented process to verify the age of each worker prior to employment with procedures to ensure that workers are of legal age and that documentation is genuine. The process includes inspection and cross-reference to verify the validity of at least two types of official ID* and periodically evaluating the documentation for a random sample of workers.
- c. ID types for initial and ongoing verification and cross-reference include.
 - i. Matching photographic ID to worker's face
 - ii. Verification through third-party resources where available, such as Internet resources or local government offices
 - iii. Affidavit from local government representative
 - iv. Birth certificate
 - v. Government-issued personal identification card
 - vi. Driver's license
 - vii. Voting registration card
 - viii. "Official stamped" copy of a school certificate
 - ix. Foreign or internal work permit or other government recognized record.
 - x. Finger printing or ID card with owner's photograph to prevent under-age workers entering the facility by using another person's ID who may have been vetted or hired.
- d. Ensure that young workers are working within the appropriate conditions of employment: including legal working hours, not working overtime, not working nights, not working within school hours, and not working in hazardous conditions or roles.
- e. If young workers found to be working in prohibited times or in hazardous roles, immediate containment not termination is to occur putting on day shift only which does not conflict with compulsory education, moved to non-hazardous positions, elimination of future overtime.
- f. A documented process is in place to assist any underage workers found working in the facility. This does not include discharging or fining underage workers, but rather provides ways to move them into proper apprenticeship positions, restricts their work hours and type of work as well as accommodating their educational needs (see Policy section above).
- g. Ensure that any children present in the facility are allowed only in approved areas, separate from the work area, such as day care facilities.
- h. If apprentices are employed, there is a clear program for training and promotion, with specific limits on the number of hours worked, duration of training period, and number of times the same worker can be classified as a trainee.

3. Controls & Monitoring should include:

- a. Applicable laws and regulations ensuring protection of learners' rights (e.g., working conditions, health & safety) are identified and enforced.
- b. Perform due diligence on, monitor and take corrective actions to address any non-conformance by an involved educational institution and establish sanctions as appropriate, including termination of the relationship.
- c. Periodically verify the reliability of age records. Age verification shall include visual verification of a government recognized photographic identification record. Maintain a reliable ID verification system to control the workers' access into the facility.
- d. Periodically verify young workers are not working overtime, nights, or in hazardous conditions/roles.
- e. Ensure underage labor assistance/remediation process is designed to provide for the welfare of the individual.
- f. Ensure that the three-way agreement required between the student workers (and/or legal guardian), school and supplier include:
 - i. Student worker's full name
 - ii. Student worker's emergency contact information
 - iii. The name and address of the student worker's school
 - iv. The name and address of the reviewee.
 - v. Living conditions (if applicable)
 - vi. Wages and benefits
 - vii. Costs (if any) for meals and accommodation (shall be no higher than a fair market rate)
 - viii. Working hours
 - ix. Nature of work and place where it shall be performed.
 - x. Signed in three copies.

4. Records are maintained including:

- a. Due diligence reports on educational partners
- b. Maintain verification of worker age and right-to-work status until at least 12 months or as required by law whichever is longer.
- c. After the worker departs the company.
- d. Learner records are maintained, accurate, complete, and up to date.
- e. Maintenance of student worker/intern or apprentices' records in personnel files (includes agreement if applicable, learning objectives, evaluations, reference to training material, assignment, etc.)
- f. Details on promotion/hiring opportunities after successful apprenticeship, eligibility, recruitment, employment agreement, nature of work, working hours, wages, and benefits.

5. Serious conditions that will result in a severe finding:

- Underage workers are present.
- Young workers performing inherently hazardous work.

A3. Working Hours

Code 8.0: Working hours shall not exceed the maximum set by local law. Further, a work week shall not be more than 60 hours per week, including overtime, except in emergency or unusual situations. All overtime shall be voluntary. Workers shall be allowed to have at least one day off every seven days.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Have a detailed, comprehensive documented working hour policy with elements including:

- a. Standard hours worked, days off, sick leave allowance, holidays, leave/vacation allowance, and paternity/maternity leave, in conformance to local law.
- b. Meal and rest breaks, overtime policy and limits; in conformance to local law and good safety practices. These shall include gender-responsive measures and other accommodations.
- c. Note limits on
 - i. Working hours in the facilities designated standard workweek (e.g. Sunday to Saturday, Monday to Sunday): must not be more than 60 including overtime.
 - ii. Consecutive working days after which a day of rest is granted with no company work or obligations (e.g., training, being on call): must not be more than 6
 - iii. Overtime.

NOTE: Unless specified otherwise by local legal requirements, this provision does not apply to exempt workers, including those in executive, managerial, or professional positions.

2. Procedures & Practices are in place such that:

- a. The work hours and time off policy is communicated to workers at the time of hire and in an employee handbook.
- b. There is a process to remain aware of and in compliance with local and national laws and regulations regarding working hours.
- c. You have obtained any necessary permission from authorities/unions on work schedule (e.g., comprehensive work week / work hour schedule)
- d. RBA Code requires that companies comply with local laws or Code, whichever is more stringent. If the company has a valid and current government waiver (e.g., Comprehensive Work Hour System in China, which allows shifting of overtime limits), this waiver is considered "local law." Regardless of the waiver, the 60 hours/week limit is in place.
- e. Any legal non-conformance is rated a major non-conformance. An exception to this rule is whether weekly working hours are below or equal to 60h/week but above local law for less than 40% of the reviewed working hours.
- f. There is a process to track and analyze hours over time, including identification of capacity constraints, and is taking action to reduce overtime to target level.
- g. You have a work hours management system to ensure that workers do not work overtime in excess of legal limits. Work weeks do not exceed than 60 hours, including overtime, except in Emergency or Unusual Situations.

NOTE: The RBA recognizes truly unpredictable events that may require overtime in excess of RBA limits. These are Emergency or Unusual Situations which cannot be planned for or foreseen. Such situations are uncommon and do not become standard operating procedure. Examples include:

- i. Equipment breakdown, power failure or other emergency resulting in prolonged shutdown of a production line.

- ii. Unforeseen raw material or component shortages or quality issues shut down production. Excessive overtime is then needed in both situations to recoup lost production time and meet customer commitments.
- iii. In all of these cases evidence of FEWER hours worked before a period of excessive production due to an Emergency or Unusual Situation is present and documented. The site has a documented plan to recover from the emergency situation and bring working hours back into conformance.

NOTE: the types of situations are NOT Emergency or Unusual Situations include:

- iv. Holidays, peak season production demands and new product ramps. These are predictable and proper planning can minimize overtime requirements.
- v. Contract change orders that significantly increase order volumes or shorten delivery timelines. This should be negotiated in good faith between the client and the location and should never exceed the capacity of the location at a rate of 60 hours per week or the legal maximum work hour requirement for the location.
- h. Workers may refuse overtime without threat of retaliation, penalty, or dismissal.
- i. The facility provides meal breaks, rest breaks, rest days, leave periods, holidays, and vacation days per local legal requirements (most countries require workers to be given a 15-to-30-minute break every so many hours, as well as defined meal breaks).
- j. Legal working hours are communicated to workers (worker handbook, notice board, orientation training, and other means).
- k. Workers are not required to work on their designated day off.

3. Controls & Monitoring should include:

- a. Ensure there is a strong tracking and recording system which will allow for accurate reporting, record keeping allowing for investigation, and visibility to those planning workload to avoid going over limits if not actively limit planning work beyond work hour and workday limits.
- b. Ensure awareness of requirements of compliance with local and national/regional laws and regulations including any approved comprehensive work week / work hour schedule, RBA requirements and any customer requirements regarding working hours, workdays, and overtime
- c. Develop and implement a planning, training, staffing and work assignment strategy to ensure conformance with all requirements.
- d. Train and then refresh train planning and manufacturing staff on limits of working hours and days worked including the limits of any Young Workers and Learners present.
- e. Monitor actual performance and actively adjust and control working hours including overtime and days worked to ensure conformance to policy.
- f. Supplier monitors hours for any workers of on-site supplier / subcontractor / agent to ensure they meet the stricter of local law, RBA Code of Conduct, customer requirements, or company policy.

4. Records are maintained including:

- a. Accurately determine and record days, time and overtime worked to ensure conformance and then provide accurate due monetary compensation.
- b. Exceptional circumstances shall be recorded at the time of the Emergency or Unusual Situation along with the plan to recover. Not after the event.
- c. Leave records are securely kept, accurate and consistent with medical certificates, actual leave (including maternity/paternity) and holidays.

5. Serious conditions that will result in a severe finding:

- Not allowing worker to take time off for illness or maternity when they present a valid medical certificate or recognized notification.

6. Evaluation criteria for working hours:

Work Hours/Week	% Of Sample Work Weeks				
	≤1%	>1% to ≤5%	>5% to ≤15%	>15% to ≤40%	>40%
>84 hours/week	Priority				
>72 hours/week to ≤84 hours/week	Conformance	Minor	Major	Priority	Priority
>60 hours/week to ≤72 hours/week	Conformance	Opportunity for Improvement	Minor	Major	Priority
>Local law to ≤60 hours/week	Conformance	Opportunity for Improvement	Minor*	Minor*	Major
< Local law AND ≤60 hours/week	Conformance				
1. Young workers are found to be working in excess of the stricter of law or 60 hours per week 2. Young workers are working overtime 3. Young workers are doing night work	Priority				

7. Evaluation criteria for consecutive days of work

Consecutive Days	% Of Sampled Workers			
	≤1%	>1% to ≤5% of sampled workers	>5% to ≤40%	>40%
≥24 Consecutive Days	Priority			
>12 to <24 Consecutive Days	Minor	Minor	Major	Priority
>6(or local law if stricter) to ≤12 Consecutive Days	Conformance	Minor	Minor	Major
≤6(or local law if stricter) Consecutive Days	Conformance			
Workers under the age of 18 are found to be working consecutive days in excess of the stricter of law or 6 consecutive days	Priority			

A4 Wages and Benefits

Code 8.0: Compensation paid to workers shall comply with all applicable wage laws, including those relating to minimum wages, overtime hours and legally mandated benefits. All workers shall receive equal pay for equal work and qualification. Workers shall be compensated for overtime at pay rates greater than regular hourly rates. Deductions from wages as a disciplinary measure shall not be permitted. For each pay period, workers shall be provided with a timely and understandable wage statement that includes sufficient information to verify accurate compensation for work performed. All use of temporary, dispatch and outsourced labor shall be within the limits of the local law.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Have a detailed, comprehensive documented wage and benefits policy with elements including:

- a. "Pay equals time worked" applies for any company-required activity (e.g., work, training)
- b. "Equal pay for equal work and qualification" applies to prohibit discrimination.
- c. All workers shall be paid no less than the greater of agreed and legal wage for all hours.
- d. Overtime and other compensation and benefits are paid and are on top of the agreed wage for regular hours at a rate which is the stricter of local law or 125% of the standard rate.
- e. Prohibit unauthorized deductions, including for disciplinary measures, company assets, tools, PPE, or any other item.
- f. The wage payment schedule is regular and documented.
- g. Full payment made to leavers (resigned workers) in compliance with the law and not later than one month after the final day on the job.

2. Procedures & Practices are in place such that:

- a. The facility has a system to pay workers for both regular work hours and overtime in accordance with applicable law. Workers are compensated at the minimum wage or greater for regular work hours, and at a premium rate for work over the number of hours in a standard work week (overtime and holidays) which is the stricter of local law or 125% of standard rate.
- b. If there is a period where wages can be below minimum wage as per law it should be limited and reasonable in duration or not longer than 6 months, whichever is stricter.
- c. Correctly calculate wages, benefits, and overtime and maintain detailed accurate pay records.
- d. Provide all legally mandated benefits to workers, including contract elements.
- e. Pay all mandated withholdings to the appropriate government agency (taxes, social insurance, etc.)
- f. Records are maintained to verify these payments for both regular and contract workers.

NOTE: Neither the workers nor the supplier is allowed to "waive" any required mandatory deductions/contributions such as social insurance

- g. Pay (including overtime, others) should be timely per published schedule.
- h. Ensure proper wage rate for learners as follows:
 - i. Intern: at least the minimum wage, unless their performance is significantly below expectation for that wage cycle,
 - ii. Apprentice: at least the minimum wage unless the local law specifically defines a lower wage for this type of worker. Agreed apprentice wage increase when meeting new skills requirements. Workers after a successful apprenticeship have clearly recorded promotion and wage adjustment.
 - iii. No financial/scholastic penalty (note scholastic penalty is allowed only if directly related to underperformance on educational component of program) (student worker and intern).

- i. Medical (including maternity) or sick leave absences do not incur a financial penalty if within the more generous of the law, employment contract/agreement or company policy at the time.
- j. Workers are not to be kept on trainee wages beyond legally specified durations.
- k. Workers are paid directly without any intermediary (except bank) with no unauthorized or prohibited deductions (including for disciplinary measures, PPE, educational fees for learners), in a timely manner.
- l. Workers are provided with pay slips/receipts which clearly list the
 - i. Hours worked in separate categories: regular, overtime, holiday, rest day, and others.
 - ii. Wage rates and wages by category: regular and overtime/holiday/rest/other rate.
 - iii. Legally required withholdings: taxes, deductions and any other previously agreed upon deductions or contributions (e.g., housing, food, social insurance, etc.).
 - iv. Show employer contributions.
 - v. Pay should be shown in a manner which allows workers to “check” that their pay is accurate.
- m. Company, labor agents, and any other 3rd party do not have access to workers’ bank or financial accounts even if the workers would allow it.
- n. Withholdings for taxes and other government programs made promptly to the applicable agency.

NOTE: In cases where a worker is permanently transferred to a different state, region, country employment site, the minimum wage and other benefits and entitlements shall be paid according to the legal provisions and standards where workers are now deployed. That is regardless of whether the facility or a third-party service provider, labor agent, vocational school or sub-contractor is their employer. Longer term but not permanent stays/visits must conform to local law in terms of right to work and workers need to be provided with sufficient wages and benefits to maintain a comparable or better standard of living than they have in their permanent place of employment.

3. Controls & Monitoring should include:

- a. Ensure wage rates are equal or higher to local law, agreement.
- b. Workers (both regular and contract) are provided with information and training at the time of hire to fully comprehend how wages are calculated and what to expect when they receive payment.
- c. You must monitor pay for any workers of on-site supplier, subcontractor, agent to ensure accurate and timely payment, contributions and deductions are occurring.
- d. Workers are made aware of the process to raise a concern over pay. These concerns are reviewed promptly, and workers are provided additional payment / changes to rates when issues.

4. Records are maintained including:

- a. Wages, benefits, and overtime are correctly calculated, and accurate pay records are maintained.
- b. Records of employee concerns, result of self-assessment and adjustments to pay or rates.

Note: the RBA does not accept any agreement with workers that allows for anything except compliance to local law including social insurance.

5. Serious conditions that will result in a severe finding:

- Delaying payments to workers for more than 1 month beyond the regular payment cycle.
- If workers’ wages are deducted for payment of the government or regulatory deductions, such payment have not been made or auditee’s payment is least 3 months overdue.

A5. Non-Discrimination / Non-Harassment / Humane Treatment

Code 8.0: Participants shall commit to a workplace free of harassment and unlawful discrimination. There shall be no harsh or inhumane treatment including violence, gender-based violence, sexual harassment, sexual abuse, corporal punishment, mental or physical coercion, bullying, public shaming, or verbal abuse of workers; nor is there to be the threat of any such treatment. Companies shall not engage in discrimination or harassment based on race, color, age, gender, sexual orientation, gender identity or expression, ethnicity or national origin, disability, pregnancy, religion, political affiliation, union membership, covered veteran status, protected genetic information or marital status in hiring and employment practices such as wages, promotions, rewards, and access to training. Disciplinary policies and procedures in support of these requirements shall be clearly defined and communicated to workers. Workers shall be provided with reasonable accommodation for religious practices and disability. In addition, workers or potential workers should not be subjected to medical tests, including pregnancy or virginity tests, or physical exams that could be used in a discriminatory way. This was drafted in consideration of ILO Discrimination (Employment and Occupation) Convention (No.111).

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Have a detailed, comprehensive documented non-discrimination and non-harassment policy with elements including:

- a. No discrimination or harassment based on race, color, age, gender, sexual orientation, gender identity or expression, ethnicity or national origin, disability, pregnancy, religion, political affiliation, union membership, covered veteran status, protected genetic information or marital status in hiring and employment practices such as wages, promotions, rewards, and access to training.
- b. No harsh or inhumane treatment including violence, gender-based violence, sexual harassment, sexual abuse, corporal punishment, mental or physical coercion, bullying, public shaming, or verbal abuse of workers; nor is there to be the threat of any such treatment.
- c. Decisions in hiring, employing (such as compensation, promotion, access to training, ...), or terminating workers are based solely on the candidate's ability to perform the job's requirements.
- d. Prohibition of disciplinary wage deductions are in place including "Pay equals time worked."
- e. Health tests, pregnancy testing, or contraception are not used as a condition of employment.

NOTE: Pregnant and nursing workers should be moved from hazardous to non-hazardous roles or remove the hazards from their roles; in either case while keeping the same pay and all other benefits.

- f. There should be no termination of a worker's employment based on the worker's pregnancy, virginity, or parental status.

NOTE: In some cases, health tests are required by local governments for foreign migrant workers prior to issuance of work visas.

- g. Reasonable accommodation is provided including:
 - i. For requested religious practices
 - ii. For disability including all required by local law.

2. Procedures & Practices are in place such that:

- a. Clear communication to workers happens at the time of hire and is immediately accessible to all workers (e.g. worker training, handbooks, noticeboard postings, etc.)
- b. Provides managers and supervisors with training on the company's policies and procedures for disciplinary action. The training clearly communicates proper treatment of workers and prohibits any and all forms of abuse and harassment.

- c. No discrimination or harassment against a worker in eligibility for another position based on the worker's refusal to take a medical test where there is no required medical test for such position.
- d. All disciplinary actions are taken when discrimination and/or mistreatment occurs.
- e. Establish a disciplinary process which is humane.
- f. Disciplinary records do not show inhumane disciplinary measures.
- g. There are no groups inappropriately exempted from discipline process (policies applied equally).
- h. All records of disciplinary action against workers shall be reviewed by management and verifiably communicated to them.
- i. Formal policies and procedures exist for sick leave and maternity leave.
 - i. Workers receive a reasonable amount of time off for sickness without job loss or financial penalty.
 - ii. Workers are able to take time off for legally allowable maternity leave without loss of their job or seniority.
- j. Provide adequate compensation for lost income to workers injured at work or suffering from occupational disease, in accordance with local requirements.
- k. Establish a confidential communication system where workers can raise issues of concern including treatment by their supervisors or coworkers without fear of reprisal.
- l. Accommodations
 - i. Establish a process and group to review requests for religious practices and disability accommodation.
 - ii. Review and decide upon and provide reason of decision of accommodation (or no accommodation) to the requestor in a timely manner.
 - iii. The religious accommodation element of the process shall reasonably accommodate group or individual religious practice requests made to management and may include:
 - 1. Scheduling Changes
 - 2. Voluntary Substitutes and Shift Swaps
 - 3. Change of Job Tasks and Lateral Transfer
 - 4. Dress and Grooming Standards
 - 5. Use of Employer Facilities
 - 6. Tests and Selection Process
 - iv. Accommodation requests may be refused for safety and security concerns, after seeking alternatives (including off-site options) and/or a significant impact on business operations, operating costs, or other workers.
 - v. Reasonable accommodation for worker's disability is provided; Perform assessments using legal, customer and worker situations to identify gaps that should be addressed, e.g., missing ramps for those using wheelchairs or insufficient and inappropriate workstation tools.

3. Controls & Monitoring should include:

- a. Periodically reviews hiring practices, compensation records, and benefits to determine that there is no prohibited discrimination.
- b. Hiring agents and supplier management are trained in non-discrimination and applicable non-discrimination laws.
- c. Ensuring workers are aware of the existing and planned accommodations as well as channel to request accommodations.

4. Records are maintained including:

- a. Have written job descriptions for worker roles that focus solely on "occupational qualifications," not personal characteristics.
- b. Investigations, results, and actions related to allegations and discriminatory actions observed and/or mistreatment of workers.
- c. Records of all cases of disciplinary decisions are available and show any disciplinary actions with signature or confirmation of worker.
- d. Accommodation records (helps with consistency as well)
 - i. Religious accommodation requests and decisions are recorded and maintained.
 - ii. Disability access, assessment, and other reports for all identified disabilities
 - iii. Disability effectiveness evaluation reports are available for all identified disabilities.
 - iv. Corrective action plans are available for all identified disabilities for any disability accommodation deemed ineffective.

5. Serious conditions that will result in a severe finding:

- Discrimination, harassment, or inhumane treatment case without action taken.
- An inhumane, discriminatory, or harassing disciplinary action.
- Reasonable Religious Accommodation requests are refused by management without justification.
- Disability accommodation requests are refused by management without justification.

6. Leading Practices include:

- a. The disciplinary policy includes the following elements:
 - i. Graduated/Progressive – "First time" or small offenses might involve training/retraining or verbal discussions between the worker and supervisor in private – not in front of other workers. Major or re-occurring offenses would involve more serious disciplinary written warning or re-assignment, etc., according to the documented process.
 - ii. Constructive- Feedback is timely, targeted, and intended to motivate improvement in worker behavior and performance.
 - iii. Balanced – discipline applied consistently to all individuals and groups.
- b. Facilities proactively equipped to accommodate disabled persons (e.g., wheelchair ramps; elevators; visual evaluation alarms; etc.).
- c. Having policies and taking actions to hire and promote a diverse workforce.

A6 Freedom of Association and Collective Bargaining

Code 8.0: Open communication and direct engagement between workers and management are the most effective ways to resolve workplace and compensation issues. Workers and/or their representatives shall be able to openly communicate and share ideas and concerns with management regarding working conditions and management practices without fear of discrimination, reprisal, intimidation, or harassment. In alignment with these principles, participants shall respect the right of all workers to form and join trade unions of their own choosing, to bargain collectively, and to engage in peaceful assembly as well as respect the right of workers to refrain from such activities. Where the right of freedom of association and collective bargaining is restricted by applicable laws and regulations, workers shall be allowed to elect and join alternate lawful forms of worker representations.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Have a detailed, comprehensive documented freedom of association and collective bargaining policy with elements including:
 - a. Respect of the right of workers to form or enroll in a worker representation body, or to refrain from doing so.²
 - b. As open communication and direct engagement between workers and management are the most effective ways to resolve workplace issues, where the right of freedom of association is restricted by applicable laws and regulations, workers shall be allowed to elect and join alternate lawful forms of worker representations.
 - c. Non-interference, restrain, or coercion of workers in the exercise of their right to individually or collectively to express, promote, pursue, and defend their concerns or ideas or to refrain from doing so.
 - d. Non-interference with and no financing of a worker representation body unless required by law.
 - e. Recognize and respect the right of workers to bargain collectively, or refrain from doing so.
 - f. Respect the legal rights of all workers to bargain collectively, or refrain from doing so.
 - g. Commitment to enter negotiations upon request by the worker representation body.
 - h. Commitment to participate in good faith in the collective bargaining process with the worker representation body.
 - i. Respect the legal right of all workers to peacefully assemble.³
2. Procedures & Practices are in place such that:
 - a. Ensure the policies and procedures for freedom of association are communicated to all managers, supervisors, and workers.
 - b. Any worker representation body, trade union or lawful alternative, reflects the interests of those workers who chose to be represented without the interference of management.
 - c. Do not dismiss, discipline, coerce or threaten workers as a result of exercising their right to freedom of association.
 - d. Do not discriminate in employment decisions against workers because of their affiliation with any worker groups.
 - e. Employee representative(s) and other workers are treated equally.

² The reviewee company is responsible for ensuring their workers can exercise their rights to organize in a climate free of violence, pressure, fear, and threats. reviewee is not required to take an active role in supporting workers' efforts to associate or organize.

³ Company may place reasonable time, place, and manner controls regarding assembly for purposes of maintaining a healthy, safe, and productive work environment.

- f. Enact, within the scope of national law and practice, a mutually agreed process between the company and workers to facilitate regular discussion on matters of mutual concern.
- g. Ensure company management conducts regular sessions with workers to discuss their issues or concerns.
- h. Open feedback channels exist for workers to bring issues to the attention of management for resolution. Communications are kept confidential for the protection of workers.
- i. All CBA terms and conditions are implemented.
- j. Granting religious accommodation should be evaluated against requirements in any CBA and may vary from the CBA. A dialogue with worker representatives is held if there is a difference between an accommodation request and the CBA, if this does not violate the privacy of the Accommodation requestor.

3. Controls & Monitoring should include:

- a. Management contributions are limited to providing meeting space and/or meeting materials (such as note taking material) unless required by law.
- b. Management should not dominate or interfere with the formation or administration of any worker representation body (or alternate lawful forms where the right of freedom of association is restricted by applicable laws and regulations) or contribute support, either financial or human resources. Where legally required, management shall allow the democratic election of worker representatives.
- c. Review payroll records to confirm that trade union employees or worker representatives are paid the same as other workers in similar job functions.
- d. Get worker feedback as to how communications might be improved between them and management and make adjustment.

4. Records are maintained including:

- a. Worker representation body meeting minutes and financial records, if available, to determine source of funding and materials.
- b. Records are maintained on freedom of association related grievances and show how the grievance was investigated and acted upon including communication to workers.

A.M Labor Management System

Code 8.0 Management Systems Preamble: Participants shall adopt or establish a management system with a scope that is related to the content of this Code. The management system shall be designed to ensure: (a) compliance with applicable laws, regulations and customer requirements related to the participant's operations and products; (b) conformance with this Code; and (c) identification and mitigation of operational risks related to this Code. It shall also facilitate continual improvement.

A.M.1 Risk assessment

Elements to Demonstrate Compliance to RBA Code

A.M.1.1 An adequate and effective labor compliance process is established to monitor, identify, understand, and ensure compliance with applicable laws, regulations, and customer requirements.

1. Process, Practices, Controls:

Establish a quarterly process to update and maintain a current understanding of and compliance to all applicable legal and customer requirements. The process should include:

- a. Identification of requirements which apply to the company; be sure to look for emerging and new requirements. This can be done via a legal department with an understanding of the RBA Code, subscriptions to 3rd party reports on regulations, sales & marketing who agree to customer terms, etc.
- b. A means to track these requirements, staying current as
 - i. The requirements may change (including the RBA code of conduct).
 - ii. Your operations may change and bring the facility in scope of requirements or create a gap.
- c. Assess facility operations against these requirements to identify gaps.
- d. Develop updated policy, procedure, training, communication, recording and reporting to close the gaps.
- e. Implement the changes and test them for compliance.

NOTE: Ensure the company adds any new and changed permitting, licensing, testing, reporting and disclosure requirements to the compliance register noting sufficient time to renew or published before they expire or are due.

2. Records are maintained including:

- a. A compliance calendar with owner, reminders, calendar appointments via e-mail.
- b. Summaries of applicable laws and regulations and requirements and how they apply to facility's operations.
- c. Review of the key customer requirements that apply to or impact on facility's operations.
- d. Analysis of recent RBA code of conduct changes.
- e. Minutes from meetings or other that demonstrate the process is conducted quarterly.

A.M.1.2 An adequate and effective due diligence process is established to identify and assess the most significant actual and potential labor risks where the facility caused or contributed to adverse labor impacts (including applicable requirements).

1. Process, Practices, Controls:

- a. A due diligence process focused on human rights. It should be designed to identify and assess the most significant actual and potential labor risks where the facility could cause or contribute to adverse human rights impacts of internal and external rights holders.
- b. The risk assessment is updated when there is a significant change

- c. Ensure the scope of the risk assessment is broad including:
 - iii. Every site operation/process producing products and supplying the services offered by the company.
 - iv. All identified internal and external stakeholders, including at a minimum:
 - 1. Direct and indirect workers
 - 2. Young workers, Learners
 - 3. Foreign and internal migrant workers
 - 4. Worker representatives
 - 5. Staff functions
 - 6. On-site service providers, Suppliers
 - 7. Customers
 - 8. Stakeholders in the community next to or near the facility which may be impacted.

2. Records are maintained including:

- a. Stakeholder identification reports.
- b. Risk assessment reports.
- c. Mitigation plans.

A.M.2 Control Process Labor

Elements to Demonstrate Compliance to RBA Code

A.M.2.1 Labor responsibilities and authorities are adequately and effectively defined and assigned for all employee levels (senior managers to workers) for the implementation of management systems, and for compliance with laws, regulations, and codes.

1. Process, Practices, Controls:

1. Have a senior representative assigned responsibility for implementing social responsibility programs in the facility and supply chain. Their scope should include:

- a. Understanding and assessing facility's compliance with laws and regulations, customer requirements and the RBA Code of Conduct.
- b. Developing and implementing (likely with other subject matter experts) necessary changes to policies, programs, processes, training, reporting and disclosure as needed to be in legal and customer compliance and RBA Code of Conduct conformance.

2. Responsibilities and authority of each organizational level are recorded in position plans, job descriptions and/or the facility's management system documentation.

- a. For normal situations.
- b. For emergency situations which would include where serious adverse impact has been identified.

A.M.2.2 Adequate and effective labor policies and control processes are established.

1. Process, Practices, Controls:

Policies: Aligned with law, the RBA Code of Conduct and facility policy statements are in place

Effective Control processes:

- a. Each of the policy requirements has an effective implementation control process.
- b. Mitigating processes are in place for all significant actual and potential risks identified, tracking implementation, and resulting adverse impact reduction identified in the risk assessment.

2. Records are maintained including:

- a. Current and past policies and procedures, specifications.
- b. Results and reports from review and control steps.
- c. Corrective action plans, plans for improvement.

A.M.2.3 An adequate and effective training process is established for all managers/workers on all policy/process/job-related aspects and performance targets.

1. Policy, Practices, Controls:

An adequate and effective training program for workers/managers:

- a. New employee orientation plan
- b. Training needs analysis
- c. Training plan with frequency
- d. Training material
- e. Training records with effectiveness evaluation or verification

NOTE: Ensure these minimum training topics are included: risk, policy, process, controls, responsibilities, grievance are covered.

2. Records are maintained including:

- a. Training records include a verification of training effectiveness.
- b. Educational materials. are not trained within 30 days of the hire date.

A.M.3 Communications Labor

Elements to Demonstrate Compliance to RBA Code

A.M.3.1 An adequate and effective ongoing two-way communication process with workers and internal and external stakeholders, where relevant or necessary, is established to obtain feedback on operational labor practices and conditions and to foster continuous improvement.

1. Policy, Practices, Controls:

A healthy and effective ongoing two-way communication process with workers, other internal and external stakeholders, where relevant or necessary, to obtain their feedback on operational labor practices and conditions and to foster continuous improvement.

- a. Examples of worker participation mechanisms: worker surveys, suggestions boxes, worker focus groups, joint worker-management committees, worker/union representatives, process improvement teams.
- b. Examples of two-way communication: face-to-face meetings, town halls, worker focus groups, joint worker-management committees, process improvement team, message groups (WhatsApp, Line, WeChat, etc.), brown bag lunches
- c. Examples of stakeholder engagement mechanisms: newsletters with request for feedback, message groups (WhatsApp, Line, WeChat, etc.), social media, neighborhood or community meetings, drop-in sessions, focus groups, feedback, and impact discussions (data/study driven)

NOTE: Ensure the following topics are included or asked about to promote comprehensive dialogue: risk, policy, process, controls, responsibilities, grievance are covered.

- d. Minimum internal and external stakeholders should include:
 - i. Direct and indirect workers
 - ii. Young workers, Learners
 - iii. (Foreign and internal) migrant workers
 - iv. Worker representatives
 - v. Staff functions
 - vi. On-site service providers, Suppliers
 - vii. Customers: to whom the facility should share detailed recruitment practices and performance (including freely chosen employment, e.g., Demographics of labor and list of labor agents/contractors with the percentage of the workforce, costs to workers (in total absolute numbers and per contract base), and labor agent/contractor fees).

NOTE: Submitting SAQ to customers does not qualify as communication with customers

2. Records are maintained including:

- a. Communications records include a verification of communication effectiveness.
- b. Input/feedback records.
- c. Written information to workers on how to provide input/feedback for improvement.
- d. Correspondence to supplier management.
- e. Communications/Presentations to internal and external stakeholders.

A.M.3.2 An adequate and effective process is established to anonymously report grievances confidentially without fear of reprisal or intimidation.

1. Policy, Practices, Controls:

1. Process:

- a. Comprehensive functioning process to anonymously report grievances without fear of reprisal, which is internal (for workers and staff) and external (for workers of suppliers, local community, or interested actors and Whistleblowers).
- b. Clear grievance channels so anyone is comfortable reporting grievances and so that reporting is encouraged.

2. Investigation and actions:

- a. Promptly investigate the validity of any grievance.
- b. Ensure the investigation and remediation is impartial, non-discriminatory, and where applicable, consistent with previous actions.
- c. Communicate back to those involved, where possible, the outcome of the investigation and next steps, while maintaining appropriate privacy for those involved.
- d. Remind participants that there is to be no retribution for making the grievance.

3. Records are maintained including:

- a. Grievance records
- b. Investigation records
- c. Workers are provided with written information on how to report grievances.

2. Serious conditions that will result in a severe finding:

- Grievances not being investigated and addressed within 3 months of being received.
- Not putting in place and actioning a corrective action plan after confirming a grievance.

A.M.4 Performance review and continuous improvement labor

Elements to Demonstrate Compliance to RBA Code

A.M.4.1 An adequate and effective labor management performance review and continuous improvement process is established.

1. Policy, Practices, Controls:

1. Process elements should include:

- a. Annual or more frequent review of objectives and systems.
 - i. Management system review
 - ii. Performance review
- b. Formal and communicated goals, indicators, objectives, and targets.
- c. Goals shall clearly define the period considered; each goal shall include:
 - i. Time Period: (between base date and target date) shall be forward-looking.
 - iii. Base date: Date from which the goal is being measured.
 - iv. Target date: Date in the future when the goal is intended to be achieved.
 - v. Baseline: the value of what is being measured at the start
 - vi. Targeted improvement value: The quantitative value of the goal (numeric and greater than 0)
- d. Assignment of owners, implementation plans with completion dates.
- e. Additional action plans if goal, indicator, objective, or target is off track.
- f. Communication of the goals and progress to workers (as appropriate).

2. Evaluation:

- a. Regularly not exceeding 2 years but earlier if there is a Significant Change.
- b. Effectiveness of controls (including control processes)
- c. Should include every related program whose scope include:
 - i. Consideration of risk assessment results
 - ii. Legal and regulatory requirements
 - iii. Company standards/requirements.
 - iv. Achieving continual improvement

2. Records are maintained including:

- a. System review meetings
- b. Management review meeting presentation materials/analysis/data. Be sure to include:
 - i. Date, agenda, attendees (including senior manager)
 - ii. Presentation material (references)
 - iii. Progress towards objectives
 - iv. Results of assessments
 - v. Completion of corrective/preventive actions
 - vi. Risks/issues
 - vii. Other information that was used to determine the effectiveness of the management system and identify improvement opportunities.
 - viii. Agreed preventive/corrective actions.
- a. Formal target, indicator, and objective tracking
- b. Regular progress reporting
- c. Evaluation reports for (at least)
 - i. Control effectiveness
 - ii. Training and Communication
 - iii. Grievances related to labor concerns

- iv. HR practices (hiring, compensation, promotion, nondiscrimination and harassment, humane treatment, ...)

A.M.4.2 An adequate and effective labor self-assessment process is established to assess conformance with the RBA Code and customer requirements periodically.

1. Policy, Practices, Controls:

1. An adequate and effective self-assessment process to periodically assess conformance with:
 - a. Applicable legal regulatory requirements.
 - b. Customer requirements.
 - c. RBA Code requirements.
 - d. Own policies, standards, management system, requirements to which the facility subscribes to.
2. The assessment scope should include:
 - a. All areas of the facility.
 - b. All policies, processes, physical conditions, and work practices.
 - c. Review of records.
 - d. Interviews with individuals responsible for compliance and conformance
 - i. Workers (direct and indirect)
 - ii. Staff and management
 - iii. Supplier management
3. Assessment findings should be reviewed by senior management.
2. Records are maintained including:
 - a. Self-assessment reports
 - b. Results of management reviews
 - c. Corrective action plans

A.M.4.3 An adequate and effective labor corrective action process is established to rectify and close non-conformances.

1. Policy, Practices, controls:

Ensure there is a Corrective Action Process (CAP) in place, which contains the following:

- a. Core elements of root cause analysis, specific corrective actions, owners, due dates, tracking process.
 - b. Additional actions when a corrective action is off-track.
 - c. A link demonstrated between the CAP and the performance management objectives and targets.
 - d. Review action items by management representative after verification by the appropriate person.
 - e. Any issues/concerns noted in the insurance inspection report regarding people, fire, or facility have an agreed corrective action plan.
2. Records are maintained including:
- a. Original non-conformance.
 - b. CAP for each non-conformance.
 - c. Progress reports.
 - d. Closure verification reports (with management confirmation)
 - e. Copies of any regulatory citations/violation notices received in the past three years, including any communications with the agencies, and follow-up review or inspection.

B. Health and Safety

Code 8.0 Health & Safety Preamble: Participants recognize that in addition to minimizing the incidence of work-related injuries and illnesses, a safe and healthy working environment enhances the quality of products and services, consistency of production and worker retention and morale. Participants also recognize that ongoing worker input and education are essential to identifying and solving health and safety issues in the workplace.

B1. Occupational Health and Safety

Code 8.0: Worker potential for exposure to health and safety hazards (chemical, electrical and other energy sources, fire, vehicles, and fall hazards, etc.) shall be identified and assessed, mitigated using the Hierarchy of Controls. Where hazards cannot be adequately controlled by these means, workers shall be provided with appropriate, well-maintained, personal protective equipment, and educational materials about risks to them associated with these hazards. Gender-responsive measures shall be taken, such as not having pregnant women and nursing mothers in working conditions, which could be hazardous to them or their child and to provide reasonable accommodations for nursing mothers.

Elements to Demonstrate Compliance to RBA Code are here below and also in the Health & Safety Checklist “B1 Occupational Health Safety: Pregnant and Nursing Mothers” later in this document.

1. Policy: Have a detailed, comprehensive documented occupational health and safety policy with elements including:

- a. All required permits, licenses, and test reports for occupational health and safety are in place and communicated timely to the government (if required).
- b. Occupational health & safety hazards are identified, assessed, and mitigated using the Hierarchy of Controls, which includes eliminating, substituting, and controlling through proper design, process and administrative controls, and appropriate Personal Protective Equipment (PPE) which is consistently and correctly used.
- c. Gender-responsive measures are taken to ensure pregnant women and nursing mothers are not in working conditions, which could be hazardous to them or their child, and provide reasonable accommodations for nursing mothers.

NOTE: All efforts must apply to all types of workers (direct, indirect, dispatched, young, interns, apprentices).

2. Procedures & Practices are in place such that:

- a. The facility keeps a registry or inventory of health and safety permits, licenses and certifications including their monitoring and reporting requirements, expiration dates, etc.
- b. Permits, licenses, and certifications are kept current and updated as necessary as operations changes occur.
- c. All health and safety violations have been remediated and are considered closed by the proper authorities.
- d. All government reporting is on time and correct.
- e. Assessments occur:
 - i. An adequate and effective risk assessment process is in place to identify the most significant actual and potential occupational health and safety risks, including specific risks of relevant demographics, such as gender and age, where the facility caused or contributed to adverse health and safety impacts for internal and external stakeholders (including applicable requirements).

- ii. An adequate and effective process is implemented to eliminate or reduce worker safety hazards and determine proper PPE for specific job tasks and/or areas of the facility where it cannot be eliminated.
- iii. A safety hazard assessment is performed for all machinery and equipment before purchase, installation and start up. Controls are implemented for the identified hazards.
- iv. Hazards such as high noise, chemical use, heavy equipment use, awkward positions, work at heights, overhead hazards, etc. should all be evaluated.
- v. Buildings are structurally sound and conform to local building code requirements.
- vi. The risk assessment is updated when there is a Significant Change.

NOTE: Young workers, expectant and nursing mothers, others must be considered in a separate and unique category.

NOTE: Exposure to multiple chemicals can be either exposure to multiple chemicals by a single route or exposure to multiple chemicals by multiple routes. A route can be inhalation, ingestion, skin exposure, etc.

- f. Risks are addressed through the Hierarchy of Controls
 - i. Elimination
 - ii. Substitution
 - iii. Engineering controls
 - iv. Process and Administrative controls
 - v. Adequate and effective PPE
- g. Examples of areas to assess and steps are provided here; however, this is not comprehensive:
 - i. Stairways and elevated work areas are provided with appropriate guardrails and handrails.
 - ii. Aisles, stairways, and work areas are free of tripping hazards (stored materials, electrical cords, etc.).
 - iii. Health and safety education, both general and job-specific, is provided during initial orientation and on an ongoing basis.
 - iv. Precautions are taken to ensure safety in construction areas, including limiting vehicle speeds, scaffolding to prevent injury from falling objects and controls of electrical hazards.
 - v. In areas where powered industrial vehicles are used, pedestrian walkways are clearly delineated and physically separated, where possible, from vehicle operation areas.
 - vi. Electrical installations and wiring are regularly inspected and maintained to prevent electrical shock hazards (damaged cords and plugs, frayed wiring, missing protective barriers, etc.).
 - vii. Hazards are identified by appropriate signs, placards, and labels in the local language of workers.
 - viii. Energized parts are protected from accidental contact by enclosures and barriers.
 - ix. Operating procedures for equipment and machinery posing electrical hazards include electrical safety precautions.
 - x. Lockout/Tagout program is in place for work on equipment where stored energy (electrical, pneumatic, mechanical, etc.) or inadvertent start-up could injure workers.
 - xi. Confined spaces are identified, and hazards are evaluated before workers are allowed to enter. Hazard controls (e.g. mechanical ventilation, personal protective equipment, etc.) are implemented and maintained for the entire duration of the confined space work.
- h. Fire hazards are controlled:
 - i. Combustible storage is minimized and limited to areas with adequate fire detection and protection.
 - ii. Flammable and combustible materials are properly stored to prevent the accumulation of vapors.
 - iii. Ignition hazards (e.g. smoking, electrical sparks, open flames, etc.) are eliminated in areas where combustible and flammable materials are stored or used or if there is a flammable atmosphere.

- iv. The facility controls the risks associated with fire hazards (e.g., replacing frayed electrical wiring, avoiding open flames, containing flammable vapors, etc.).
- v. A hot work permit system is in place for welding, cutting, brazing, and similar activities.
- i. Only trained and licensed drivers are permitted to operate industrial powered vehicles.
- j. Workers are provided with appropriate fall protection for work in elevated work areas (e.g., roof work, heights, forklifts trucks, towers, etc.).
- k. PPE. Where hazards cannot be eliminated, there should be proper PPE requisition and renewal process. Adequate and effective notification and enforcement process for PPE use is in place including:
 - i. Worker training
 - ii. Signs and labels
 - iii. Regular enforcement by supervisors
 - iv. Work area inspections
 - v. PPE inspections and maintenance and renewal/replacement
- l. Gender-responsive measures for pregnant women and nursing mothers
 - i. General risk assessment of roles and areas must include potential hazards to expecting and nursing mothers. Those include but are not limited to these elements:
 - 1. Lifting/carrying heavy loads.
 - 2. Workstations and posture.
 - 3. Standing or sitting still for extended lengths of time.
 - 4. Exposure to infectious diseases
 - 5. Exposure to lead, organic mercury, other toxic chemicals, radioactive material.
 - 6. Work-related stress.
 - 7. Threat of violence in the workplace.
 - 8. Long working hours and/or night shifts.
 - 9. Extreme heat and/or noise
 - ii. When an expectant or nursing mother makes their situation known,
 - 1. A worker-specific risk assessment of the worker's job to assess risk to the mother and fetus.
 - 2. They must either be moved to a role that has been assessed and determined not to be hazardous to them or their children OR the hazardous elements of their role are removed.
 - 3. Health checks, if required by law, for pregnant workers and nursing mothers
 - iii. After the mother returns to work: a worker-specific post-natal risk assessment of the worker's job to assess risk to the mother and possible impacts on the baby through breastfeeding.
 - iv. Provide reasonable break time and location for a worker to express and store breast milk for nursing child.
 - 1. Location does not need to be a separate dedicated area.
 - 2. It cannot be a toilet stall or a bathroom.
 - 3. It must be private, secure, and close to the workspace.
 - 4. Clean, access to water and hygienic storage (e.g., a closed, clean cupboard)

NOTE: Workers have the freedom to refuse tasks that the worker believes to be hazardous without penalty or termination.

3. Controls & Monitoring should include:

- a. Steps to ensure tools, systems and processes are properly tested, calibrated, and otherwise maintained to demonstrate accuracy in measurement, indication, and recording.
- b. Site operations are reviewed for compliance with all monitoring, reporting and other permit requirements based on:
 - i. Internal monitoring and assessments
 - ii. Independent third-party assessments
 - iii. Regulatory agency reviews/inspections
- c. Ensure minimum monitoring is done including:
 - i. A daily safety inspection is performed for all industrial powered vehicles.
 - ii. PPE inspections by workers and staff

4. Records are maintained including:

- a. All required occupational health and safety permits, licenses and test reports are in place and valid including:
 - i. Fire safety
 - ii. Industrial Hygiene permits and licenses (e.g., lasers, chemical)
 - iii. Building occupancy permits / use permits.
 - iv. Machine and industrial powered vehicles
 - v. Food, sanitation including drinking water, food sample testing.
 - vi. Housing includes rented apartments.
 - vii. Pressure vessel (e.g., boiler) permits
 - viii. Hoist / lift permits

NOTE: Some signage and information may be required by law to be posted in employee common / break/cafeteria locations.

- b. Professional certificates are maintained as required including:
 - i. Occupational health and safety (e.g., first responders, etc. where required).
 - ii. If nurses or doctors are employed or doctor/nurse services are used.
 - iii. Food worker/prep health tests
 - iv. Health and safety ERT members have the required qualifications/certifications.
- c. Accurate, complete, and up-to-date risk assessment reports
- d. Complete, and up-to-date internal and external stakeholder identification reports.
- e. Occupational Health / Injury and illness logs.
- f. Occupational health and safety testing reports are prepared, submitted as required, and retained including:
 - i. Industrial hygiene sampling data
 - ii. Drinking water sampling data
 - iii. Ventilation flow tests
 - iv. Injury and illness logs
 - v. Respiratory protection (fit tests, medical evaluations)
 - vi. Hearing conservation programs
 - vii. Notice of availability of medical records
 - viii. Fire safety equipment inspection, testing and maintenance data.
- g. All Occupational health and safety permits and licenses including:
 - i. Fire safety and emergency preparedness
 - ii. Occupational health professional licenses
- h. Emergency preparedness plans and data
 - i. Occupational safety testing reports
- i. All industrial hygiene permits, licenses, and monitoring logs (e.g., exposures)

- j. Use permits.
- k. Industrial hygiene testing reports
- l. All machine (safety) permits and licenses and testing reports.
- m. Rented apartments shall be permitted by the local government.
- n. Food, sanitation and housing permits and licenses
- o. Canteen/kitchen workers have valid health certificates.
- p. If local regulations require facility health inspections or other tests or certificates, these are available and valid.

NOTE: All permits, licenses, certifications, and reporting data are posted as required by law in required or conspicuous locations

NOTE: Drinking water testing is not required if local water utility company can attest water meets World Health Organization (WHO) Guidelines for Drinking-water Quality or equivalent standard

5. Leading Practices include:

- a. Taking efforts, through communication, small group dialogue, other, to encourage expectant and nursing mothers to disclose their situation occur through communication and education.

6. Serious conditions that will result in a severe finding:

- Not properly reporting occupational accidents, injuries, and illnesses to the governing agency as required by law; those that are deemed reportable by the authorities.
- Delay in mandatory government reporting in excess of 3 months from the due date.
- Workers wearing the wrong type of PPE or not at all WHEN there is an immediate risk to them.
- Not having PPE available for the ERT
- The ERT PPE is in poor condition, not working, insufficient, not visible nor easily accessible.
- Poor or improper use, handling or storing of hazardous substances (including waste) in a way that poses imminent harm or could lead to immediate risk to life, limb, or the facility.
- Having pregnant workers/nursing mothers in conditions that pose an immediate risk to them or their child.

B2. Emergency Preparedness

Code 8.0: Potential emergency situations and events shall be identified and assessed, and their impact minimized by implementing emergency plans and response procedures including emergency reporting, employee notification and evacuation procedures, worker training, and drills. Emergency drills shall be executed at least annually or as required by local law, whichever is more stringent. Emergency plans shall also include appropriate fire detection and suppression equipment, clear and unobstructed egress, adequate exit facilities, contact information for emergency responders, and recovery plans. Such plans and procedures shall focus on minimizing harm to life, the environment, and property.

Elements to Demonstrate Compliance to RBA Code include those below and the health and safety checklists “B2 Emergency preparedness: Fire Detection, alarm, and suppression” and “B2 Emergency preparedness: Fire exits” later in this document.

1. Policy: Have a detailed, comprehensive documented emergency preparedness policy with elements including:

- a. Commitment that site will comply with the stricter of local law, RBA Code of Conduct, insurance company requirement, or customer requirements regarding emergency preparedness, equipment, training, and response.
- b. Ensure that there is proper budget and staffing allocated to install and maintain the exit, detection, alarm, detection, response, and suppression systems as well as training of individuals and coordination with local authorities.

2. Procedures & Practices are in place such that:

- a. Equipment
 - i. Detection: Automatic heat and/or smoke detection as required by law or the insurance company. Detection devices and systems are functioning and well-maintained.
 - ii. Alarm: All buildings have a manual or automatic fire alarm and notification system, and the system is functioning normally. Fire alarm manual call points or pull-stations are provided at or along egress routes to exits.
 - iii. Fire suppression:
 1. Portable fire extinguishers are installed, with unimpeded access and current inspection tags.
 2. Automatic fire sprinklers as required by law or insurance company.
 - iv. Fire hoses (if present) with unimpeded access and inspection tags. The fire water tank and water pressure are normal.
 - v. Asbestos-containing fire-suppression materials (e.g., blankets) are prohibited.
- b. Facility staff or a consultant has performed an assessment of potential emergency situations.
- c. Emergency Preparedness
 - i. Emergency response plans have been developed and implemented to address the potential emergency events identified in the assessment (e.g., chemical spill, equipment malfunction, occupational injury, fire, earthquake, weather event, violence)
 - ii. The facility has implemented emergency reporting procedures, including training for workers on how to report an emergency.
 - iii. The facility maintains alarms and/or a public address system to notify workers of an emergency.
 - iv. The facility has implemented evacuation and relocation procedures, and the procedures are tested on a regular basis.
 - v. Workers are trained in emergency reporting, notification and evacuation and relocation.
- d. Emergency evacuation drills are conducted regularly for all work areas and shifts. Specifically:

i. Fire evacuation Drills⁴

1. All workers (direct/indirect) must have been part of an evacuation drill.
2. All work shifts must have been part of an evacuation drill.
3. At least one evacuation drill is conducted while it is dark outside (this helps to identify access, lighting, and other gaps).
4. Drills should include every area (including dormitory, cafeteria, warehouse, office areas, production floors, research, development laboratories, shipping/receiving)

ii. Other identified emergency evacuations: scope, frequency and process should be determined through risk assessment, local law, or customer requirement.

NOTE: When there is a large turnover in staff, heavy growth and/or significant changes to operations (e.g., new building, equipment/warehouse layout change) a new drill should be conducted.

e. The facility provides an adequate number of exits and maintains exit aisles and passageways free of obstructions, locked doors and other impediments to easy egress including:

i. Clear and unobstructed egress (i.e., exit access, exit, and exit discharge)

1. An adequate number of effective exit routes from every area
2. An appropriate distance separates exit routes and does not share a common exit.
3. Exit routes are clear of obstructions.
4. Exit discharges discharge to open space/parking lot and do not discharge to an enclosed/gated/locked area.
5. Exits are free of material storage, and enclosures are not used for any other purpose except for egress.
6. All exit route doors (i.e., exit access doors, exit discharge doors) that serve high occupancy (≥ 50), or hazardous areas open in the direction of egress.
7. All Exit Route doors (i.e., Exit Access doors and Exit Discharge doors) should open without using a key, badge, code, special knowledge, or effort.
8. All Exit Discharge doors shall be a single motion exit, or have Listed Panic Hardware installed, which is pushed open in a single motion

ii. Exit signs:

1. Exit signs are provided to mark exits on every floor.
2. Exit signs are illuminated and/or lighted in the event of a power failure.
3. Additional exit and/or directional signs are provided at main passageways/aisles, long corridors, and other locations where the way to the nearest exit is unclear.

iii. Emergency lighting:

1. Emergency lighting is provided and installed to illuminate means of egress in the event of a power failure.
2. Lighting shall provide adequate, functional emergency lighting in stairs, aisles, corridors, ramps, passageways leading to exits, and other areas as required by applicable laws.
3. Either battery or backup generator may power emergency lighting.

iv. Separation:

1. Penetrations are limited to sprinkler pipes, standpipes, electrical services, pipe, and duct installation serving the enclosures.
2. Openings into the enclosures are protected by fire-rated doors or windows.

⁴ Fire evacuation frequency is at least every 365 days not "1 time per year."

3. Fire doors are in good condition, self-closing, or automatic closing (upon fire alarm or detection of smoke).
4. The integrity of exit enclosures is maintained.
- v. Muster points
 1. Muster points have been established in safe locations to enable employee accountability during an emergency.
 2. Muster points shall be outside (fire, chemical release) and inside (if extreme weather conditions exist).
 3. Emergency response kits
 4. Emergency response kits are easily located and accessible near muster points.

NOTE: Non-conforming situations for Exit Route doors include:

1. *Multiple steps are required to open doors.*
2. *Anything requiring a tight grasp.*
3. *Rolling doors that open vertically.*

NOTE: On designated Exit Routes, rolling doors shall not be adopted as the designated / marked emergency Exit Doors. On designated Exit Routes, sliding doors shall only be adopted as the designated/ marked emergency Exit Doors if there is a safety feature to be demonstrated in the assessment, which allows the doors to swing to a full-open position in the direction of travel.

- f. The facility maintains adequate first aid supplies or other provisions for emergency care.
- g. Efforts are made to reduce risk such as
 - i. Combustible storage is minimized and limited to areas with adequate fire detection and protection.
 - ii. Flammable and combustible materials are properly stored to prevent the accumulation of vapors. Ignition hazards (e.g., smoking, electrical sparks, open flames, ...) are eliminated in areas where combustible and flammable materials are stored or used or if there is a flammable atmosphere.

3. Controls & Monitoring should include:

- a. Inspections, maintenance, testing and replacement to the stricter of local law, insurance, or the following:

NOTE: Portable fire extinguishers shall be inspected at least monthly, Single-unit smoke/fire detectors shall be inspected and tested at least every 6 months.

- i. All other fire safety equipment, the frequency shall not be less than that required/recommended by the manufacturer or insurance company, whichever is more stringent.
- ii. All facilities to identify gaps, risks which might lead to an emergency and/or impede the ability to respond and/or evacuate efficiently and safely.
- b. Periodically select and follow egress routes out of the building to the assembly/shelter point to confirm conformance.
- c. Documenting of evacuation drills followed by analysis and reporting to management on results and plans for improvement.

4. Records are maintained including:

- a. Business continuity and business resumption plans are available, current, and adequate.
- b. The emergency response plan (ERP) is available, current, adequate, and reflects the risk assessment, including contact information for emergency responders.
- c. A post-emergency plan is available, current, and adequate, which includes incident reporting, root cause investigation, and corrective/preventative actions.

- d. Inspection, maintenance, test and replacement records of equipment and infrastructure including but not limited to fire extinguishers, smoke/fire detectors, alarm, sprinklers, exits (including routes, doors)
- e. Evaluation drill plans and then reports of the drills including date, time began/ended, shift, area, metrics (e.g., time to evacuate), gaps, Corrective action plan that is tracked and reported to completion.

5. Serious conditions to ensure do not occur include

- Not having firefighting equipment available
- Not having sprinkler or automatic detection systems when they are required by law or insurance or other.
- Not having alarm and notification system in place throughout the facilities
- The fire alarm control system disengaged, not functioning properly.
- Having firefighting equipment, automatic Detection System or alarm or notification systems are in place, however their function or effectiveness is diminished in such a way that there would be an immediate risk to life during an emergency.
- Not having a comprehensive and up to date Emergency Response Plan.
- Any emergency support facilities present or poor operating condition such that their function or effectiveness is diminished.
- Emergency exit that is blocked, has restricted egress, or is lacking easy means of egress (i.e., key, badge, code) which would pose an immediate risk to life during an emergency.
- No emergency evacuation drill has been held in the last 2 years or within 1 month after the start of operations of the site or a Significant Change.

B3. Occupational Injury and Illness

Code 8.0: Procedures and systems shall be in place to prevent, manage, track and report occupational injuries and illnesses, including provisions to encourage worker reporting, classify and record injury and illness cases, provide necessary medical treatment, investigate cases and implement corrective actions to eliminate their causes, and facilitate the return of workers to work. Participants shall allow workers to remove themselves from imminent harm, and not return until the situation is mitigated, without fear of retaliation.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure facility's health and safety policy includes occupational injury and illness elements including:

- a. Ensuring there is a staffed and funded program to reduce and respond to occupational injuries and illnesses, including injury reporting, recording and classification, and provision of medical treatment.
- b. Management encourages workers to report all work-related injuries and illnesses to the company and provides them with training on how to report all work-related injuries and illnesses do so to the company.
- c. Workers are not penalized or terminated for reporting work-related injuries or illnesses.
- d. Workers can remove themselves from imminent harm and return once the situation is mitigated without fear of retaliation.

2. Procedures & Practices are in place such that:

- a. Workers are not in situations that can cause imminent harm.
- b. Areas that can cause imminent harm to workers are free of workers and are signed, and access is restricted.
- c. When workers remove themselves from a situation which they perceive to be an imminent harm to them, a corresponding incident report must be generated.
- d. First Aid kits
 - i. Appropriate and completely stocked placed /assigned first aid kits are available in designated locations for staff and workers to access.
 - ii. First aid kits are unlocked, or if locked, the first responder can always access them.
- e. Appropriate and well-maintained first response equipment is available in designated locations.
- f. Onsite emergency occupational medical clinic
 - i. If applicable, an occupational medical clinic is adequately staffed and supplied to respond to injuries.
 - ii. If the medical clinic is not open or operated 24 hours per day, alternative resources such as outside medical services are communicated to employees.
 - iii. Supplies for the onsite occupational medical clinic are available, adequate, and inspected.
- g. Work-related accidents, near-misses, injuries, and illnesses are accurately tracked, reported, investigated, analyzed, and classified to identify trends and areas for improvement.
- h. A documented corrective action system is in place to effectively reduce recurrence of workplace incidents and has been successful in measurably reducing the injury rate.
- i. The company/facility provides workers with medical evaluations and treatment for work related injuries and illnesses.
- j. The facility assigns injured workers to their former (or equivalent) job when they are physically able to resume work.

3. Controls & Monitoring should include:

- a. Adequate and effective first response process indicating the severity of medical emergency and response (first aid, infirmary, local external hospital).
- b. An adequate and effective maintenance process is in place for the inspection, maintenance, upkeep, and stocking of all first response equipment and first aid kits.
- c. The frequency for all inspections is at least monthly or if there is a Significant Change.

NOTE: If during a regular monitoring cycle, it is determined that there are no changes to the facility or work setup, a re-assessment is not needed. This "no-change" determination should be recorded.

4. Records are maintained including:

- a. Onsite occupational medical clinic inventory list.
- b. First aid kits have an inventory list.
- c. Inspection tracking records are available and up to date.
- d. Licenses and permits for facilities such as clinics and staff, including first responders.
- e. Near misses, first aid events, the number and type of injuries beyond first aid, and any fatalities
- f. Results of investigations, reports to authorities
- g. Corrective action and improvement plans including communication and training.
- h. Trend analysis of the occupational injury and illness data is performed at least annually.
- i. Imminent harm reports which are complete and accurate for all instances where workers removed themselves from imminent harm.
- j. Containment plans for situations where workers removed themselves because of their feeling that they face imminent harm.
- k. Assessment reports of containment of the imminent harm situations providing a "no imminent harm" conclusion before workers return to the area.

4. Leading Practices include:

- a. Providing general health and well-being communication and support via onsite clinic as all workers may not have access to materials and professionals.

5. Serious conditions that will result in a severe finding:

- Not having first response equipment.
- Not having first aid kits available.
- The in-house infirmary or clinic are missing critical elements.

B4. Industrial Hygiene

Code 8.0: Worker exposure to chemical, biological, and physical agents shall be identified, evaluated, and controlled according to the Hierarchy of Controls. When hazards cannot be adequately controlled, workers shall be provided with and use appropriate, well-maintained, personal protective equipment free of charge. Participants shall provide workers with safe and healthy working environments, which shall be maintained through ongoing, systematic monitoring of workers' health and working environments. Participants shall provide occupational health monitoring to routinely evaluate if workers' health is being harmed from occupational exposures. Protective occupational health programs shall be ongoing and include educational materials about the risks associated with exposure to workplace hazards.

Elements to Demonstrate Compliance to RBA Code are here below and, in the health, & Safety Checklist "Industrial Hygiene: Hierarchy of Controls" later in this document.

1. Policy: Ensure company's health and safety policy includes industrial hygiene elements including:

- a. Workers' exposures to chemical, biological, and physical hazards will be identified, evaluated, and adequately controlled in accordance with the hierarchy of controls, which is maintained through ongoing, systematic monitoring of worker's health.
- b. Ensure that there is proper budget and staffing allocated to conduct risk assessment, medical evaluations, provide PPE as well as training of individuals and coordination with local authorities as appropriate.

2. Procedures & Practices are in place such that:

- a. The facility has conducted a risk assessment using established methodology to evaluate the risk of exposure to biological, chemical, and/or physical agents at the facility. This is sometimes referred to as a qualitative exposure assessment to determine if there is a risk of exceeding exposure limits.
- b. The need for exposure monitoring/air sampling is based on the results of the qualitative assessment and should occur if appropriate. Some countries require routine exposure monitoring regardless of the level of exposure.

NOTE: Risk assessment must include exposure to multiple chemicals.

- c. Where there is risk that the exposure may be significant, or when required by local regulations, the facility conducts baseline (initial) and routine exposure monitoring/sampling to determine exposure levels to biological, chemical, and/or physical agents at the facility.
- d. The facility has implemented controls to reduce or eliminate worker exposure to chemical, biological and physical agents:
 - i. Engineering controls (e.g. exhaust ventilation, enclosures, etc.) are designed to reduce worker exposure to chemical, biological and physical agents.
 - ii. Substitution of less hazardous chemicals and processes.
 - iii. Administrative controls (limiting worker exposure time; job rotation) are designed to reduce worker exposures to chemical, biological and physical agents.
 - iv. Appropriate Personal Protective Equipment (PPE) is issued to all workers only when engineering or administrative controls do not reduce exposures to acceptable levels.
- e. PPE
 - i. Minimum PPE requirements for entering or working in any production area with open surface tanks of hazardous chemicals where there is a risk of contact with or exposure to the contents of the tank include respirators appropriate to the level and type of inhalation exposure, safety shoes, long sleeves, chemically resistant gloves, and eye protection.
 - ii. Workers have been trained to use PPE as intended.
 - iii. PPE is free to workers.

- iv. PPE is properly maintained and/or replaced at appropriate intervals to ensure effectiveness in reducing exposures.
 - v. Use of PPE is enforced.
- f. Chemicals (including hazardous substances, IFPCs⁵) are adequately and effectively.
- i. Categorized
 - ii. Handled
 - iii. Stored
 - iv. Moved within a single facility/ multiple facility.
 - v. Access is controlled.
 - vi. Potential employee exposure control methods are adequate and effective, such as
 - 1. Segregation
 - 2. Secondary containment
 - 3. Ventilation
 - 4. Fire protection
 - 5. Appropriate storage cabinets
 - vii. Proper marking of all chemical, biological, and physical agents to the stricter of regulations, GHS, or customer standards.
 - viii. SDSs are available in local languages for workers or a language that they can understand.

NOTE: SDSs may be in physical form (e.g., paper) and available near to the area where the chemical is present or online. If they are online, workers must be trained and able to easily access the most current SDS.

3. Controls & Monitoring should include:

- a. Regular evaluation plan to verify the effectiveness of implemented controls and corrective actions if required. The frequency should be at least every 3 years unless a Significant Change requires re-evaluation.
- b. The facility carries out risk assessments when new chemicals are introduced into the facility's operations or whenever modifications to the facility's processes could change worker exposure levels. The facility carries out exposure monitoring/sampling when the risk of exposure may be significant or when the exposure assessment is required by local regulations.
- c. An adequate and effective mitigation process for all significant actual and potential occupational health and safety risks identified, tracking implementation, and resulting adverse impact.
- d. Approval is required for the purchase and use of hazardous chemicals and for all new purchases of hazardous chemicals before use.
- e. Evaluations of chemicals (including hazardous chemicals) of less hazardous or non-hazardous alternatives, including Greenhouse Gas and ozone depletion impact.
- f. Engineering controls are implemented to mitigate worker exposure effectively and adequately to substances containing IFPC List chemicals, which is demonstrated by industrial hygiene records.

⁵ IFPC (Industry focus process chemicals) include chemical mixtures that contain any of the following ingredients:

- a) 1-Bromopropane (CAS 106-94-5)
- b) Benzene (71-43-2)
- c) Dichloromethane (Methylene Chloride) (75-09-2)
- d) Methanol (67-56-1)
- e) n-Hexane (110-54-3)
- f) N-Methyl-Pyrrolidone (NMP) (872-50-4)
- g) Tetrachloroethylene (127-18-4)
- h) Toluene (108-88-3)
- i) Trichloroethylene (79-01-6)

g. IFPCs

- i. An adequate and effective process for all hazardous chemicals to track, review, approve for use, and approve all new purchases of IFPCs before use.
- ii. An adequate and effective recorded program to control the identified potential hazards to chemical, biological, or physical agents is in place and follows the hierarchy of controls in a documented gated process, demonstrating that each hierarchy level has been fully evaluated and reasons why it could not address the risk fully before proceeding to the next hierarchical level.
- iii. A prioritized review and selection process to eliminate, substitute or isolate workers from all IFPCs.

NOTE: Administrative controls or PPE are used as designed controls for substances containing IFPCs only in temporary circumstances or in supplement to engineering controls.

- h. Monitoring, testing, alarm, and reporting equipment is available, well-maintained, calibrated, and operational.

4. Records are maintained including:

- a. Copies of hazardous substances inventory, manifests, and shipping papers are maintained and accurate.
- b. Accurate chemical inventory records are maintained and accurate.
- c. Inspection records of hazardous substances and their points of storage and use are maintained and accurate.
- d. Worker testing, surveillance records to determine if the worker is being harmed from exposure to agents, respiratory, hearing loss or any other medical concerns related to specific job activities.
- e. Equipment monitoring, testing, calibrating, and repair records.
- f. Any other testing reports such as sampling records including sampling performed by government agencies as part of a regulatory inspection; all for the last three years.

5. Leading Practices include:

- a. Ongoing monitoring / air sampling even if not determined to be necessary or required by law.

5. Serious conditions that will result in a severe finding:

- Not considering the COMBINED exposure to multiple chemicals that may occur.

B5. Physically Demanding Work

Code 8.0: Worker exposure to the hazards of physically demanding tasks, including manual material handling and heavy or repetitive lifting, prolonged standing, and highly repetitive or forceful assembly tasks shall be identified, evaluated, and controlled.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure company's health and safety policy includes physically demanding work elements such that worker exposure to the hazards of physically demanding work is controlled effectively.

- a. Workers' exposures to physically demanding will be identified, evaluated, and adequately controlled in accordance with the hierarchy of controls, which is maintained through ongoing, systematic monitoring of worker's health.
- b. There is a proper budget and staffing allocated to conduct risk assessment, re-engineering, equipment and tools, and medical evaluations as well as training of individuals and coordination with local authorities as appropriate.

2. Procedures & Practices are in place such that:

- a. The facility has implemented a program to evaluate worker exposure to the hazards of physically demanding work (e.g., ergonomic risk assessments, worker discomfort surveys etc.)
- b. Procedural, physical, and administrative controls are in place to reduce the hazards of physically demanding work.
- c. Workers use proper equipment to lift heavy objects (e.g., vacuum hoists; mechanical lift tables; cranes, etc.).
- d. Workstations do not require prolonged awkward postures.
- e. Assembly tasks are designed to reduce forceful exertions (e.g., use of power tools, jigs, etc.) and highly repetitive motions.
- f. Workers are provided with the means to change posture throughout the work shift (e.g., workers can alternate between sitting and standing postures).
- g. Encourage early reporting of discomfort.

3. Controls & Monitoring should include:

- a. Periodic ergonomic task analyses.
- b. An adequate and effective recorded program to control the identified potential hazards of physically demanding work is in place and follows the hierarchy of controls in a documented gated process, demonstrating that each hierarchy level has been fully evaluated and reasons why it could not address the risk fully before proceeding to the next hierarchical level.
- c. Review and trend analysis of injuries related to physical demands of job duties.

NOTE: If during a regular monitoring cycle, it is determined that there are no changes to the facility or work setup, a re-assessment is not needed. This "no-change" determination should be recorded.

4. Records are maintained including:

- a. Assessments and analysis reports including worker input, any medical assessments (with proper privacy controls).
- b. Identification of roles with residual physically demanding work and the controls and protections in place to minimize worker exposure.
- c. Plans to further mitigate risk.

B6. Machine safeguarding

Code 8.0: Production and other machinery shall be evaluated for safety hazards. Physical guards, interlocks, and barriers shall be provided and properly maintained where machinery presents an injury hazard to workers.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure company's health and safety policy includes machine safeguarding elements including:

- a. All required permits, licenses and testing reports for machinery are in place and a process is implemented to ensure permits and licenses are always up to date.
- b. An adequate and effective machine-safeguarding program is implemented, and workers operate machinery safely.

2. Procedures & Practices are in place such that:

- a. The facility conducts a job safety analysis (task hazard analysis) to identify job-specific hazards. Corrective action is taken for all identified hazards.
- b. Supplier conducts regular safety inspections of machinery and machine safeguards. Identified problems are corrected immediately or the machine is shut down until repairs can be made.
- c. Machinery with non-functioning safeguards is not operated until safeguards are restored to proper operating condition.
- d. Supplier has a program or process for providing and maintaining machinery safeguards for all dangerous equipment to safeguard operators from injury.
- e. Adequate training is provided to ensure safe use of equipment.
- f. The use of machine safeguards by workers is required and verified.
- g. The facility performs scheduled preventive maintenance of machinery and machine safeguards.
- h. The facility conducts a pre-purchase/pre-installation hazard review of all machinery and appropriate safeguarding is installed as needed to control the identified hazards.

3. Controls & Monitoring should include:

- a. An appropriate method is used to ensure that safeguards are installed as needed to control the identified hazards and follows the hierarchy of controls in a documented gated process, demonstrating that each hierarchy level has been fully evaluated and reasons why it could not address the risk fully before proceeding to the next hierarchical level.
- b. Regular inspection and preventive maintenance of a machine, its safeguards, and emergency stops.

4. Records are maintained including:

- a. Records demonstrating regular inspection and preventive maintenance of machines are available for review.

5. Serious conditions that will result in a severe finding:

- Any worker operating a machine in a way that has imminent or immediate risk to life or limb.

B7. Food, Sanitation and Housing

Code 8.0: Workers shall be provided with ready access to clean toilet facilities, potable water and sanitary food preparation, storage, and eating facilities. Worker dormitories provided by the facility/factory and/or via a labor agent shall be maintained to be clean and safe, and provided with appropriate emergency egress, hot water for bathing and showering, adequate lighting, and adequate conditioned ventilation, individually secured accommodations for storing personal and valuable items, and reasonable personal space along with reasonable entry and exit privileges.

Elements to Demonstrate Compliance to RBA Code are here below and also in the Health & Safety Checklist “B7 Sanitation, Food and Housing: Checklist on worker Accommodations” later in this document.

1. Policy: Ensure company's health and safety policy includes occupational injury and illness elements including:

- a. All required health & safety licenses, permits, registrations and certificates related to food, sanitation and housing will be in place and an adequate and effective process is established to ensure permits and licenses will always be up to date.
- b. Dormitories, bathrooms, and employee spaces will be clean, safe, and well-maintained and meet international housing standards.
- c. General/public bathrooms, employee spaces, prayer or religious areas, cafeterias, and food areas will be clean and well-maintained.

2. Procedures & Practices are in place such that:

- a. A documented process is in place to ensure permits are renewed before current permits expire.
- b. Worker housing (if applicable) minimum requirements:
 - i. Facilities are well-maintained, including adequate lighting, heating, and ventilation. The facilities are clean, and there are adequate domestic waste disposal facilities and pest control measures in place.
 - ii. Sufficient living and working space exists for the number of workers assigned to them.
 - iii. Dormitory and sanitary facilities including common areas, activity rooms, hallways, and rest rooms are clean and properly maintained.
 - iv. The building is adequately conditioned.
 - v. Windows allow light in and proper ventilation.
 - vi. Adequate lighting.
 - vii. Safe and sufficient electricity sockets are provided.
 - viii. Workers are provided with secured space for the storage of their personal belongings.
 - ix. Cold water and clean drinking water are available and easily accessible.
 - x. Hot water is always available and easily accessible or on a convenient schedule.
 - xi. An adequate and effective cleaning and sanitation program is in place.
 - xii. There are adequate domestic waste disposal facilities.
 - xiii. Exiting / Egress requirements include:
 1. There are clear, well-lit stairwells to allow for safe exit from dormitories.
 2. Dormitories have multiple exit routes, and they are adequate for the number of workers served.
 3. Exit route doors unlocked from the inside / in the direction of egress.

NOTE: Doors may be locked from the outside only if panic hardware, such as listed crash bars, are used on the inside.

- xiv. Structure and layout and maintenance include:
 1. All facilities are separated by gender and adequate in number.

2. Lodging and cooking facilities are separate from each other.
3. There are adequate domestic waste disposal facilities.
4. There is adequate and regular pest control.

NOTE: The Worker housing requirements shall apply regardless of the nature of the contract/location/building (e.g., if rooms are rented by the facility in nearby residential areas for housing workers, these standards shall still apply)

- c. Bathrooms, employee spaces, cafeterias, and food areas
 - i. The toilet, hand washing, and canteen areas are clean and sanitary.
 - ii. Canteens are provided with adequate hand washing facilities.
 - iii. Safe food handling processes and hygiene standards (in refrigeration, storage, and preparation areas) are in place and followed in cafeterias.
 - iv. Food service workers wear masks, hair nets and gloves as necessary to prevent food contamination.
 - v. An adequate and effective cleaning and sanitation program is in place.
- d. Food and Food Storage
 - i. An ample amount of healthy food with a varying menu is provided to workers.
 - ii. Food storage and preparation areas are clean.
 - iii. Food is stored properly (not on the floor; refrigerated if necessary)
 - iv. Raw and cooked food are stored separately, food is kept covered.
 - v. Food is used or disposed of before the marked expiration date.
- e. Drinking Water
 - i. Water must be tested for those contaminants assessed to be at risk for the local region and operations.
 - ii. Drinking water testing is not required if local water utility company can attest water meets World Health Organization (WHO) Guidelines for Drinking-water Quality or equivalent standard.

NOTE: Facility must have history of evidence of review of water utility test reports and have reviewed for compliance. Merely saying the utility is responsible and/or pointing to their website is not sufficient.

- f. Emergency response
 - i. Adequate fire and heat detection, alarm and notification and fire suppression systems are in place.
 - ii. Adequate number of exit routes from each floor / area.
 - iii. Aisles and exits are maintained clear of obstructions.
 - iv. Exit route doors are accessible, well-marked and unlocked from the inside.
 - v. Maximum occupancy number is posted on site.
 - vi. An adequate number of first kits are available.

3. Controls & Monitoring should include:

- a. On-site inspections, testing, emergency process drills and report generation are conducted by authorized personnel.
- b. An adequate and effective preventive maintenance program (including emergency response supporting facilities) is in place.
- c. For rented apartments, there are regular on-site inspections, assessments and updates made to management. These re-occur if there are complaints, there is a Significant Change, or an incident has occurred.

4. Records are maintained including:

- a. Living environments monitoring records on safety, cleanliness, lighting, space, conditioning available, etc.

- b. Sanitation program tracking records.
- a. Pest control log.
- b. Preventive maintenance program logs.
- c. Regular monitoring and reporting of safe food handling procedures/hygiene.
- d. Food, sanitation, and housing testing reports.
- e. All required food, sanitation and housing permits and licenses are in place, including:
 - i. Rented apartments must be permitted by the local government as living accommodations.
 - ii. Canteen/kitchen workers have valid health certificates.
 - iii. Food, sanitation, and housing testing reports including drinking water, food worker health tests, food sample testing.
 - iv. If local regulations require facility health inspections or other tests or certificates, these are available and valid.

5. Best Practices include:

- a. Any sleeping / living accommodations/building do not contain storage for operations (e.g., parts/material, chemicals, finished goods, equipment, invoices).

6. Serious conditions that will result in a severe finding:

- Any of the provided worker housing is unsafe and poses an immediate risk of serious injury, loss of life, limb, or facility.
- Any bathrooms, employee spaces, cafeterias, or food areas are unsafe and pose an immediate risk of serious injury, loss of life, limb, or facility.

B.M Health and Safety Management System

Code 8.0 Management Systems Preamble: Participants shall adopt or establish a management system with a scope that is related to the content of this Code. The management system shall be designed to ensure: (a) compliance with applicable laws, regulations and customer requirements related to the participant's operations and products; (b) conformance with this Code; and (c) identification and mitigation of operational risks related to this Code. It shall also facilitate continual improvement.

B.M.1 Risk assessment – Health and Safety

Elements to Demonstrate Compliance to RBA Code

B.M.1.1 An adequate and effective health and safety compliance process is established to monitor, identify, understand, and ensure compliance with applicable laws, regulations, and customer requirements.

1. Policy, Practices, Controls:

Establish a quarterly process to update and maintain a current understanding of and compliance to all applicable legal and customer requirements. The process should include:

- a. Identification of requirements which apply to the company; be sure to look for emerging and new requirements. This can be done via a legal department with an understanding of the RBA Code, subscriptions to 3rd party reports on regulations, sales & marketing who agree to customer terms, etc.
- b. A means to track these requirements, staying current as:
- c. The requirements may change (including the RBA Code of Conduct).
- d. Your operations may change and bring the facility in scope of requirements or create a gap.
- e. Assess facility operations against these requirements to identify gaps.
- f. Develop updated policy, procedure, training, communication, recording and reporting to close the gaps.
- g. Implement the changes and test them for compliance.

NOTE: Ensure the facility adds any new and changed permitting, licensing, testing, reporting and disclosure requirements to the compliance register noting sufficient time to renew or publish before they expire or are due.

2. Records are maintained including:

- a. A compliance calendar with owner, reminders, calendar appointments via e-mail.
- b. Summaries of applicable laws and regulations and requirements and how they apply to facility operations.
- c. Review of the key customer requirements that apply to or impact facility's operations.
- d. Analysis of recent RBA code of conduct changes.
- e. Minutes from meetings or other that demonstrate process is conducted quarterly.

B.M.1.2 An adequate and effective due diligence process is established to identify and assess the most significant actual and potential health and safety risks where the facility caused or contributed to adverse impacts (including applicable requirements).

1. Policy, Practices, Controls:

A due diligence process focused on health and safety. It should be designed to identify and assess the most significant actual and potential health and safety risks where the facility could cause or contribute to adverse health and safety impacts of internal and external rights holders.

- a. It must include specific risks of relevant demographics, such as gender and age, where the facility may experience, cause, or contribute to adverse health and safety impacts for internal and external stakeholders (including compliance with applicable requirements)
- b. The scope of risks should include at a minimum:
 - i. Harm to life or property
 - ii. Fire
 - iii. Earthquake (if in an earthquake zone)
 - iv. Chemical spills (if large quantities or especially hazardous chemicals are used)
 - v. Severe weather impacts (e.g., rain, flood, typhoon, frost, snow, or other conditions appropriate to the facility location, etc.).
 - vi. Workplace violence
 - vii. Strike
 - viii. Ensure the location, impact and stakeholder scope is broad including: Every site task/operation/process to produce products or provide company services.
- c. Chemical, biological, or physical agents.
 - i. Asbestos/lead
 - ii. Based on associated industrial hygiene sampling and testing.
 - iii. Risk assessment shall include exposure to multiple chemicals.

NOTE: Exposure to multiple chemicals can be either exposure to multiple chemicals by a single route or exposure to multiple chemicals by multiple routes. A route can be inhalation, ingestion, skin exposure, etc.

- a. Machine risk assessment
 - i. A method to identify machine safeguarding needs (pre-purchase/pre-installation hazard review of all machinery.)
- b. All identified internal and external rightsholders, including at a minimum:
 - i. Direct and indirect workers
 - ii. Young workers, Learners
 - iii. Foreign and internal migrant workers
 - iv. Worker representatives
 - v. Staff functions
 - vi. On-site service providers, Suppliers
 - vii. Customers
 - viii. Stakeholders in the community next to or near the facility which may be impacted.
- c. Risks are addressed through the Hierarchy of Controls in this order:
 - i. Elimination
 - ii. Substitution
 - iii. Engineering controls
 - iv. Process and Administrative controls
 - v. Adequate and effective PPE
- d. The risk assessment is updated when there is a Significant Change

2. Records are maintained including:

- a. Stakeholder identification reports.
- b. Risk assessment reports.
- c. Mitigation plans.

B.M.2 Control Processes – Health and Safety

Elements to Demonstrate Compliance to RBA Code

B.M.2.1 Health and safety responsibilities and authorities are adequately and effectively defined and assigned for all employee levels (senior managers to workers) for the implementation of management systems, and for compliance with laws, regulations, and codes.

1. Policy, Practices, Controls:

1. Have a senior representative assigned responsibility for implementing social responsibility programs in the facility and supply chain. Their scope should include:
 - a. Understanding and assessing facility's compliance with laws and regulations, customer requirements and the RBA Code of Conduct.
 - b. Developing and implementing (likely with other subject matter experts) necessary changes to policies, programs, processes, training, reporting and disclosure as needed to be in legal and customer compliance and RBA Code of Conduct conformance.
2. Responsibilities and authority of each organizational level are recorded in position plans, job descriptions and/or the facility's management system documentation.
 - a. For normal situations.
 - b. For emergency situations, including where serious adverse impact has been identified.
3. An emergency response team (ERT) is formed at each facility that shall be available during all working shifts.
 - a. The ERT shall have the obligation and authority to direct the reviewee's response to emergencies to protection of worker health and safety, the environment, and property.

NOTE: It is possible that the role of trained/certified first responders is performed by an onsite medical professional team.

B.M.2.2 Adequate and effective health and safety policies and control processes are established.

1. Policy, Practices, Controls:

1. Policies: Aligned with law, the RBA Code of Conduct and facility policy statements are in place
2. Effective Control processes:
 - a. Each of the policy requirements has an effective implementation control process.
 - b. Mitigating processes are in place for all significant actual and potential risks identified, tracking implementation, and resulting adverse impact reduction identified in the risk assessment.
 - c. Workers can remove themselves from imminent harm and return once the situation is mitigated without fear of retaliation.
 - d. Adequate policies and adequate and effective processes are in place to minimize the occupational health and safety impact on pregnant women and nursing mothers including removal of responsibilities that may be harmful to the mother or child, proper accommodations for nursing and health checks.
 - e. Selection processes for all new chemicals include thoroughly evaluating less hazardous or non-hazardous alternatives, including Greenhouse Gas and ozone depletion impact.
3. Records are maintained including:
 - a. Current and past policies and procedures, specifications.
 - b. Results and reports from review and control steps.

- c. Corrective action plans, plans for improvement.

B.M.2.3 An adequate and effective training process is established for all managers/workers on all policy/process/job-related aspects and performance targets.

1. Policy, Practices, Controls:

1. Process: An adequate and effective training program for workers/managers:

- a. New employee orientation plan
- b. Training needs analysis
- c. Training plan with frequency
- d. Training material
- e. Training records with effectiveness evaluation or verification

NOTE: Ensure these minimum training topics are included: risk, policy, process, controls, responsibilities, grievance are covered.

2. Minimum Training Topics should include:

- a. Mechanical, electrical, chemical, fire, and physical hazards
- b. The correct use of appropriate PPE
- c. Types of potential emergencies that may occur at their work location and what to do during an emergency, including Internal and external muster points.
- d. Machine safety and the use of safeguards and emergency stops.
- e. Reporting injuries and illnesses
- f. Hazardous atmospheres and confined⁶ space work process before entry of confined spaces
- g. Lock out-tag out process.
- h. Specific training for ERT, first responders, and medical professionals
 - i. Emergency responders are trained on an annual basis.
 - ii. Training shall be dependent on responsibilities during an emergency.
 - iii. Training is provided to all workers before the beginning of work and regularly thereafter as per the training program.

3. Occupational health and safety training shall include content on specific risks to relevant demographics, such as gender and age, if applicable.

4. Workers responsible for storage, clean up, or disposal of chemical releases must receive specialized training.

5. Occupational health professionals and first responders should be trained by external agencies or trained and certified by internally qualified occupational health professionals such as a medical doctor, where local law permits.

2. Records are maintained including:

- a. Training records include a verification of training effectiveness.
- b. Educational materials.

3. Serious conditions that will result in a severe finding:

- If it is required (by law or risk assessment) to have an ERT and it is not in place.
- There are no first responders present or process to respond to emergency situations.

⁶ Confined space: a space with limited or restricted entry or exit means and is not designed for continuous occupancy.

B.M.3 Communications – Health and Safety

Elements to Demonstrate Compliance to RBA Code

B.M.3.1 An adequate and effective ongoing two-way communication process with workers, and internal and external stakeholders, where relevant or necessary, is established to obtain feedback on operational health and safety practices and conditions and to foster continuous improvement.

1. Policy, Practices, Controls:

1. A healthy and effective ongoing two-way communication process with workers, other internal and external stakeholders, where relevant or necessary, to obtain their feedback on operational health and safety practices and conditions and to foster continuous improvement.

- a. Examples of worker participation mechanisms: worker surveys, suggestions boxes, worker focus groups, joint worker-management committees, worker/union representatives, process improvement teams.
- b. Examples of two-way communication: face-to-face meetings, town halls, worker focus groups, joint worker-management committees, process improvement team, message groups (WhatsApp, Line, WeChat, etc.), brown bag lunches
- c. Examples of stakeholder engagement mechanisms: newsletters with request for feedback, message groups (WhatsApp, Line, WeChat, etc.), social media, neighborhood or community meetings, drop-in sessions, focus groups, feedback, and impact discussions (data/study driven)

NOTE: Ensure these minimum topics are included or asked about to promote comprehensive dialogue: risk, policy, process, controls, responsibilities, grievance are covered.

2. Minimum internal and external stakeholders:

- a. Direct and indirect workers
- b. Young workers, Learners
- c. (Foreign and internal) migrant workers
- d. Worker representatives
- e. Staff functions
- f. On-site service providers, Suppliers
- g. Customers.

NOTE: Submitting SAQ to customers does not qualify as communication with customers

3. Health and safety communication is clearly posted in the facility or placed in a location identifiable and accessible by workers including:

- a. Appropriate signs, placards, and labels identifying hazards (chemical, physical, biological, vehicular)
- b. Potential workplace hazards that workers are exposed to.
- c. PPE requirements.
- d. Emergency number(s), emergency team, and emergency evacuation and response plan.
- e. Maps throughout the facility clearly identify exit routes and muster points in the correct orientation.

2. Records are maintained including:

- a. Communications records include a verification of communication effectiveness.
- b. Input/feedback records.
- c. Written information to workers on how to provide input/feedback for improvement.
- d. Correspondence to supplier management.
- e. Communications/Presentations to internal and external stakeholders.

B.M.3.2 An adequate and effective process is established to anonymously report grievances confidentially without fear of reprisal or intimidation.

1. Policy, Practices, Controls:

1. Process:

- a. Comprehensive functioning process to anonymously report grievances without fear of reprisal, which is internal (for workers and staff) and external (for workers of suppliers, local community, or interested actors and Whistleblowers).
- b. Clear grievance channels so anyone is comfortable reporting grievances and so that reporting is encouraged.
- c. Workers shall be encouraged to raise safety concerns, including early reporting of discomfort.

2. Investigation and actions:

- a. Promptly investigate the validity of any grievance.
- b. Ensure the investigation and remediation is impartial, non-discriminatory, and where applicable, consistent with previous actions.
- c. Communicate back to those involved, where possible, the outcome of the investigation and next steps, while maintaining appropriate privacy for those involved.
- d. Remind participants that there is to be no retribution for making the grievance.

2. Records are maintained including:

- a. Grievance records
- b. Investigation records
- c. Workers are provided with written information on how to report grievances.

3. Serious conditions that will result in a severe finding:

- Grievances not being investigated and addressed within 3 months of being received.
- Not putting in place and actioning a corrective action plan after confirming a grievance.

B.M.4 Performance Review and Continuous Improvement – Health and Safety

Elements to Demonstrate Compliance to RBA Code

B.M.4.1 An adequate and effective health and safety management performance review and continuous improvement process is established.

1. Policy, Practices, Controls:

1. Process elements should include:

- a. Annual or more frequent review of objectives and systems.
 - i. Management system review
 - ii. Performance review
- b. Formal and communicated goals, indicators, objectives, and targets.
- c. Goals shall clearly define the period considered; each goal shall include:
 - i. Time Period: (between base date and target date) shall be forward-looking.
 - ii. Base date: Date from which the goal is being measured.
 - iii. Target date: Date in the future when the goal is intended to be achieved.
 - iv. Baseline: the value of what is being measured at the start
 - v. Targeted improvement value: The quantitative value of the goal (numeric and greater than 0)
- d. Assignment of owners, implementation plans with completion dates.
- e. Additional action plans if goal, indicator, objective, or target is off track.
- f. Communication of the goals and progress to workers (as appropriate).

2. Evaluation:

- a. Regularly not exceeding 2 years but earlier if there is a Significant Change.
- b. Effectiveness of controls (including control processes).
- c. Should include every related program whose scope include:
 - i. Consideration of risk assessment results.
 - ii. Legal and regulatory requirements.
 - iii. Company standards/requirements.
 - iv. Achieving continual improvement.
- d. Evaluation reports should include:
 - i. Accidents, incidents, medical surveillance, and trend analysis
 - ii. ERP drill plan
 - iii. Control effectiveness (PPE, physically demanding work, machine safety, chemical, physical and biological agents, etc.)
 - iv. Training & Communication
 - v. Grievances related to safety concerns

2. Records are maintained including:

- a. System review meetings.
- b. Management review meeting presentation materials/analysis/data. Be sure to include:
 - i. Date, agenda, attendees (including senior manager).
 - ii. Presentation material (references).
 - iii. Progress towards objectives.
 - iv. Results of assessments.
 - v. Completion of corrective/preventive actions.
 - vi. Risks/issues.
 - vii. Other information that was used to determine the effectiveness of the management system and identify improvement opportunities.
 - viii. Agreed preventive/corrective actions.

- c. Formal target, indicator, and objective tracking.
- d. Regular progress reporting.
- e. Evaluation reports for (at least):
 - i. Control effectiveness.
 - ii. Training and Communication.
 - iii. Grievances related to safety concerns

B.M.4.2 An adequate and effective health and safety self-assessment process is established to assess conformance with the RBA Code and customer requirements periodically.

1. Policy, Practices, Controls:

1. An adequate and effective self-assessment process to periodically assess conformance with:
 - a. Applicable legal regulatory requirements.
 - b. Customer requirements.
 - c. RBA Code requirements.
 - d. Own policies, standards, management system, requirements to which the facility subscribes to.
2. The assessment scope should include:
 - a. All areas of the facility.
 - b. All policies, processes, physical conditions, and work practices.
 - c. Review of records.
 - d. Interviews with individuals responsible for compliance and conformance
 - i. Workers (direct and indirect)
 - ii. Staff and management
 - iii. Supplier management
3. Assessment findings should be reviewed by senior management.
2. Records are maintained including:
 - a. Self-assessment Reports
 - b. Results of management reviews
 - c. Corrective action plans

B.M.4.3 An adequate and effective health and safety corrective action process is established to rectify and close non-conformances.

1. Policy, Practices, Controls:

1. Ensure there is a Corrective action process (CAP) in place, which contains the following:
 - a. Core elements of root cause analysis, specific corrective actions, owners, due dates, tracking process.
 - b. Additional actions when a corrective action is off-track.
 - c. A link demonstrated between the CAP and the performance management objectives and targets.
 - d. Review action items by management representative after verification by the appropriate person.
 - e. Any issues/concerns noted in the insurance inspection report regarding people, fire, or facility have an agreed corrective action plan.
2. Specific health and safety elements include:
 - a. Any issues/concerns noted in the insurance inspection report regarding people, fire, or facility have an agreed corrective action plan.
 - b. Appropriate preventive action because of medical surveillance or injury related to workplace risks and injuries should occur including moving to another role.

- c. In addition, where there are workplace related injuries, the facility must:
 - i. Provide medical treatment to the worker.
 - ii. Cover the worker's medical treatment, re-examination, and rehabilitation cost.
 - iii. Provide a re-examination to the worker.
 - iv. Do not terminate the labor contract with a worker due to medical surveillance results.

2. Records are maintained including:

- a. Original non-conformance.
- b. CAP for each non-conformance.
- c. Progress reports.
- d. Closure verification reports (with management confirmation)
- e. Copies of any regulatory citations/violation notices received in the past three years, including any communications with the agencies, and follow-up review or inspection.

C. Environment

Code 8.0 Environment Preamble:

Participants recognize that environmental responsibility is integral to producing world-class products. Participants shall identify the environmental impacts and minimize adverse effects on the community, environment, and natural resources within their manufacturing operations, while safeguarding the health and safety of the public.

Risk assessments should occur no less than every three years or when there is a Significant Change. A significant change is a change and modification in chemicals (additions and substitutions), chemical uses, chemical quantity, process, modules, tool operation/configuration, and/or facility systems, permit/license conditions or any change/deviation/modification from the current/previous scope of past risk assessments.

C1. Environmental Permits and Reporting

Code 8.0: All required environmental permits (e.g. discharge monitoring), approvals, and registrations shall be obtained, maintained, and kept current, and their operational and reporting requirements shall be followed.

Elements to Demonstrate Compliance to RBA Code:

1. **Policy:** Ensure the facility's environmental policy includes environmental permits and reporting elements including:
 - a. Applying for and maintaining all necessary permits, approvals, and registrations.
 - b. Accurate tracking necessary data to report and show level of conformance.
2. **Procedures & Practices** are in place such that:
 - a. The facility maintains a registry/inventory of environmental permits, licenses and certifications including their monitoring and reporting requirements, expiration dates, etc.
 - b. The facility has an implemented process to ensure that permits, licenses, and certifications are kept current and updated as necessary as operations changes occur.
 - c. All environmental violations have been remediated and are considered closed by the appropriate authorities.
3. **Controls & Monitoring** should include:
 - a. Tools, systems, and processes are properly tested, calibrated, and otherwise maintained to demonstrate accuracy in measurement, indication, and recording.
 - b. Site operations are in compliance with all monitoring, reporting and other permit requirements based on:
 - i. Internal monitoring and assessments
 - ii. Independent third-party assessments
 - iii. Regulatory agency reviews/inspections
4. **Records** are maintained including:
 - a. All the environmental permits required by law are current such as but not limited to:
 - i. Operating permit
 - ii. Air emissions
 - iii. Wastewater discharge
 - iv. Stormwater exposure

- v. Hazardous materials storage and use
- vi. Generation of waste (solid and hazardous)
- vii. Boundary noise limits
- viii. Other equipment
- b. Certifications as required by law are current such as but not limited to:
 - i. Professional certificates
 - ii. Environment ERT members have the required qualifications/certifications Environment ERT members have the required qualifications/certifications.

NOTE: All permits, licenses, certifications, and reporting data are posted as required by law

5. Serious conditions that will result in a severe finding:

- Not properly reporting environmental accidents or incidents to the governing agency as required by law.
- Delay in mandatory government reporting in excess of 3 months from the due date.

C2. Hazardous Substances

Code 8.0: Chemicals, waste, and other materials posing a hazard to humans, or the environment shall be identified, labeled, and managed to ensure their safe handling, movement, storage, use, recycling or reuse, and disposal. Hazardous waste data shall be tracked and documented.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure the facility's environmental policy includes hazardous substances elements including:
 - a. Hazardous substances including wastes are properly categorized, labeled, handled, stored, and transported and disposed of using government-approved and/or licensed vendors.
 - b. Ensuring workers understand what hazardous substances they are working with, the risks involved and how to protect themselves.
 - c. Hazardous waste is safely disposed of including a disposal Supplier(s) assessment.
2. Procedures & Practices are in place such that:
 - a. The facility has an up-to-date inventory of chemicals and hazardous materials on site.
 - b. Hazardous substances are adequately and effectively: Categorized, Handled, Stored, Moved
 - i. All chemicals are stored in properly designed and maintained cabinets or storerooms.
 - ii. All chemicals are stored in appropriate containers that are properly labeled.
 - iii. Chemicals and other hazardous materials are properly handled, transported, used, and stored by appropriately trained personnel.
 - iv. Adequate control of temperature, security, ventilation, and fire risk is maintained in chemical use and storage areas.
 - c. Worker education and protection
 - i. Hazardous material information [labels and safety data sheet (SDS formally MSDS)] or characterization in the case of hazardous waste) is available at the points of use and storage in a language understood by the worker.
 - ii. Personal protective equipment appropriate to the materials being handled is provided to workers.
 - iii. Workers are trained on the proper use, maintenance, and storage of personal protective equipment.
 - iv. Workers have the freedom to refuse tasks that the worker believes to be hazardous without penalty or termination.
 - v. Emergency eyewash and shower stations are available to workers in areas where chemicals and hazardous materials are used or stored.
 - d. Disposal
 - i. Chemical and hazardous wastes are disposed of onsite in accordance with local environmental laws or the supplier uses a licensed hazardous waste transporter to ship waste offsite to a licensed waste disposal facility.
 - ii. Where practical, waste chemicals are processed for re-use or recycling.
 - e. Disposal vendor assessment
 - i. A periodic assessment and corrective action plan process to evaluate whether the vendor (hazardous waste handler AND transporter) is complying with contract terms and conditions.
 - ii. Assessments should occur at least every 3 years or when there is a significant change
 - iii. The assessment must occur before a new vendor (hazardous waste handler AND transporter) is selected.

- f. The facility has written and practiced emergency response plans in the event of a release of a chemical or material that poses a hazard to the environment. The plan includes the following elements:
 - i. Identification and assessment of release hazards (e.g. spills and leaks).
 - ii. Qualification and training of emergency responders (e.g. spill response teams).
 - iii. Who to contact in the event of a release.
 - iv. List of emergency response equipment.
 - v. Evacuation procedures.
 - vi. Procedures for proper clean-up and disposal of released materials,
 - vii. Decontamination procedures.
 - viii. Reporting requirements.
- g. An adequate and effective reduction/replacement program with
 - i. Annual objectives
 - ii. Regular objective tracking
 - iii. Progress monitoring
 - iv. Adjustments made if off track.

NOTE: Reduction programs should not harm workers and the expectation is not something that is done at "any cost"/excessive cost such that the operations are uncompetitive.

- h. Engineering and administrative systems for improved resource efficiency adhere to the hierarchy of resource efficiency, reducing the use of hazardous substances, when feasible, showing preference (in order) for the following functions:
 - i. Prevention: unnecessary consumptive processes are eliminated
 - ii. Minimization: Process efficiency is improved
 - iii. Substitution: Using a more environmentally benign or renewable resource
 - iv. Reuse, recycling, recovery: In that order, in order to maximize the benefit of resource consumption.

3. Controls & Monitoring should include:

- a. Engineering and administrative systems intended to improve resource efficiency; reducing use/volume of hazardous substances, are in good repair or operating at high capacity.
- b. Access to hazardous substances is controlled.
- c. Potential employee exposure methods are adequate and effective such as
 - i. Segregation
 - ii. Secondary containment
 - iii. Ventilation
 - iv. Fire protection
 - v. Appropriate storage cabinets
- d. A preventive maintenance process for all treatment equipment for each environmental medium.
- e. Adequate and effective processes to track, review, and approve the use of all hazardous chemicals and obtain approvals for all new purchases of hazardous chemicals prior to use.
- f. Selection processes for all new hazardous chemicals include a thorough evaluation of less hazardous or non-hazardous alternatives.
- g. Adequate and effective emergency response process with clearly defined steps and roles/responsibilities
- h. Investigation of each environmental incident (e.g., spill, etc.) resulting in a preventive and corrective action plan.

4. Records are maintained including:

- a. Risk assessment results
- b. Mitigation plans for all significant actual and potential risks identified, through the Hierarchy of controls and improvement objectives in a documented gated process, demonstrating that each hierarchy level has been fully evaluated and reasons why it could not address the risk fully before proceeding to the next hierarchical level, indicating the status of implementation, and resulting impact reduction including feedback of the affected internal and external stakeholders.
- c. Inspection records of hazardous substances and their points of storage and use are maintained and available for review.
- d. Hazardous waste inventory records are maintained, tracked and accurate.
- e. Inspection records of hazardous substances and their storage points (including wastewater) are maintained, and accurate.
- f. Copies of hazardous waste shipping papers are maintained and accurate.
- g. All non-government transport and disposal vendors have approved, current certificates and/or are licensed by the local regulatory authorities.
- h. Assessments, visit minutes, or assessment reports, with possible areas for improvement, are maintained for each non-government transport and disposal vendor.
- i. Investigation reports of each environmental incident (e.g., spill, etc.) resulting in preventive and corrective action plans including evidence of review by management.
- j. Annual reduction targets, progress monitoring and corrective actions plans if applicable.

5. Serious conditions to ensure do not occur include.

- Disposing of or handing off hazardous waste to non-licensed transport or disposal vendors.

C3. Solid Waste

Code 8.0: Participants shall implement a systematic approach to identify, manage, reduce, and responsibly dispose of or recycle solid waste (non-hazardous). Waste data shall be tracked and documented.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure the facility's environmental policy includes solid waste elements including:
 - a. Solid waste is managed and responsibly disposed of
 - b. Effort will be made to reduce solid waste.
2. Procedures & Practices are in place such that:
 - a. Solid waste is adequately and effectively categorized, handled, stored, moved:
 - i. Solid waste is stored in properly designed and maintained cabinets or storerooms.
 - ii. Solid waste is stored in appropriate containers that are properly labeled.
 - iii. Solid waste is properly handled, transported, used, and stored by appropriately trained personnel.
 - iv. Adequate control of temperature, security, ventilation, and fire risk is maintained in solid waste storage areas.
 - b. Worker education and protection:
 - i. Hazard signage and information and waste characterization and response information is posted and provided.
 - ii. Personal protective equipment which is appropriate to the materials being handled is provided to workers.
 - iii. Workers are trained on the proper use, maintenance, and storage of personal protective equipment.
 - iv. Workers have the freedom to refuse tasks that the worker believes to be hazardous without penalty or termination.
 - v. Emergency eyewash and shower stations are available to workers in areas where chemicals and hazardous materials are used or stored.
 - c. A documented, fully audited, waste management plan for proper disposal of all waste materials is in place. All waste is handled and disposed of under proper permits by persons authorized by law to handle such materials.
 - d. An adequate and effective reduction program with:
 - i. Annual objectives
 - ii. Regular objective tracking
 - iii. Progress monitoring
 - iv. Adjustments made if off track.

NOTE: Reduction programs should not harm workers and the expectation is not something that is done at "any cost"/excessive cost such that the operations are uncompetitive.

 - e. Engineering and administrative systems for improved resource efficiency adhere to the hierarchy of resource efficiency, reducing the generation of solid waste, when feasible, showing preference (in order) for the following functions:
 - i. Prevention: unnecessary consumptive processes are eliminated.
 - ii. Minimization: Process efficiency is improved.
 - iii. Substitution: Using a more environmentally benign or renewable resource.
 - iv. Reuse, recycling, recovery: In that order, to maximize the benefit of resource consumption.

- f. The facility sorts solid waste by type and sends recyclable materials offsite for reuse and recycling.
- g. The facility treats industrial and/or sanitary wastewater onsite in accordance with local laws and permit requirements.
- h. Treated wastewater is discharged to a municipal treatment system or to surface water (if allowed by local laws and regulations).
- i. Wastewater treatment equipment is included in a routine preventive maintenance program,
- j. Workers responsible for operating and maintaining wastewater treatment systems have received all necessary training.

3. Controls & Monitoring should include:

- a. Engineering and administrative systems intended to improve resource efficiency; reducing generation of solid waste, are in good repair or operating at high capacity.
- b. Access to solid waste is controlled.
- c. Potential employee exposure methods are adequate and effective such as:
 - i. Segregation
 - ii. Secondary containment
 - iii. Ventilation
 - iv. Fire protection

4. Records are maintained including:

- a. Risk assessment results.
- b. Mitigation plans for all significant actual and potential risks identified, through the Hierarchy of controls and improvement objectives in a documented gated process, demonstrating that each hierarchy level has been fully evaluated and reasons why it could not address the risk fully before proceeding to the next hierarchical level, indicating the status of implementation, and resulting impact reduction including feedback of the affected internal and external stakeholders.
- c. Accurate waste inventory records are maintained and available for review.
- d. Inspection records of waste and their points of storage are maintained and available for review on site.
- e. Copies of waste manifests and shipping papers are maintained and available for review.
- f. Documents only vendors approved and/or licensed by the local regulatory authorities for transporting are used.
- g. Annual reduction targets, progress monitoring and corrective actions plans if applicable.

C4. Air Emissions

Code 8.0: Air emissions of volatile organic chemicals, aerosols, corrosives, particulates, ozone depleting substances, and combustion byproducts generated from operations shall be characterized, routinely monitored, controlled, and treated as required prior to discharge. Ozone- depleting substances shall be effectively managed in accordance with the Montreal Protocol and applicable regulations. Participants shall conduct routine monitoring of the performance of its air emission control systems.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure the facility environmental policy includes air emission elements including:
 - a. Air emissions are routinely monitored.
 - b. Proper Air emission control systems are in place and routinely monitored for performance.
 - c. Environmental noise levels are within regulatory limits.
2. Procedures & Practices are in place such that:
 - a. The facility has fully characterized its air emissions (type, nature, quantity, etc.)
 - i. Ozone depleting substances are clearly labeled.
 - b. The supplier has all required emissions permits and is in compliance with all permit requirements and local environmental standards. Results are tabulated and regularly reported.
 - c. Treatment
 - i. Air emissions are treated prior to discharge in accordance with permit requirements.
 - ii. Where required, the facility has exhaust ventilation systems designed to capture emissions and pollution treatment systems (i.e. scrubbers, catalytic removal, thermal oxidation, etc.), which reduce emission to an acceptable level before discharging,
 - iii. The facility has exhaust ventilation systems designed to capture emissions at the source and pollution treatment systems (i.e. scrubbers, catalytic removal, thermal oxidation, etc.), to remove or reduce the concentration of emissions before discharge, as required by local laws and regulations.
 - d. Reduction
 - i. An adequate and effective reduction program with:
 1. Annual objectives
 2. Regular objective tracking
 3. Progress monitoring
 4. Adjustments made if off nominal.
 - ii. Engineering and administrative systems for improved resource efficiency; reducing emissions, adhere to the hierarchy of resource efficiency when feasible, showing preference (in order) for the following functions:
 1. Prevention: unnecessary consumptive processes are eliminated
 2. Minimization: Process efficiency is improved
 3. Substitution: Using a more environmentally benign or renewable resource
 4. Reuse, recycling, recovery: In that order, in order to maximize the benefit of resource consumption.

NOTE: Reduction programs should not harm workers and the expectation is not something that is done at "any cost"/excessive cost such that the operations are uncompetitive.

e. Noise

- i. Adequate and effective procedures are in place for environmental noise control including boundary noise sources are identified, evaluated, routinely monitored, and controlled.
- ii. Boundary noise levels are evaluated per the permit conditions upon changes to zoning or land use permits about the facility or if there are any community noise complaints, and boundary noise-level criteria are set accordingly.
- iii. Adequate and effective process to track and review environmental noise.
- iv. Appropriate boundary-noise-control devices are installed and maintained to control boundary noise levels include:
 1. A routine preventive maintenance program
 2. System efficiency monitoring program
 3. A program to evaluate the integrity of existing boundary-noise-control devices.

3. Controls & Monitoring should include:

- a. A program to evaluate the integrity of existing process air emission treatment and noise control systems:
 - i. Regularly test of the air emission and noise control systems
 - ii. Correct any identified deficiencies immediately.
- b. A specific individual or individuals within the facility organization who will be responsible for all aspects of process air emission treatment and noise control.
- c. Workers responsible for operating and maintaining air emissions and noise control equipment have received all necessary training.
- d. Engineering and administrative systems intended to improve resource and equipment operations and efficiency, reducing emissions and noise, are in good repair or operating at high capacity.

4. Records are maintained including:

- a. Inspection records of air emission and their points of discharge are maintained and available for review.
- b. Testing and reporting records are maintained and available for review for air emissions and environmental noise.
- c. Revise the inventory after any changes to the production or process that are likely to affect air emissions.
- d. The list of air emissions and Ozone Depleting Substances is up to date and accurate.

C5. Water Management

Code 8.0: Participants shall implement a water management program that documents, characterizes, and monitors water sources, use and discharge; seeks opportunities to conserve water; and controls channels of contamination. All wastewater shall be characterized, monitored, controlled, and treated as required prior to discharge or disposal. Participants shall conduct routine monitoring of the performance of its wastewater treatment and containment systems to ensure optimal performance and regulatory compliance.

Elements to Demonstrate Compliance to RBA Code:

1. **Policy:** Ensure the facility environmental policy includes water management elements including:
 - a. Adequate and effective procedures are in place to document, characterize, and monitor water sources, water discharge and control channels of contamination.
 - b. Should cover: Use reduction / recycling, storage, treatment, discharge.
2. **Procedures & Practices** are in place such that:
 - a. **Water withdrawal**
 - i. The source of water is clear.
 - ii. A water use baseline and adequate and effective annual reduction plan is implemented with objectives and corrective action plans if the implementation is off track.
 - iii. Annual reduction program should not harm workers or entail excessive cost.
 - b. **Water discharge**
 - i. Adequate and effective process to track, review, and approve the discharge of all water.
 - ii. Industrial and/or sanitary wastewater is treated in accordance with permit requirements.
 - iii. Wastewater characterization and response information is available at the points of use and storage in a language understood by the worker.
 - iv. Appropriate process wastewater treatment systems are installed and maintained that minimize the pollutant contribution of each of its facilities include:
 1. A routine preventive maintenance program
 2. System efficiency monitoring program
 3. A program to evaluate the integrity of existing wastewater systems.
 - v. Emergency response actions are defined in case the on-site wastewater treatment system exceeds its capacity or if it malfunctions.
 - c. Equipment such as tanks, piping, and storage vessels are compatible with the waste materials being stored and transported.
 - d. All transport and disposal vendors have been approved, have current certificates, and/or are licensed by the local regulatory authorities.
 - e. Water channels are protected from contamination (e.g., absence of pools of standing water and grease/oil slicks near storm drains).
 - f. At least one person responsible for all aspects of wastewater process discharge including treatment, water channel contamination prevention and water-related emergency response and reporting activities.
 - g. Engineering and administrative systems for improved resource efficiency; reducing emissions, adhere to the hierarchy of resource efficiency when feasible, showing preference (in order) for the following functions:
 - i. Prevention: unnecessary consumptive processes are eliminated
 - ii. Minimization: Process efficiency is improved
 - iii. Substitution: Using a more environmentally benign or renewable approach or resource

- iv. Reuse, recycling, recovery: In that order, in order to maximize the benefit of resource consumption.

3. Controls & Monitoring should include:

- a. Program to evaluate the integrity of existing wastewater systems:
 - i. Regularly test the wastewater system
 - ii. Correct any identified deficiencies immediately.
- b. Adequate and effective procedures to control internal water channel contamination include:
 - i. Potential contamination sources to water channels are identified.
 - ii. Adequate and effective emergency response plan to control water channel contamination.
 - iii. Appropriate emergency response equipment inspection and maintenance process
 - iv. Investigation of past spills/water channel contamination and corrective/preventive action plan

4. Records are maintained including:

- a. Identified water channel contamination sources.
- b. Description of spills/water channel contamination for past 3 years
- c. Preventive/corrective action plan for past spills/contamination
- d. Additional actions are taken to ensure completion at the due date if corrective actions are not on track.
- e. Accurate wastewater inventory records are maintained and available for review.
- f. Inspection records of wastewater and their points of storage are maintained and available for review.
- g. Copies of wastewater manifests and shipping/discharge papers are maintained and available for review.
- h. Documents only vendors approved and/or licensed by the local regulatory authorities for transporting are used.
- i. Annual reduction targets, progress monitoring and corrective actions plans if applicable.

5. Leading Practices include:

- a. Understanding where the municipal or private company service withdraws its water.
- b. A water risk assessment that considers competitive use, water quality, and scarcity has been conducted in the last 3 years for the facility's location using reference tools such as:
 - i. WWF Water Risk Filter
 - ii. WRI Aqueduct
 - iii. WBCSD Global Water Tool
 - iv. The Water Footprint assessment Tool
 - v. GEMI Local Water Tool

C6. Energy Consumption and Greenhouse Gas Emissions

Code 8.0: Participants shall establish and report against an absolute corporate-wide greenhouse gas reduction goal. Energy consumption and all Scopes 1, 2, and significant categories of Scope 3 greenhouse gas emissions shall be tracked, documented, and publicly reported. Participants shall look for methods to improve energy efficiency and to minimize their energy consumption and greenhouse gas emissions.

Elements to Demonstrate Compliance to RBA Code:

1. **Foundation:** If responsibility for Green House Gas emissions is at the Corporate-level then a Corporate-level implementation should exist which includes:

- a. Documented corporate policy.
- b. Documented corporate processes and controls.
- c. Assigned responsibility
- d. Proof of implementation
 - i. Facility level implementation for Scope 1 and 2
 - ii. Significant categories of scope 3 GHG are determined through a materiality or similar process, documented and up-to-date
 - iii. Significant categories of scope 3 GHG are tracked, documented, and up-to-date
 - iv. Significant scope 3 categories must at least include category 1 (purchased goods and services)
- e. Absolute corporate-wide reduction target and performance are publicly reported at least annually

If there is no Corporate-level implementation, then there should be a full Facility-level implementation.

2. **Policy:** Ensure the facility environmental policy includes energy consumption and greenhouse gas emissions elements including:

- a. Energy consumption and all Scopes 1, 2, and significant categories of Scope 3 Greenhouse gas (GHG) emissions are tracked, documented, and publicly reported, at least annually, against an absolute corporate-wide GHG reduction goal. (corporate level) or reported publicly against an absolute facility target (facility level)

3. **Procedures & Practices** are in place such that: (facility level)

- a. Scope 1 and 2 comprehend / include:
 - i. Scope 1 and 2 Greenhouse Gas emissions are documented, consumption recorded and accurate by source and with a description of its boundary.
 - ii. The sources of electricity and other energy are documented, consumption recorded and accurate by source.
 - iii. On-site combustion: oil, coal, diesel, burning of waste, natural gas, propane, garbage, etc. are included.
 - iv. Renewable energy use – if the facility purchases renewable energy through their utility company.
 - v. Significant leakage of refrigerants (from HVAC units or other refrigeration equipment), or other GHG-generating production processes (CFCs and HFCs from solvents and foams, for example).
- b. Scope 3 comprehends / includes:
 - i. Significant Scope 3 GHG categories are determined through a materiality or similar process, documented and up to date.

- ii. Amounts of significant Scope 3 categories are tracked, documented, and up to date.
- c. Significant Scope 3 categories must at least include Category 1 (purchased goods and services) and the assessment for significance and materiality should align with the GHG Protocol Scope 3 Standard, which provides criteria to identify relevant Scope 3 activities:
 - i. Size
 - ii. Influence
 - iii. Risk
 - iv. Stakeholders
 - v. Outsourcing
 - vi. Sector guidance
- d. Publicly report of corporate-wide GHG footprint includes:
 - i. Total Scopes 1 & 2 and relevant Scope 3 as a quantitative value of total emissions.
 - ii. A percentage (e.g., “90% of last year’s emissions”) is unacceptable.
 - iii. The value shall represent annual emissions.
- e. The absolute reduction goal must include:
 - i. Scopes and categories covered.
 - ii. Boundaries
 - iii. Base year and target year
 - iv. Target value and target type

Example: Our target to reduce the absolute Scope 1 and 2 GHG emissions from our global operations by 25,000 metric tons CO₂e by 2030, compared to 2020, representing a 25 percent reduction

4. Controls & Monitoring should include:
 - a. Process and administrative controls are in place and effective.
 - b. Ensure that there is no significant energy consumption or GHG emissions at the facility that are not tracked and recorded.
 - c. Engineering controls are used where appropriate.
 - d. GHG engineering control examples
 - i. Building automation technology, programmable thermostats, lighting controls, or energy-efficient heating, cooling, lighting, and ventilation technology.
 - ii. Use of on-site combustion or vehicles that are fuel efficient or use a less GHG-intensive source (e.g., natural gas, ethanol).
 - iii. Purchasing or installing on-site renewable energy.
 - iv. Use of highly efficient systems to absorb/treat cleaning agents.
 - v. Use of refrigerants with low global warming potential (GWP) in Heating, Ventilation, and Air Conditioning (HVAC) systems.
5. Records are maintained including:
 - a. Copies of records of the total quantity of fuel combusted on-site (or easily extrapolated from fuel bills and other purchased fuel records)
 - b. Purchased energy, electricity, steam, heating, and cooling records.
 - c. Current and historic Scope 1, 2 and significant categories of Scope 3 data with calculations with associated assumptions

C.M Environmental Management System

Code 8.0 Management Systems Preamble: Participants shall adopt or establish a management system with a scope that is related to the content of this Code. The management system shall be designed to ensure: (a) compliance with applicable laws, regulations and customer requirements related to the participant's operations and products; (b) conformance with this Code; and (c) identification and mitigation of operational risks related to this Code. It shall also facilitate continual improvement.

C.M.1 Risk assessment – Environmental

Elements to Demonstrate Compliance to RBA Code

C.M.1.1 An adequate and effective environmental compliance process is established to monitor, identify, understand, and ensure compliance with applicable laws, regulations, and customer requirements.

1. Policy, Practices, Controls:

Establish a quarterly process to update and maintain a current understanding of and compliance to all applicable legal and customer requirements. The process should include:

- a. Identification of requirements which apply to the facility; be sure to look for emerging and new requirements. This can be done via a legal department with an understanding of the RBA Code, subscriptions to 3rd party reports on regulations, sales & marketing who agree to customer terms, etc.
- b. A means to track these requirements, staying current as
 - i. The requirements may change (including the RBA Code of Conduct).
 - ii. Your operations may change and bring the facility in scope of requirements or create a gap.
- c. Assess facility operations against these requirements to identify gaps.
- d. Develop updated policy, procedure, training, communication, recording and reporting to close the gaps.
- e. Implement the changes and test them for compliance.

NOTE: Ensure the facility adds any new and changed permitting, licensing, testing, reporting and disclosure requirements to the compliance register noting sufficient time to renew or published before they expire or are due.

2. Records are maintained including:

- a. A compliance calendar with owner, reminders, calendar appointments via e-mail.
- b. Summaries of applicable laws and regulations and requirements and how they apply to facility operations.
- c. Review of the key customer requirements that apply to or impact facility operations.
- d. Analysis of recent RBA code of conduct changes.
- e. Minutes from meetings or other that demonstrate process is conducted quarterly.

C.M.1.2 An adequate and effective due diligence process is established to identify and assess the most significant actual and potential environmental risks where the facility caused or contributed to adverse impacts (including applicable requirements).

1. Policy, Practices, Controls:

- a. A due diligence process focused on the environment. It should be designed to identify and assess the most significant actual and potential environmental risks where the facility could cause or contribute to adverse environmental impacts of internal and external rights holders.
- b. It must include specific risks of relevant demographics, such as gender and age, where the facility may experience, cause, or contribute to adverse environmental impacts for internal and external stakeholders (including compliance with applicable requirements)
- c. The scope of risks and impact should include at a minimum:
 - i. Greenhouse Gas impact
 - ii. Ozone depleting substances (ODS) impact
 - iii. Exposure to and release of multiple chemicals
- d. Ensure the location and stakeholder scope is broad including:
 - i. Every site task, operation and process producing products and services provided
 - ii. Every environmental medium
 - iii. All identified internal and external rightsholders, including at a minimum:
 - 1. Direct and indirect workers
 - 2. Young workers, Learners
 - 3. Foreign and internal migrant workers
 - 4. Worker representatives
 - 5. Staff functions
 - 6. On-site service providers, Suppliers
 - 7. Customers
 - 8. Stakeholders in the community next to or near the facility may be impacted.
- e. Risks are addressed through the Hierarchy of Controls in this order:
 - i. Elimination
 - ii. Substitution
 - iii. Engineering controls
 - iv. Process and Administrative controls
- f. The risk assessment is updated when there is a Significant Change

6. Records are maintained including:

- a. Stakeholder identification reports.
- b. Risk assessment reports.
- c. Mitigation plans.

C.M.2 Control Processes – Environmental

Elements to Demonstrate Compliance to RBA Code

C.M.2.1 Environmental responsibilities and authorities are adequately and effectively defined and assigned for all employee levels (senior managers to workers) for the implementation of management systems, and for compliance with laws, regulations, and codes.

1. Policy, Practices, Controls:

1. Have a senior representative assigned responsibility for implementing social responsibility programs in the facility and supply chain. Their scope should include:

- a. Understanding and assessing facility's compliance with laws and regulations, customer requirements and the RBA Code of Conduct.
- b. Developing and implementing (likely with other subject matter experts) necessary changes to policies, programs, processes, training, reporting and disclosure as needed to be in legal and customer compliance and RBA Code of Conduct conformance.

2. Responsibilities and authority of each organizational level are recorded in position plans, job descriptions and/or the facility's management system documentation:

- a. For normal situations.
- b. For emergency situations which would include where serious adverse impact has been identified.

3. There should be a specific individual or individuals within the facility organization who is responsible for all aspects of:

- c. Hazardous materials
- d. Waste
- e. Air emission treatment
- f. Environmental noise
- g. Wastewater
- h. Energy and GHG
- i. ODS and elimination if applicable.
- j. Natural resources use and reduction.

C.M.2.2 Adequate and effective environmental policies and control processes are established.

1. Policy, Practices, Controls:

1. Policies: Aligned with law, the RBA Code of Conduct and facility policy statements are in place and include:

- a. Reduction (and elimination):
- b. ODS
- c. Energy and GHG
- d. Use of natural resources
- e. Raw materials and resulting waste.

2. An adequate and effective waste management process is in place for:

- a. Reception
- b. Storage
- c. Dispensing
- d. Any re-Use, disposal

3. Effective Control processes:

- a. Each of the policy requirements has an effective implementation control process.
- b. Mitigating processes are in place for all significant actual and potential risks identified, tracking implementation, and resulting adverse impact reduction identified in the risk assessment.
- c. Workers can remove themselves from imminent harm and return once the situation is mitigated without fear of retaliation.
- d. A preventive maintenance process for all treatment equipment for each environmental medium.
- e. Investigation of each environmental incident (e.g., spill, etc.) resulting in a preventive and corrective action plan.
- f. Adequate and effective emergency response process with clearly defined steps and roles/responsibilities
- g. Selection processes for all new chemicals include thoroughly evaluating less hazardous or non-hazardous alternatives, including Greenhouse Gas and ozone depletion impact.

1. Records are maintained including:

- a. Current and past policies and procedures, specifications.
- b. Results and reports from review and control steps.
- c. Corrective action plans, plans for improvement.

C.M.2.3 An adequate and effective training process is established for all managers/workers on all policy/process/job-related aspects and performance targets.

1. Policy, Practices, Controls:

1. Process: An adequate and effective training program for workers/managers:

- a. New employee orientation plan
- b. Training needs analysis
- c. Training plan with frequency
- d. Training material
- e. Training records with effectiveness evaluation or verification

NOTE: Ensure these minimum training topics are included: risk, policy, process, controls, responsibilities, grievance are covered.

2. Minimum Training Topics should include:

- a. Reduction programs
- b. Hazardous waste handling, storage, and disposal
- c. Solid waste handling, storage, and disposal
- d. Air emissions and air emission control systems
- e. Material restriction
- f. Water use, discharge, and internal water channel contamination protection
- g. Storage and disposal
- h. GHG/ Energy use, reduction, and maintaining energy and fuel-consuming operations

3. Occupational health and safety training shall include content on specific risks to relevant demographics, such as gender and age, if applicable.

- a. Workers responsible for storage, clean up, or disposal of chemical releases and waste must receive specialized training (and certification where required).

2. Records are maintained including:

- a. **Training records include a verification of training effectiveness.
Educational materials.**

C.M.3 Communications – Environmental

Elements to Demonstrate Compliance to RBA Code

C.M.3.1 An adequate and effective ongoing two-way communication process with workers, and internal and external stakeholders, where relevant or necessary, is established to obtain feedback on operational environmental practices and conditions and to foster continuous improvement.

1. Policy, Practices, Controls:

1. A healthy and effective, ongoing two-way communication process with workers, other internal and external stakeholders, where relevant or necessary, to obtain their feedback on environmental practices and conditions and to foster continuous improvement.
 - a. Examples of worker participation mechanisms: worker surveys, suggestions boxes, worker focus groups, joint worker-management committees, worker/union representatives, process improvement teams.
 - b. Examples of two-way communication: face-to-face meetings, town halls, worker focus groups, joint worker-management committees, process improvement team, message groups (WhatsApp, Line, WeChat, etc.), brown bag lunches
 - c. Examples of stakeholder engagement mechanisms: newsletters with request for feedback, message groups (WhatsApp, Line, WeChat, etc.), social media, neighborhood or community meetings, drop-in sessions, focus groups, feedback, and impact discussions (data/study driven)

NOTE: Ensure these minimum topics are included or asked about to promote comprehensive dialogue: risk, policy, process, controls, responsibilities, grievance are covered.

2. Minimum internal and external stakeholders:

- a. Direct and indirect workers
- b. Young workers, Learners
- c. (Foreign and internal) migrant workers
- d. Worker representatives
- e. Staff functions
- f. On-site service providers, Suppliers
- g. Customers.

NOTE: Submitting SAQ to customers does not qualify as communication with customers

3. Environmental communication is clearly posted in the facility or placed in a location identifiable and accessible by workers including:

- a. Feedback channels are clearly communicated and visible (suggestion box, ...)
- b. Environmental communication is clearly posted in the facility or placed in a location identifiable and accessible by workers.
- c. Hazard signage and information [labels and safety data sheet (SDS formally MSDS) or characterization in the case of hazardous waste)
- d. Emergency number(s), emergency team, and emergency evacuation and response plan.

2. Public Environmental reporting:

- a. Publicly report a corporate-wide GHG footprint (total scopes 1 & 2 and relevant scope 3) as a quantitative value of total emissions. A percentage (e.g., 90% of last year's emissions) is unacceptable.
- b. The value shall represent annual emissions.

3. Records are maintained including:

- a. Communications records include a verification of communication effectiveness.
- b. Input/feedback records.
- c. Written information to workers on how to provide input/feedback for improvement.
- d. Correspondence to supplier management.
- e. Communications/Presentations to internal and external stakeholders.

C.M.3.2 An adequate and effective process is established to anonymously report grievances confidentially without fear of reprisal or intimidation.

1. Examples of good management practice:

1. Process:

- a. Comprehensive functioning process to anonymously report grievances without fear of reprisal, which is internal (for workers and staff) and external (for workers of suppliers, local community, or interested actors and Whistleblowers).
- b. Clear grievance channels so anyone is comfortable reporting grievances and so that reporting is encouraged.
- c. Workers shall be encouraged to raise safety concerns, including early reporting of discomfort.

2. Investigation and actions:

- a. Promptly investigate the validity of any grievance.
- b. Ensure the investigation and remediation is impartial, non-discriminatory, and where applicable, consistent with previous actions.
- c. Communicate back to those involved, where possible, the outcome of the investigation and next steps, while maintaining appropriate privacy for those involved.
- d. Remind participants that there is to be no retribution for making the grievance.

2. Records are maintained including:

- a. Grievance records
- b. Investigation records
- c. Workers are provided with written information on how to report grievances.

3. Serious conditions that will result in a severe finding:

- Grievances not being investigated and addressed within 3 months of being received.
- Not putting in place and actioning a corrective action plan after confirming a grievance.

C.M.4 Performance Review and Continuous Improvement – Environmental

Elements to Demonstrate Compliance to RBA Code

C.M.4.1 An adequate and effective environmental management performance review and continuous improvement process is established.

1. Policy, Practices, Controls:

1. Process elements should include:

- a. Annual or more frequent review of objectives and systems.
 - i. Management system review
 - ii. Performance review
- b. Adequate and effective programs to identify, manage, minimize, or eliminate at the source emissions and discharges of pollutants, generation of waste, and conserve the use of natural resources, including:
 - i. Materiality assessment: identify significant environmental aspects and establish programs to monitor and control these aspects.
 - ii. Clear annual objectives and targets are set for each identified significant emission source, waste including hazardous waste, and natural resource used, demonstrating annual progress not entailing excessive cost. They shall always include:
 1. Time Period: (between base date and target date) shall be forward-looking.
 2. Base date: Date from which the goal is being measured.
 3. Target date: Date in the future when the goal is intended to be achieved.
 4. Baseline: the value of what is being measured at the start
 5. Targeted improvement value: The quantitative value of the goal (numeric and greater than 0).
 - iii. Reduce resource consumption and shall always include:
 1. Greenhouse Gas impact.
 2. Ozone depleting substances (ODS) impact.
 3. Reduction programs shall be structured with roles and responsibilities.
 4. Reduction programs should not harm workers or entail excessive costs.
- c. Assignment of owners, implementation plans with completion dates.
- d. Additional action plans if goal, indicator, objective, or target is off track.
- e. Communication of the goals and progress to workers (as appropriate).

2. Evaluation:

- a. Regularly not exceeding 2 years but earlier if there is a Significant Change.
- b. Effectiveness of controls (including control processes).
- c. Should include every related program whose scope include:
 - i. Consideration of risk assessment results.
 - ii. Legal and regulatory requirements.
 - iii. Company standards/requirements.
 - iv. Achieving continual improvement.

2. Records are maintained including:

- a. System review meetings.
- b. Management review meeting presentation materials/analysis/data. Be sure to include:
 - i. Date, agenda, attendees (including senior manager).
 - ii. Presentation material (references).
 - iii. Progress towards objectives.

- iv. Results of assessments.
- v. Completion of corrective/preventive actions.
- vi. Risks/issues.
- vii. Other information that was used to determine the effectiveness of the management system and identify improvement opportunities.
- c. Agreed preventive/corrective actions.
- d. Formal target, indicator, and objective tracking.
- e. Regular progress reporting.
- f. Evaluation reports for (at least):
 - i. Control effectiveness.
 - ii. Training and Communication.
 - iii. Grievances related to environmental concerns.

C.M.4.2 An adequate and effective environmental self-assessment process is established to assess conformance with the RBA Code and customer requirements periodically.

1. Policy, Practices, Controls:

1. Own policies, standards, management system, requirements to which the facility subscribes to.
2. An adequate and effective self-assessment process to periodically assess conformance with:
 - a. Applicable legal regulatory requirements.
 - b. Customer requirements.
 - c. RBA Code requirements.
3. The assessment scope should include:
 - a. All areas of the facility.
 - b. All policies, processes, physical conditions, and work practices.
 - c. Review of records.
 - d. Interviews with individuals responsible for compliance and conformance
 - i. Workers (direct and indirect)
 - ii. Staff and management
 - iii. Supplier management
4. Assessment findings should be reviewed by senior management.

2. Records are maintained including:

- a. Self-assessment Reports
- b. Results of management reviews
- c. Corrective action plans

C.M.4.3 An adequate and effective environmental corrective action process is established to rectify and close non-conformances.

1. Policy, Practices, Controls:

1. Ensure there is a Corrective action process (CAP) in place, which contains the following:
 - a. Core elements of root cause analysis, specific corrective actions, owners, due dates, tracking process.
 - b. Additional actions when a corrective action is off-track.
 - c. A link demonstrated between the CAP and the performance management objectives and targets.
 - d. Review action items by management representative after verification by the appropriate person.

- e. Any issues/concerns noted in the insurance inspection report regarding people, fire, or facility have an agreed corrective action plan.
2. Specific environmental elements include:
- a. Any issues/concerns noted in the insurance inspection report regarding people, fire, or facility have an agreed corrective action plan.
 - b. Appropriate preventive action because of medical surveillance or injury related to workplace risks and injuries should occur including moving to another role.
 - c. In addition, where there are workplace related injuries, the facility must:
 - i. Provide medical treatment to the worker.
 - ii. Cover the worker's medical treatment, re-examination, and rehabilitation cost.
 - iii. Provide a re-examination to the worker.
 - iv. Do not terminate the labor contract with a worker due to medical surveillance results.
2. Records are maintained including:
- a. Original non-conformance.
 - b. CAP for each non-conformance.
 - c. Progress reports.
 - d. Closure verification reports (with management confirmation)
 - e. Copies of any regulatory citations/violation notices received in the past three years, including any communications with the agencies, and follow-up review or inspection.

D. Ethics

Code 8.0 Ethics Preamble: To meet social responsibilities and to achieve success in the marketplace, Participants and their agents shall uphold the highest standards of ethics including:

The core of Records to be maintained is similar for the Ethics sections D1-D6. Include these and consider any other topic-specific items:

- Confirmation in site and personnel records that the policy was communicated in an understandable form INCLUDING staff, employees, indirect workers, and on-site suppliers and their staff along with materials used, shared, posted.
- Investigation reports on alleged violations.
- Records recording the non-conformance.
- Communication of outcomes of investigation to stakeholders.
- Sanctions in files [personnel, corporate or other] for proven/confirmed violations.
- Closure verification reports which include management confirmation that they were made aware and approved of actions.
- Regulatory citations/violation notices received in the past three years, including any communications with the appropriate agencies.
- Detailed self-assessment / self-assessment / monitoring / risk control:
 - Plan
 - Reports / results
- Adequate, complete, and up-to-date Preventive and Corrective action plans for all significant actual and potential ethics risks identified, and improvement objectives in a documented with
 - Root cause analysis of the finding to ensure the system gap is addressed.
 - Specific corrective actions
 - Owners of the action
 - Due dates are established to address all assessment issues.

NOTE: Ensure appropriate retention (on and off site) and appropriate levels of access to ensure privacy conforming to legal and customer requirements.

Other elements such as Policy, Procedures and Practice, Controls can often overlap. For this reason, there is more detail in D1 Business Integrity which is critical to all D – Ethics sections.

D1. Business Integrity and No Improper Advantage

Code 8.0: The highest standards of integrity shall be upheld in all business interactions. Participants shall have a zero-tolerance policy to prohibit any and all forms of bribery, corruption, extortion, and embezzlement. Bribes or other means of obtaining undue or improper advantage shall not be promised, offered, authorized, given, or accepted. This prohibition covers promising, offering, authorizing, giving, or accepting anything of value, either directly or indirectly through a third party, in order to obtain or retain business, direct business to any person, or otherwise gain an improper advantage. Monitoring, record keeping, and enforcement procedures shall be implemented to ensure compliance with anti-corruption laws.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure the facility ethics/or and business integrity policy includes the following elements:

- a. The facility has established a formal set of "standards of business conduct" signed by senior management. Among those standards are policies and procedures with zero tolerance for staff, workers or suppliers engaging in bribery, corruption, conflict of interest, anti-competitive behavior, embezzlement, falsifying documents, mishandling IP and other sensitive and private data including personnel files, allegations, and investigations.
- b. Staff, workers, and suppliers have the right to refuse doing anything in non-conformance to the 'highest standard of integrity' policy and do not experience any retribution for such refusal.
- c. Gifts: Gifts to or from suppliers and customers is not excessive in cost and frequency.
- d. Prohibition of Bribes: Bribes or other methods of obtaining undue or improper advantage are not being promised, offered, authorized, given, or accepted.
- e. Encouragement of workers/employees and suppliers to declare potential and actual conflicts of interest.

NOTE: Ensure compliance with anti-corruption and local laws

- f. Staff, workers, or suppliers have the right to refuse doing anything in non-conformance to the 'highest standard of integrity' policy and do not experience any retribution for such refusal.

2. Procedures & Practices are in place such that:

- a. You uphold the highest standards of integrity in all business interactions with zero tolerance to any and all forms of bribery, corruption, extortion, embezzlement, etc. as noted in the policy.
- b. You provide workers and managers with information and training on the company's business conduct standards.
- c. Staff and contractors are provided with information to make them aware of their ethical and legal requirements.
- d. Staff and workers report, investigate and take action on suspected cases of ethical breach including corruption, extortion, embezzlement, etc.
- e. Workers, supervisors, and managers are prohibited if not also prevented from soliciting or accepting kickbacks, bribes, commissions, or other unlawful payments for the purpose of receiving favorable treatment contracts or sales from others through education, role-modelling.
- f. The facility has a written "gift giving" policy that ensures gifts to or from suppliers and/or customers are not excessive in value or frequency.

3. Controls & Monitoring should include:

- a. Adequate and effective monitoring, investigation, and sanctions program
 - i. Regularly monitor its business to ensure:
 - 1. Workers or agents do not make or accept improper offers, bribes, or undue/improper advantage.
 - 2. Records are accurate and not falsified (financial, production, quality, etc.).
 - 3. Fair business including advertising and competition.
 - 4. Protection of identity and non-retaliation
 - 5. Protection of personal information
- b. Appropriate investigation process when there is an alleged violation including misrepresentation by workers, managers, and their agents.
 - i. The process must ensure staff, workers, and supplier workers' privacy is protected and they do not face any retaliation for cooperating with the investigation.
 - ii. Process should be timely and appropriate parties informed of outcomes and corrective action plans.

NOTE: Do not allow investigations or corrective action plans to become dormant.

- c. Appropriate sanctions when a violation is confirmed/proven and preventive action plan.
- d. Adequate and effective procedure is in place to protect workers/employees from retribution for refusing to do anything in Non-conformance with the "highest standard of integrity" policy and communicate/volunteer their decision.
- e. Assessment, monitoring, assessment, and investigation findings are reviewed by senior management.
- f. The facility regularly monitors its business practices to ensure its workers or agents do not make or accept improper offers of payments or gifts.

4. Serious conditions to ensure do not occur include.

- There are any confirmed cases of bribery, improper advantage, corruption, extortion, or embezzlement and corrective action plans are not in place and being managed.

D2. Disclosure of Information

Code 8.0: All business dealings shall be transparently performed and accurately reflected on the Participant's business books and records. Information regarding participant's labor, health and safety, environmental practices, business activities, structure, financial situation, and performance shall be disclosed in accordance with applicable regulations and prevailing industry practices. Falsification of records or misrepresentation of conditions or practices in the supply chain are unacceptable.

Elements to Demonstrate Compliance to RBA Code:

1. **Policy:** Ensure your ethics and/or information disclosure policy includes the following elements:
 - a. All business dealings are performed transparently and accurately reflected in the reviewee's business books and records.
 - b. No misrepresentation by workers, managers, and their agents.
 - c. Public information must not make false or misleading statements about the reviewee's products, services, opportunities, position,
 - d. Formal program to ensure public reviewee statements are not false or misleading.
2. **Procedures & Practices** are in place such that:
 - a. All business dealings should be done transparently and accurately performed with stakeholders.
 - b. Do not communicate any non-public company information except through approved company spokespersons.
 - c. Reports provided to government agencies are accurate and complete.
 - d. There are good accounting policies, procedures, and record keeping, and conduct periodic data and financial assessments to confirm that accounts are in order.
 - e. Ensure job posting and recruitment information is accurate and not misleading.
 - f. Information regarding participant labor, health and safety, environmental practices, business activities, structure, financial situation, and performance (e.g., production, quality, timelines) communicated to suppliers and customers is accurate.
 - g. Falsification of records or misrepresentation of conditions or practices is unacceptable.
 - h. All publicly communicated company information (job posting, product details, company/facility promotion (booklet/flyer), commercial advertising, press releases, website, etc.) are accurate.
3. **Controls & Monitoring** should include:
 - a. Maintain a system of internal controls to ensure the accuracy of information created, maintained, shared, and reported including to suppliers, customers, community, and government.
 - b. Information regarding business activities, financial situation and performance is appropriately audited and verified by external organizations.
 - c. Inspect/assess/assessment records verifying they are not falsified and accurate.
 - d. Investigate misrepresentation by workers, managers, and their agents.
4. **Records** are maintained including:
 - a. Financial and annual reports about the reviewee's business operations are available.
 - b. Publicly communicated company information (job posting, product details, company/facility promotion (booklet/flyer), commercial advertising, press releases, website, etc.)

D3. Intellectual Property

Code 8.0: Intellectual property rights shall be respected. Transfer of technology and know-how is to be done in a manner that protects intellectual property rights, and customer and supplier information shall be safeguarded.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure facility ethics and/or intellectual property protection policy includes the following elements:
 - a. Information received from suppliers and customers as part of the contracting process is protected.
 - b. IP and IP ownership are protected.
 - c. IT measures and guidelines about the handling, distribution/dissemination of information to protect information from suppliers and customers and IP.
2. Procedures & Practices are in place such that:
 - a. Ensure non-disclosure and protection of information about its customers, channel partners, suppliers, workers, and other business partners in accordance with applicable laws and regulations.
 - b. The company/facility has a means to protect its suppliers' customers' confidential information and ensure it is not disclosed to third parties.
 - c. Adequate and effective process and administrative control of records and IT systems
 - d. Commercial nondisclosure agreements are a part of all customer and supplier contracts to protect the intellectual property rights of all parties.
 - e. Investigations of unauthorized disclosures and/or loss of IP information are undertaken.
 - f. Customers/suppliers are notified if violations should occur.
 - g. Personal information protection agreements (NDA, confidentiality...) are in place for staff, workers, suppliers, and customers.
3. Controls & Monitoring should include:
 - a. There are procedures in place to review intellectual property ownership and to ensure intellectual property rights are upheld and respected (their own and that of their customers).
4. Serious conditions that will result in a severe finding:
 - IP from any source (own company, customer, other) which the facility is in possession of is not protected.

D4. Fair Business, Advertising and Competition

Code 8.0: Standards of fair business, advertising, and competition shall be upheld.

1. Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure facility ethics and/or fair business and competition policy includes the following elements:

- a. Ensure fair business, advertising, and competition standards are upheld.
- b. No collusion with other companies regarding product pricing or other factors that could reduce competition.

2. Procedures & Practices are in place such that:

- a. The facility has a program to ensure advertising statements about the company's products and services are not false or misleading and they meet fair business and advertising legal requirements.
- b. The responsible person understands and can describe how the facility/company ensures that its advertising meets legal requirements.

3. Controls & Monitoring should include:

- a. Safeguards are in place to prevent collusion with other companies on product pricing or other factors that could reduce competition.
- b. Monitoring procedures related to fair business, advertising and competition are in place.
- c. Formal program to ensure public statements are not false or misleading.
- d. Allegations of fair business, advertising, or competition are investigated, and action is taken if the allegation is substantiated.

D5. Protection of Identity and Non-Retaliation

Code 8.0: Programs that ensure the confidentiality, anonymity, and protection of supplier and employee whistleblowers* shall be maintained, unless prohibited by law. Participants shall have a communicated process for their personnel to be able to raise any concerns without fear of retaliation.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure facility ethics and/or protection of identity and non-retaliation policy includes the following elements:
 - a. Protection of personal identity and non-retaliation of workers who bring forward information, grievances, allegations in any form.
 - b. Protection of whistleblowers and/or users of the grievance mechanism(s) (internal and external)
2. Procedures & Practices are in place such that:
 - a. The gathering, follow-up, and investigation of reports of ethical or legal misconduct are done while protecting the identity of the reporting source.
 - b. There are clear communications channels so that workers are comfortable reporting violations or issues of concern without fear of reprisal.
 - c. Reporting violations is encouraged.
 - d. There is adherence to policies that prohibit retaliation for worker reporting.
 - e. Workers can anonymously report suspected violations of business conduct standards in a manner that prevents possible retaliation.
 - f. Workers understand how the process works.
 - g. External stakeholders such as sub-tier suppliers understand how the process works and can make use of it. Workers and external stakeholders have written information from the facility on how to report ethical or legal concerns.
3. Controls & Monitoring should include:
 - a. Investigations are conducted in a manner to not breach the protection of identity.
 - b. Records created, maintained and access controlled so as not to breach the protection of identity.
 - c. Communication and records and access to them are reviewed to ensure that this is upheld.
4. Serious conditions that will result in a severe finding:
 - There are cases of confirmed retaliation of workers.
 - There are confirmed breaches of confidentiality of identity of whistleblowers or those who have filed a grievance.

D6. Privacy

Code 8.0: Participants shall commit to protecting the reasonable privacy expectations of personal information of everyone they do business with, including suppliers, customers, consumers, and employees. Participants shall comply with privacy and information security laws and regulatory requirements when personal information is collected, stored, processed, transmitted, and shared.

Elements to Demonstrate Compliance to RBA Code:

1. **Policy:** Ensure facility ethics and/or privacy policy includes the following elements:
 - a. Preventing unauthorized disclosure of personal information
2. **Procedures & Practices** are in place such that:
 - a. No personal information is viewable to someone who is unauthorized.
 - b. Information is only collected, stored, processed, transmitted, or shared after the individual has given their approval (or defaulted by local law).
3. **Controls & Monitoring** should include:
 - a. Safeguards are in place to prevent unauthorized disclosure of personal information.
 - b. Monitoring procedures related to the protection of personal information are in place.
4. **Serious conditions** that will result in a severe finding:

- Personal information is collected, stored, processed, transmitted, or shared without the individual's prior and ongoing approval.

D.M Ethics Management System

Code 8.0 Management Systems Preamble: Participants shall adopt or establish a management system with a scope that is related to the content of this Code. The management system shall be designed to ensure: (a) compliance with applicable laws, regulations and customer requirements related to the participant's operations and products; (b) conformance with this Code; and (c) identification and mitigation of operational risks related to this Code. It shall also facilitate continual improvement.

D.M.1 Risk assessment - Ethics

Elements to Demonstrate Compliance to RBA Code

D.M.1.1 An adequate and effective ethics compliance process is established to monitor, identify, understand, and ensure compliance with applicable laws, regulations, and customer requirements.

1. Policy, Practices, Controls:

Establish a quarterly process to update and maintain a current understanding of and compliance to all applicable legal and customer requirements. The process should include:

- a. Identification of requirements which apply to the facility; be sure to look for emerging and new requirements. This can be done via a legal department with an understanding of the RBA Code, subscriptions to 3rd party reports on regulations, sales & marketing who agree to customer terms, etc.
- b. A means to track these requirements, staying current as
 - i. The requirements may change (including the RBA Code of Conduct).
 - ii. Facility operations may change and bring the facility in scope of requirements or create a gap.
- c. Assess facility operations against these requirements to identify gaps.
- d. Develop updated policy, procedure, training, communication, recording and reporting to close the gaps.
- e. Implement the changes and test them for compliance.

2. Records are maintained including:

- a. A compliance calendar with owner, reminders, calendar appointments via e-mail.
- b. Summaries of applicable laws and regulations and requirements and how they apply to facility operations.
- c. Review of the key customer requirements that apply to or impact facility operations.
- d. Analysis of the recent RBA Code of Conduct changes.
- e. Minutes from meetings or other that demonstrate the process is conducted quarterly.

D.M.1.2 An adequate and effective due diligence process is established to identify and assess the most significant actual and potential ethics risks where the facility caused or contributed to adverse impacts (including applicable requirements).

1. Policy, Practices, Controls:

- a. A due diligence process focused on health and safety. It should be designed to identify and assess the most significant actual and potential ethical risks where the facility could cause or contribute to adverse ethical impacts of internal and external rights holders.
- b. It must include specific risks of relevant demographics, such as gender and age, where the facility may experience, cause, or contribute to adverse ethics impacts for internal and external stakeholders (including compliance with applicable requirements)

- c. Risk assessment considers business circumstances (country/region of operations) and covers at a minimum:
 - i. Upholding the highest standards of integrity in all business interactions
 - ii. Obtaining undue or improper advantage being promised, offered, authorized, given, or accepted.
 - iii. Intellectual Property Protection
 - iv. Fair business, advertising, and competition
 - v. Non-retaliation or protection of identity
 - vi. Unauthorized disclosure of personal information
- d. Ensure the stakeholder scope is broad including:
 - i. Direct and indirect workers
 - ii. Young workers, Learners
 - iii. Foreign and internal migrant workers
 - iv. Worker representatives
 - v. Staff functions
 - vi. On-site service providers, Suppliers
 - vii. Customers
 - viii. Stakeholders in the community next to or near the facility which may be impacted.
- e. The risk assessment is updated when there is a Significant Change

2. Records are maintained including:

- a. Stakeholder identification reports.
- b. Risk assessment reports.
- c. Mitigation plans.

D.M.2 Control processes – Ethics

Elements to Demonstrate Compliance to RBA Code

D.M.2.1 Ethics responsibilities and authorities are adequately and effectively defined and assigned for all employee levels (senior managers to workers) for the implementation of management systems, and for compliance with laws, regulations, and codes.

1. Policy, Practices, Controls:

1. Have a senior representative assigned responsibility for implementing social responsibility programs in the facility and supply chain. Their scope should include:
 - a. Understanding and assessing facility compliance with laws and regulations, customer requirements and the RBA Code of Conduct.
 - b. Developing and implementing (likely with other subject matter experts) necessary changes to policies, programs, processes, training, reporting and disclosure as needed to be in legal and customer compliance and RBA Code of Conduct conformance.
2. Responsibilities and authority of each organizational level are recorded in position plans, job descriptions and/or the facility's management system documentation.
 - a. For normal situations.
 - b. For emergency situations which would include where serious adverse impact has been identified.

D.M.2.2 Adequate and effective ethics policies and control processes are established.

1. Policies, Practices, Controls:

Policies: Aligned with law, the RBA Code of Conduct and facility policy statements are in place including:

- a. Uphold the highest standards of integrity in all business interactions with zero tolerance for all forms of bribery, corruption, extortion, and embezzlement.
- b. Gifts to or from suppliers and customers are not excessive in cost and frequency.
- c. Bribes or other methods of obtaining undue or improper advantage are not being promised, offered, authorized, given, or accepted.
- d. No conflicts of interest.
- e. Ensure compliance with anti-corruption laws.
- f. Appropriate sanctions when a violation is confirmed/proven and a preventive action plan.
- g. Ensure that all business dealings are transparently performed and accurately reflected in the reviewee's business books and records.
- h. No misrepresentation by workers, managers, and their agents.
- i. Information received from suppliers and customers as part of the contracting process is protected.
- j. IP ownership and IP are protected.
- k. Ensuring fair business, advertising, and competition standards are upheld.
- l. No collusion with other companies on product pricing or other factors that could reduce competition.
- m. Protection of identity and non-retaliation.
- n. Protection of whistleblowers and/or users of the grievance mechanism(s) (internal and external).
- o. Preventing unauthorized disclosure of personal information.

NOTE: If labor agents are used, then this process also needs to be implemented at the labor agent level.

2. Policies & Procedures in place such that:

- a. There is a mitigation process for all significant actual and potential ethics risks identified, tracking implementation, and resulting adverse impact.

- b. Formal program to ensure company public statements are not false or misleading.
- c. Adequate and effective process for every policy element.
- d. IT measures and guidelines are in place regarding the distribution and dissemination of information to protect information from suppliers and customers and IP.
- e. There is appropriate retention (on and off site) and appropriate levels of access to ensure privacy conforming to legal and customer requirements.

3. Controls & Monitoring should include:

- a. Appropriate investigation process when there is an alleged violation, including misrepresentation by workers, managers, and their agents.
- b. Appropriate sanctions when a violation is confirmed/proven and a preventive action plan.

2. Records are maintained including:

- a. Current and past policies and procedures, specifications.
- b. Results and reports from review and control steps.
- c. Corrective action plans, plans for improvement.

D.M.2.3 An adequate and effective training process is established for all managers/workers on all policy/process/job-related aspects and performance targets.

1. Policy, Practice, Controls:

1. Process: An adequate and effective training program for workers/managers:

- a. New employee orientation plan
- b. Training needs analysis
- c. Training plan with frequency
- d. Training material
- e. Training records with effectiveness evaluation or verification

NOTE: Ensure these minimum training topics are included: risk, policy, process, controls, responsibilities, grievance are covered.

2. Minimum Training Topics should include:

- a. Upholding the highest standards of integrity in all business interactions.
- b. Obtaining undue or improper advantage being promised, offered, authorized, given, or accepted.
- c. Intellectual Property Protection.
- d. Fair Business, Advertising and Competition.
- e. Non-retaliation or protection of identity.
- f. Unauthorized disclosure of personal information.

3. Training is provided to all workers before the beginning of work and regularly thereafter as per the training program.

2. Records are maintained including:

- a. Training records include a verification of training effectiveness.
- b. Educational materials.

D.M.3 Communications – Ethics

Elements to Demonstrate Compliance to RBA Code

D.M.3.1 An adequate and effective ongoing two-way communication process with workers, and internal and external stakeholders, where relevant or necessary, is established to obtain feedback on operational ethics practices and conditions and to foster continuous improvement.

1. Policy, Practices, Controls:

1. A healthy and effective, ongoing two-way communication process with workers, other internal and external stakeholders, where relevant or necessary, to obtain their feedback on operational ethical practices and conditions and to foster continuous improvement.
 - a. Examples of worker participation mechanisms: worker surveys, suggestions boxes, worker focus groups, joint worker-management committees, worker/union representatives, process improvement teams.
 - b. Examples of two-way communication: face-to-face meetings, town halls, worker focus groups, joint worker-management committees, process improvement team, message groups (WhatsApp, Line, WeChat, etc.), brown bag lunches
 - c. Examples of stakeholder engagement mechanisms: newsletters with request for feedback, message groups (WhatsApp, Line, WeChat, etc.), social media, neighborhood or community meetings, drop-in sessions, focus groups, feedback, and impact discussions (data/study driven)

NOTE: Ensure these minimum topics are included or asked about to promote comprehensive dialogue: risk, policy, process, controls, responsibilities, grievance are covered.

2. Minimum internal and external stakeholders:

- a. Direct and indirect workers
- b. Young workers, Learners
- c. (Foreign and internal) migrant workers
- d. Worker representatives
- e. Staff functions
- f. On-site service providers, Suppliers
- g. Customers.

NOTE: Submitting SAQ to customers does not qualify as communication with customers

3. Feedback channels are clearly communicated and visible (suggestion box, emails)

2. Records are maintained including:

- a. Communications records include a verification of communication effectiveness.
- b. Input/feedback records.
- c. Written information to workers on how to provide input/feedback for improvement.
- d. Correspondence to supplier management.
- e. Communications/Presentations to internal and external stakeholders.

D.M.3.2 An adequate and effective process is established to anonymously report grievances confidentially without fear of reprisal or intimidation.

1. Policy, Practices, Controls:

1. Process:

- a. Comprehensive functioning process to anonymously report grievances without fear of reprisal, which is internal (for workers and staff) and external (for workers of suppliers, local community, or interested actors and Whistleblowers).
- b. Clear grievance channels so anyone is comfortable reporting grievances and so that reporting is encouraged.
- c. Workers shall be encouraged to raise safety concerns, including early reporting of discomfort.

2. Investigation and actions:

- a. Promptly investigate the validity of any grievance.
- b. Ensure the investigation and remediation is impartial, non-discriminatory, and where applicable, consistent with previous actions.
- c. Communicate back to those involved, where possible, the outcome of the investigation and next steps, while maintaining appropriate privacy for those involved.
- d. Remind participants that there is to be no retribution for making the grievance.

2. Records are maintained including:

- a. Grievance records
- b. Investigation records
- c. Workers are provided with written information on how to report grievances.

3. Serious conditions to ensure do not occur include

- Grievances not being investigated and addressed within 3 months of being received.
- Not putting in place and actioning a corrective action plan after confirming a grievance.

D.M.4 Performance Review and Continuous Improvement – Ethics

Elements to Demonstrate Compliance to RBA Code

D.M.4.1 An adequate and effective ethics management performance review and continuous improvement process is established.

1. Policy, Practices, Controls:

1. Process elements should include:

- a. Annual or more frequent review of objectives and systems.
 - i) Management system review
 - ii) Performance review
- b. Formal and communicated goals, indicators, objectives, and targets.
- c. Goals shall clearly define the period considered; each goal shall include:
 - i) Time Period: (between base date and target date) shall be forward-looking.
 - ii) Base date: Date from which the goal is being measured.
 - iii) Target date: Date in the future when the goal is intended to be achieved.
 - iv) Baseline: the value of what is being measured at the start
 - v) Targeted improvement value: The quantitative value of the goal (numeric and greater than 0)
 - vi) Assignment of owners, implementation plans with completion dates.
- d. Additional action plans if goal, indicator, objective, or target is off track.
- e. Communication of the goals and progress to workers (as appropriate).

1. Evaluation:

- a. Regularly not exceeding 2 years but earlier if there is a Significant Change.
- b. Effectiveness of controls (including control processes).
- c. Should include every related program whose scope include:
 - i) Consideration of risk assessment results.
 - ii) Legal and regulatory requirements.
 - iii) Company standards/requirements.
 - iv) Achieving continual improvement.
- d. Evaluation reports should include:
 - i) Upholding the highest standards of integrity in all business interactions
 - ii) Obtaining undue or improper advantage being promised, offered, authorized, given, or accepted.
 - iii) Intellectual Property Protection
 - iv) Fair business, advertising, and competition
 - v) Non-retaliation or protection of identity
 - vi) Unauthorized disclosure of personal information

2. Records are maintained including:

- a. System review meetings.
- b. Management review meeting presentation materials/analysis/data. Be sure to include:
 - i) Date, agenda, attendees (including senior manager).
 - ii) Presentation material (references).
 - iii) Progress towards objectives.
 - iv) Results of assessments.
 - v) Completion of corrective/preventive actions.
 - vi) Risks/issues.

- vii) Other information that was used to determine the effectiveness of the management system and identify improvement opportunities.
- viii) Agreed preventive/corrective actions.
- c. Formal target, indicator, and objective tracking.
- d. Regular progress reporting.
- e. Evaluation reports for (at least):
 - i) Control effectiveness.
 - ii) Training and Communication.
 - iii) Grievances related to ethical concerns.

D.M.4.2 An adequate and effective ethics self-assessment process is established to assess conformance with the RBA Code and customer requirements periodically.

1. Policy, Practices, Controls:

1. An adequate and effective self-assessment process to periodically assess conformance with:
 - a. Applicable legal regulatory requirements.
 - b. Customer requirements.
 - c. RBA Code requirements.
 - d. Own policies, standards, management system, requirements to which the facility subscribes to.
2. The assessment scope should include:
 - a. All areas of the facility.
 - b. All policies, processes, physical conditions, and work practices.
 - c. Review of records.
 - d. Interviews with individuals responsible for compliance and conformance
 - i) Workers (direct and indirect)
 - ii) Staff and management
 - iii) Supplier management
3. Assessment findings should be reviewed by senior management.

2. Records are maintained including:

- a. Self-assessment Reports
- b. Results of management reviews
- c. Corrective action plans

D.M.4.3 An adequate and effective ethics corrective action process is established to rectify and close non-conformances.

1. Examples of good management practice:

1. Ensure there is a Corrective action process (CAP) in place, which contains the following:
 - a. Core elements of root cause analysis, specific corrective actions, owners, due dates, tracking process.
 - b. Additional actions when a corrective action is off-track.
 - c. A link demonstrated between the CAP and the performance management objectives and targets.
 - d. Review action items by management representative after verification by the appropriate person.
 - e. Any issues/concerns noted in the insurance inspection report regarding people, fire, or facility have an agreed corrective action plan.

2. Records are maintained including:

- a. Original non-conformance.
- b. CAP for each non-conformance.
- c. Progress reports.
- d. Closure verification reports (with management confirmation)
- e. Copies of any regulatory citations/violation notices received in the past three years, including any communications with the agencies, and follow-up review or inspection.

E Supply Chain Management

E1. Company Commitment

Code 8.0: Participants shall establish human rights, health and safety, environmental and ethics policy statements affirming Participant's commitment to due diligence and continual improvement, endorsed by executive management. Policy statements shall be made public and communicated to workers in a language they understand via accessible channels.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure company's corporate responsibility policies include the following elements:

- a. An adequate and effective Code of Conduct covering all elements of the RBA Code is established.
- b. The Code of Conduct is endorsed by executive management.

2. Procedures & Practices are in place such that:

- a. A Code of Conduct covering all elements of the RBA Code (Human Rights, Health and Safety, Environment, Ethics and Management Systems) is established.

NOTE: The words do not necessarily have to exactly match but are aligned to the principles of the RBA Code at a minimum.

- b. It also contains the following elements of
 - i. Due diligence
 - ii. Access to remedies for internal and external stakeholders where the participant caused or contributed to adverse human rights or environmental impacts.
 - iii. Continuous improvement
- c. The Code of Conduct is appropriate for the nature and scope of the facility's operations.
- d. The Code of Conduct is signed by company executive management.
- e. The Code of Conduct is communicated to workers via accessible channels in a language the workers understand.
- f. Senior management actively supports and ensures implementation of the Code of Conduct, including compliance with laws and regulations.

NOTE: If equivalent policies are used to endorse the RBA code, then they must contain all policy requirements in the RBA Code of Conduct

3. Controls & Monitoring should include:

- a. The Code of Conduct is reviewed annually by management and revised as needed.

4. Records are maintained including:

- a. The Code of Conduct is made public.

E2. Materials Restrictions

Code 8.0: Participants shall adhere to all applicable laws, regulations, and customer requirements regarding the prohibition or restriction of specific substances in products and manufacturing, including labeling for recycling and disposal.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure the facility environmental policy includes material restriction elements including:
 - a. Adequate and effective program is in place for materials restrictions as a formal part of the procurement and manufacturing processes.
2. Procedures & Practices are in place at the corporate and, as applicable, the facility level.
 - a. Assigned responsibility.
 - b. Adequate and effective procedures to measure and/or document the chemical composition of products including:
 - iv. A documented review process for comparing customer requirements to own specifications.
 - v. A documented process to ensure materials, packaging and components procured are in conformance with customer requirements.
 - vi. Documented requirements for conformance with the Material Restrictions required to its material /parts Suppliers.
 - c. The facility provides documented requirements for compliance with the product content restrictions to its material suppliers/parts suppliers.
 - d. Analytical data from material/parts Suppliers is requested/required.
 - e. The facility obtains specifications, statements and/or certificates of conformance from its suppliers and these documents are available for customer review.
 - f. The facility requires analytical data from its material suppliers/parts suppliers, and the data is available for customer review.
3. Controls & Monitoring should include:
 - a. The facility performs random analytical testing of material suppliers/parts suppliers are audited to ensure compliance with restriction on substances, and the data is available for customer review. Testing methods comply with applicable codes, regulations, and customer requirements.
 - b. A formal process is in place to address discovery of non-compliant materials or components and corrective actions are tracked and implemented.
 - c. Added actions are taken to ensure completion by the due date if corrective actions are not on track.
4. Records are maintained including:
 - a. Chemical composition of products is on record.
 - b. Specifications, statements and/or certificates of conformance from suppliers
 - c. Monitoring & reporting records from the past 3 years are available and ready for review.
 - d. Statements and/or certificates of conformance and analytical data to be able to share with customers and authorities as required/requested.

NOTE: Records then need to be carefully maintained and accessible during a Corporate or facility level assessment. Evidence of the entire effort regardless of where it occurs will be required to be shown in an RBA VAP.
5. Serious conditions to ensure do not occur include
 - There no Material Restriction program is in place AND a product has been subject to regulatory action.

E3. Responsible Sourcing of Minerals

Code 8.0: Participants shall adopt a policy and exercise due diligence on the source and chain of custody of the tantalum, tin, tungsten, gold, and cobalt in the products they manufacture to reasonably assure that they are sourced in a way consistent with the Organization for Economic Co-operation and Development (OECD) Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas or an equivalent and recognized due diligence framework.

Elements to Demonstrate Compliance to RBA Code:

1. Policy: Ensure company's responsible sourcing and/or conflict minerals policy is in place:
 - a. To reasonably assure the tin, tungsten, tantalum, gold and cobalt (3TG+C) in the products manufactured/sold/provided are sourced in a way consistent with the OECD Due Diligence Guidance or an equivalent and recognized due diligence framework.
 - b. Commit the company to exercise due diligence on the source and chain of custody of minerals in accordance with the OECD Due Diligence Guidance
 - c. Cover all 3TG+C included in the company's products.
 - d. Be communicated to suppliers and the public such as posted to company's public website, contained within a Corporate Responsibility Report, and/or supplier Code of Conduct or other official public company communications.
2. Procedures & Practices to perform due diligence in accordance with the OECD Due Diligence Guidance:
 - a. Identify a senior management person responsible for the implementation of the Management System
 - b. Include 3TG+C due diligence sourcing requirements in written agreements and/or contracts with suppliers.
 - c. Understand which parts/materials contain 3TG+C and the chain of custody to determine if they are from Conflict-Affected and High-Risk Areas
 - d. Process and actions taken when suppliers are not in conformance with the Conflict Minerals Policy or a potentially conflict-affected source.
 - e. Proof of implementation (see Records)

NOTE: This can solely be a "Corporate" role without local / facility involvement. You must determine where the responsibilities for conforming to the policy will be located; it may be shared. Then clearly assign those responsibilities. For example, in a company where ALL supplier sourcing and inquiry is done centrally in a corporate group, there may not be local / facility level involvement.
3. Controls & Monitoring should include:
 - a. Mitigate any risks identified per the OECD Due Diligence Guidance, including suspending, or terminating business relationships with suppliers when risk mitigation fails.
 - b. Review the Management System annually to ensure conformance and improve where process improvements have been identified.
4. Records are maintained including:
 - a. Maintaining records related to 3TG+C due diligence for a minimum of two (2) years.
 - b. Annual review and improvement plan of the policy, process and roles and responsibilities to ensure conformance and improve where process improvements have been identified.
 - c. Mitigation plans with suppliers if any risk is identified including additional actions taken to ensure completion by a specified date if mitigation actions are not on-track.

NOTE: Records then need to be carefully maintained and accessible during a Corporate or facility level assessment. Evidence of the entire effort regardless of where it occurs will be required to be shown in an RBA VAP.

5. Serious conditions that will result in a severe finding:

- There is confirmed purchasing of minerals from conflict sources but there is no action plan in place that is being actively managed.
- More than 20% of 3TG+C sources do not have a documented due diligence in place

E4. Supplier Responsibility

Code 8.0: Participants shall establish a process to communicate Code requirements to suppliers and to monitor supplier compliance the Code.

Elements to Demonstrate Compliance to RBA Code:

1. Foundation: Supply chain management responsibility framework
 - a. If responsibility for supply chain management (in particular, supply chain Responsibility) is at the Corporate-level then a Corporate-level implementation should exist which includes:
 - i. Documented corporate policy.
 - ii. Documented corporate processes and controls.
 - iii. Assigned responsibility.
 - iv. Proof of implementation internally and with suppliers; with evidence.
 - v. Any facility-level processes, responsibility, and implementation; with evidence.
 - b. If there is no Corporate-level implementation, then there should be a full Facility-level implementation.

2. Policy: Ensure company's supplier responsibility policy has the following elements:

- a. The RBA Code of Conduct requirements have been communicated to all next-tier suppliers as an expectation.
- b. Next-tier major suppliers have been identified.
- c. Adequate and effective process to ensure that the Major next-tier suppliers implement the RBA Code of Conduct
- d. An adequate and effective process is established to ensure suppliers' RBA Code implementation performance and continuous improvement.

NOTE: A commitment to not immediately de-source when priority non-conformance or similar are discovered; but only at the non-implementation of the CAP process after building and applying leverage.

3. Procedures & Practices are in place (regardless of Supply Chain Management Responsibility Framework) such that:

- a. Contracts are in place for all next-tier suppliers and/or for every single Purchase Order.
 - i. Contract terms and conditions requiring suppliers to conform to the RBA Code of Conduct
 - ii. Enforcement language on the implementation of the RBA Code of Conduct provisions applicable to the type of supplier
 - iii. Labor Agents and Contractors: Compliance with legal requirements in both home and sending country/region (if foreign and internal migrant labor is used).
- b. Next-tier suppliers have been identified.
- c. Major Next-tier suppliers have been identified and expectations set:
 - a) Establish and utilize a definition of what is Major next-tier supplier.

NOTE: labor agents/contractors and on-site service providers are always considered as Major next-tier supplier.

- d. An adequate and effective process is established to ensure that the Major next-tier suppliers implement the RBA Code.
 - i. If a self-reported risk assessment is used, such as an SAQ, the information needs to be validated and facilities determined to be high-risk need to be validated via an audit (RBA VAP, CMA, AMA) If done by a third-party qualified audit firm is accepted.

- ii. Applies to all labor agents and contractors AND On-site service providers
- iii. If during the visit or assessment, findings, non-conformances, or risk is observed, that must be noted in the conclusion of the report and to ensure that suppliers' RBA Code implementation performance undergoes continuous improvement:
- e. Work with company suppliers to develop a CAP which includes:
 - i. Containment steps of priority items
 - ii. Determination of root cause(s)
 - iii. Description of the proposed corrective actions to address root cause(s)
 - iv. Application of a preventive action to prevent future recurrence of the problem or related issue(s)
 - v. Responsible person(s)
 - vi. The date the action is expected to be completed (should follow RBA CAP and Closure timeline above)
 - vii. Current status of the action items.
 - viii. When there is sufficient confidence that corrective actions are in place, reverify (e.g., RBA VAP Closure)

NOTE: Priority findings should undergo a priority closure assessment per the RBA VAP timelines.

- ix. Closely monitor progress and make adjustments and/or escalate to senior supplier management should the CAP become off track.
- x. Do not immediately de-source when priority non-conformance or similar are discovered. Per the UNGP's company is expected to build and apply leverage. De-sourcing is a last resort.

NOTE: If during an RBA VAP assessment of the facility the assessor identifies findings at on-site suppliers or labor agents, which have not already been identified by the facility, then a finding will be warranted.

4. Controls & Monitoring shall include:

- a. Contract enforcement notifications are issued to the next-tier supplier if the reviewee becomes aware of a contract violation, including a violation of the RBA Code of Conduct provisions.
- b. Report plans and progress to management on due diligence of Major next-tier suppliers.

5. Records are maintained including:

- a. Contract and PO language noting the expectation of compliance with the RBA Code of Conduct
- b. Communication materials to Major next-tier suppliers, including labor agents/contractors and on-site service providers on the expectation of compliance with the RBA Code of Conduct.

NOTE: this may be a combination of Corporate and Facility level effort. Evidence of the entire effort regardless of where it occurs will be required to be shown in an RBA VAP.

- c. Review or assessment of agent and on-site supplier worker records as support that an assessment occurred:
 - i. Review of the records related to A3 for on-site service provider workers as appropriate
 - ii. Review of the records related to A4 for on-site service provider workers as appropriate
- d. CAPs for identified supplier non-conformance areas.
- e. Verification evidence of CAP implementation (e.g., RBA VAP Closure report)

5. Leading Practices include:

- a. Use tools which follow the OECD Due Diligence Guidance.
- b. Your assessment of labor agents and on-site suppliers should include a very strong focus on:

- i. A1 – Prohibition of Forced labor including understanding from workers if they paid fees to get or keep their job, signed comprehensive contracts, or offer letters which were properly explained to them, possess their passports (if they are foreign migrant workers), if they can resign without penalty.
- ii. A3 – Working Hours including gathering of working hour and consecutive workday data
- iii. A4: Wages & Benefits including review of payroll processes, wage slip comparison to working hours
- iv. B7: Food, Sanitation, and Housing including visiting the workers' living accommodations if at all provided or connected with the agent, supplier, or subcontractor.
- c. Maintain records from review of labor agents and on-site suppliers
 - i. Fees, passports, contract terms and resignation clause (Code provision A1)
 - ii. Working hours, consecutive workdays (Code provision A3)
 - iii. Wages and benefits (Code provision A4).
 - iv. Housing (Code provision B7)

6. Serious conditions that will result in a severe finding:

- More than 5% of workers who work through Labor Agents or Contractors cannot accurately describe how their employment terms and conditions meet the relevant labor requirements of the RBA code.
- There is a serious (i.e., priority) non-conformance related to full-time assigned indirect workers of an on-site service provider on provision A3 (Working Hours) or A4 (Wages and Benefits).
- Corrective action plans are not in place and actively managed when serious (i.e. priority) non-conformances are identified in the supply chain.
- Closure audits are not conducted after serious (i.e., priority) non-conformances are identified in the supply chain.
- The CAP and Closure process is not repeated until serious (i.e., priority) non-conformances are identified in the supply chain.

15. Health and Safety Checklists

This section includes five optional checklists which expand upon the guidance provided above.

Note: These checklists are NOT assessment criteria. These are support tools for a facility to guide their implementation of an appropriate system towards conformance to the RBA Code of Conduct.

Areas covered by the Health and Safety Checklists are:

- B1 Occupational Health Safety: Pregnant and Nursing Mothers
- B2 Emergency Preparedness: Fire Detection, alarm, and suppression
- B2 Emergency Preparedness: Fire Exits
- B4 Industrial Hygiene: Hierarchy of Controls
- B7 Food, Sanitation, and Housing: Checklist on worker Accommodations
- Health and Safety Management System: Communication

B1 Occupational Safety – Pregnant and Nursing Mothers Checklist

Gender-responsive measures shall be taken, such as not having pregnant women and nursing mothers in working conditions, which could be hazardous to them or their child and to provide reasonable accommodations for nursing mothers.

General Policy:

	Question	Y	N	N/A	Comments
a	Adequate policies and adequate and effective procedures are in place to minimize the Health & Safety impact in pregnant woman				
b	Adequate policies and adequate and effective procedures are in place to minimize the Health & Safety impact in nursing mothers				
c	Applies to all types of workers (direct, indirect, dispatched, young, interns, apprentices, ...)				

Risk assessment:

	Question	Y	N	N/A	Comments
a	Adequate and effective risk management process is in place to:				
	• Before a pregnancy is reported: assess the potential hazards to expecting mothers				
	• After pregnancy is reported: a worker-specific risk assessment of the worker's job to assess risk to mother and fetus				
	• After mother returns to work: a worker-specific post-natal risk assessment of the worker's job to assess risk to mother and possible impacts on the baby through breastfeeding				
	• All reasonable efforts must be made to minimize the risk identified in each of the 3 risk assessments				
b	General and specific to worker risk assessment must include assessment of:				
	• Lifting/carrying heavy loads;				
	• Standing or sitting still for long lengths of time;				
	• Exposure to infectious diseases;				
	• Exposure to lead;				
	• Exposure to toxic chemicals;				
	• Work-related stress;				
	• Workstations and posture;				
	• Exposure to radioactive material;				
	• Threat of violence in the workplace;				
	• Long working hours;				
	• Extreme heat; and				
	• Excessive noise.				
c	Ante-natal risk assessment must include:				
	• Working with organic mercury;				
	• Working with radioactive materials; and				
	• Exposure to lead.				

Reasonable Accommodation:

	Question	Y	N	N/A	Comments
a	Provide reasonable or legally required break time for a worker to express breast milk for her nursing child for one year after the child's birth each time such worker has need to express the milk				
b	Provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk				
c	Reasonable accommodation to nursing mothers				
	• Location does not need to be a separate dedicated area				
d	Location for breastfeeding activities:				
	• Not be a toilet stall or a bathroom;				
	• Private;				
	• Close to the workspace;				
	• Clean;				
	• Secure;				
	• Has a water supply (e.g., a sink);				
	• Has access to hygienic storage (e.g. a closed clean cupboard); and				
	• Breaks for expressing milk (pumping breaks) are not compensated unless paid breaks are used to express milk;				

Records:

	Question	Y	N	N/A	Comments
a	Personnel files contain specific to worker pre- and ante-natal risk assessment and actions taken in line with policy				
b	General risk assessment for pregnant workers reports and actions taken (if any needed) are available for review				

B2 Emergency preparedness – Fire Detection, Alarm and Suppression Checklist

Adequate and effective fire detection, alarm and suppression systems are in place.

Detection:

	Question	Y	N	N/A	Comments
a	Automatic heat and/or smoke detection is installed as required by insurance company or local law.				
b	Detector devices and system are in function which give relevant staff notice and allows time to evacuate.				
	Suggested Practice: Automatic heat and/or smoke detection is installed if not required by insurance company or local law				

Alarm:

	Question	Y	N	N/A	Comments
a	All buildings have a manual or automatic fire alarm and notification system to notify people that there is an emergency in the facility using audible and visual notifications				
b	Fire alarm control system is free of trouble/supervisory signals. (Trouble/supervisory signals are usually indicated by orange LED lights; Yellow lights may mean a trouble or supervisory notification in the panel; Red is something in alarm or where an alarm has been silenced rather than reset)				
c	Fire alarm manual call-points or pull-stations are provided at or along egress routes to exits.				

Fire suppression

	Question	Y	N	N/A	Comments
a	Portable fire extinguishers				
	• Installed, present, visible, and accessible				
	• In their designated locations, fully charged and free of signs of tampering				
	• Have a defined distance to place them based upon extinguisher type, size, and use				
	• Inspected and fire extinguisher inspection tags are present. (Inspection record may be at the extinguisher or if the unit has a bar code / ID, then look at central records.)				
b	Automatic fire sprinklers				
	• Installed as required by insurance company or local law.				
	• Clear space (based on law / insurance company requirement, or at least 36" if there is no law / insurance company requirement) is maintained under sprinkler head in manufacturing and warehouse spaces, with nothing hanging from it.				
	• Large ducts or objects (based on law / insurance company requirement, or > 48" in a single dimension if there is no law / insurance company requirement) does not obstruct sprinkler heads				

	<ul style="list-style-type: none"> Valves are locked in their normal position (open or closed). Normally open sprinkler control valves are locked in the fully open position. There should be process during work/construction for ensuring properly off or on (e.g. hot work) and after ensuring the sprinklers are back on. 				
	<ul style="list-style-type: none"> Fire pumps are set to run automatically. 				
c	Fire hose inspection tags are present that indicate they have been inspected. (Inspection record may be at the hose/valves etc. or if the unit has a bar code / ID, then look at central record)				
d	Fire water tank and water pressure are normal				
	<p>Suggested Practice:</p> <ul style="list-style-type: none"> Foam suppression may be used in solvent rooms, data centers or similar spaces. Electrically non-conducting portable fire extinguishers (i.e. agent FE-36 or similar permissible) may be used in spaces with electronics. Dry powder extinguishers need to be in "Green zone". CO2 typically in clean rooms would be weighed 				
	Suggested Practice: Automatic fire sprinklers are installed if not required by insurance company or local law				
	Suggested Practice: Asbestos-containing fire-suppression materials—for example, blankets—are prohibited.				

Process

	Question	Y	N	N/A	Comments
a	Automatic fire sprinklers (if required by law or insurance company), portable fire extinguishers, heat, and smoke detection (if required by law or insurance company), and an alarm and notification system are inspected, tested, and maintained for good state of operation on a regular basis, as required by insurance company or common practice.				

Records:

	Question	Y	N	N/A	Comments
a	Inspection for portable fire extinguishers				
	<ul style="list-style-type: none"> Inspection frequency is not less than monthly to check if they are present, visible, and accessible 				
	<ul style="list-style-type: none"> A schedule for inspections, testing and maintenance is present and there must be verification that it is followed. It should be immediately available. 				
b	Inspection frequency for single unit smoke detectors is not less than semi-annually				
c	All other fire safety equipment				
	<ul style="list-style-type: none"> Inspection, testing, and maintenance frequency is not less than that required/recommended by the manufacturer, local code or insurance company whichever is more stringent. 				
	<ul style="list-style-type: none"> A schedule for inspections, testing and maintenance is present and there must be verification that it is followed. It should be immediately available. 				

	• The inspection, testing and maintenance procedure, frequency and results are documented				
	Suggested Practice: annual maintenance for fire extinguishers				
	Suggested Practice: schedule for inspections, testing and maintenance is centralized				

B2 Emergency Preparedness – Fire Exits Checklist

Effective emergency exit access, exits, and exit discharge are adequate in number and location, readily accessible, and properly maintained. Clear and unobstructed egress (i.e. Exit access, exit, and exit discharge):

	Question	Y	N	N/A	Comments
a	Exit routes:				
	• Adequate in number from every area and effective.				
	• Separated by an appropriate distance and do not share a common exit.				
	• Clear of obstructions				
b	Exit discharges:				
	• Discharge to open space/parking lot, and do NOT discharge to an enclosed/gated/locked area				
	• Open out to the public way and do not exit into a courtyard, tank farm, etc.				
	• All exit discharge doors have listed panic hardware installed or able to be pushed open in a single motion.				
c	Exits				
	• Are free of material storage; and enclosures are not used for any other purpose except for egress				
	• If an exit has a dual use (e.g. moving materials), a process is present to ensure the goods going through are not hazardous and the exit is not obstructed.				
	• Evacuation maps show locations of exit routes, exits, and exit discharges, and are consistent with their actual locations				
d	Exit access doors and exit discharge doors				
	• Open outward in the direction of fire egress if they serve high occupancy (>50) or hazardous areas (include chemical and electrical room)				
	• Are sufficient in number (based on law requirement; if there is no law requirement, it is suggested to have at least 2 exits for >50 occupants, and more exits required for higher number of occupancy)				
	• Are not blocked, and the path is clear.				
	• Open without using a key, badge, code, special knowledge, or effort, and available at all times (i.e. not just during an alarm). Exceptions: 1.) Panic hardware with time delay that sets off the alarm for the shorter of 15 seconds or the minimum setting of the door hardware, before the lock releases) 2) Listed Request to Exit (REX or RTE) infrared sensor in fail safe mode (i.e. deactivate upon actuation of the fire alarm or sprinkler system and upon loss of power and be tested regularly.)				
	• Do not require multiple steps to open				
	• Do not require a tight grasp to open				

	<ul style="list-style-type: none"> Are not rolling doors that open vertically, except with a Personnel Door next to it if the rolling doors have to act as an exit. 				
	<ul style="list-style-type: none"> Exit access doors with door-release buttons (electromagnet) are acceptable considering risk, e.g. the hazards present in the room or building, if there are sprinklers, occupant density is low, and whether the occupants are familiar with the building. Door-release buttons must be large/clearly marked. 				
e	Any door labeled as "Exit" follows the requirement of exit access doors / exit discharge doors.				
	Suggested Practice: Interior exit doors in assembly areas and high-hazard content rooms are installed with panic hardware.				

Exit signs & Lighting:

	Question	Y	N	N/A	Comments
a	Exit signs				
	<ul style="list-style-type: none"> Are provided to mark exits on every floor 				
	<ul style="list-style-type: none"> Additional exit and/or directional signs (e.g. sign or arrow on the floor) are provided at a regular frequency at main passageways/aisles, long corridors and at other locations where the way to the nearest exit is not clear. 				
	<ul style="list-style-type: none"> Are not required if a door is not a required exit. 				
	<ul style="list-style-type: none"> Are illuminated and/or lighted in the event of a power failure 				
	Note: There are times when the path is not intuitive, and a door may need labeled "NOT AN EXIT."				
b	Emergency lighting				
	<ul style="list-style-type: none"> Provided and installed to illuminate means of egress in the event of a power failure. 				
	<ul style="list-style-type: none"> Provides adequate, functional emergency lighting in stairs, aisles, corridors, ramps, and passageways leading to exits, and in other areas as required by applicable laws. 				
	<ul style="list-style-type: none"> Generally supposed to have ~1 foot-candle of light along the pathway. 				
	<ul style="list-style-type: none"> Either battery or backup generator may power emergency lighting. 				
	<ul style="list-style-type: none"> Random testing of 3 – 4 emergency lights shows that they are functioning. 				

Separation:

	Question	Y	N	N/A	Comments
a	Penetrations are limited to sprinkler pipes, standpipes, and electrical services, pipe and duct installation serving the enclosures				
b	Inspection of pipes going through a wall confirm that there is fire-stopping material/putty (typically brick-red in color) are used at through-penetrations and joints, and there are no voids in construction. A process to ensure sealing through-penetrations and joints is included as part of a post construction checklist.				
c	Openings into the enclosures are protected by fire rated doors or window				
d	Fire doors are in good condition, self-closing, or automatic closing (upon fire alarm or detection of smoke)				



e	Random testing of fire doors shows that the latching is functioning. If door is normally closed, then pull open and release / let go and see if it closes and latched by itself. If door is normally held open (e.g. magnetic) then pull it away and see if it closes and latches.				
f	Inspection procedure / records of fire doors shows that latching is tested regularly.				
g	The integrity of exit enclosures is maintained. A firewall is usually a masonry wall or distinctly separating unique areas (or through a floor). The Health and Safety person responsible is able to point out which one is the firewall.				

Process:

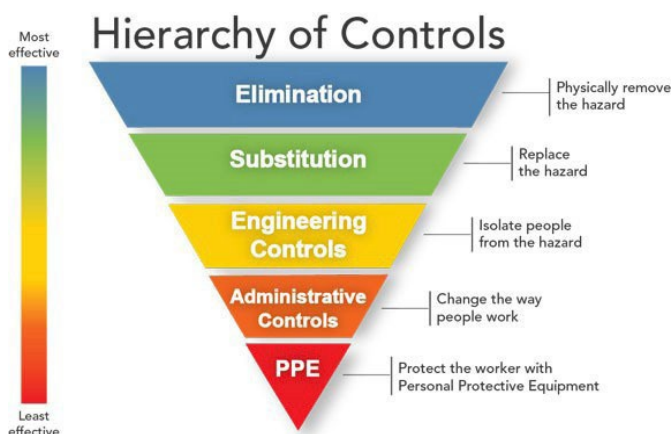
	Question	Y	N	N/A	Comments
a	Adequate and effective process in place to ensure effective emergency exit access, exits and exit discharge with unobstructed egress in place				
b	The process includes an assessment of emergency exits after making even minor modifications, tool movements and/or construction in the facility.				

Records:

	Question	Y	N	N/A	Comments
a	Inspection records for emergency support facilities (emergency lighting, emergency exit signs, evacuation paths, exit enclosures, etc.) are maintained showing when / where / how it is done / inspected / maintained / tested / replaced.				
b	Inspection records for emergency support facilities show that these are inspected as per insurance requirements, or local practice whichever is stricter.				
c	Review of insurance companies and local authorities visit reports (if applicable, usually visit conducted annually, or if occupancy changed or if building construction / renovation affects over a certain area e.g. >200 ft^2) shows no nonconformance issues				

B4 Industrial Hygiene – Hierarchy of Controls Checklist

Worker exposure to chemical, biological, and physical agents shall be identified, evaluated, and controlled according to the Hierarchy of Controls. When hazards cannot be adequately controlled, workers shall be provided with and use appropriate, well-maintained, personal protective equipment free of charge.



Source: NIOSH.

Site Observation:

	Question	Y	N	N/A	Comments
a	Adequate controls to reduce or eliminate worker exposure to chemical, biological and physical agents are in place and effective including:				
	• Proper design (elimination and/or substitution)				
	• Engineering controls (e.g. exhaust, ventilation, enclosures etc.)				
	• Administrative controls (e.g. limiting worker exposure time; job rotation etc.)				
	• Adequate and effective PPE				
b	Controls are implemented based on applicable legal requirements and result of risk assessments.				
d	During normal working hours, workplace is free from obvious odor, visible fumes, dust, and other conditions leading to potential unhealthy feelings (e.g. irritating chemical smell, eye irritating fume, etc.).				
e	If obvious odor, visible fume, dust, and other conditions leading to potential unhealthy feelings exist:				

Risk assessment:

	Question	Y	N	N/A	Comments
a	Adequate and effective risk assessment with associated industrial hygiene sampling and testing, is in place to identify and assess the potential hazards of chemical, biological, or physical agents.				

b	Significant Change has been defined in the risk assessment policy and procedure (e.g. introduction, elimination or change of a chemical).				
c	The risk assessment is updated when a Significant Change occurs.				
d	Risk assessment includes exposure to multiple chemicals:				
	Risk of combination effects of chemicals mixture are assessed				
	Risk of chemicals by a single route as well as multiple routes are assessed. A route can be inhalation, ingestion, skin exposure, etc.				

Control program:

	Question	Y	N	N/A	Comments
a	Adequate and effective documented program to control the identified potential hazards to chemical, biological, or physical agents based on applicable legal requirements and result of risk assessment is in place.				
b	The program to control identified potential hazards follows the hierarchy of controls from most effective to least effective.				
c	Regular evaluation plan to verify the effectiveness of implemented controls and corrective actions if required.				
d	Frequency to evaluate effectiveness of implemented controls is at least every 3 years unless a major change or applicable law requires re-evaluation.				

Records:

	Question	Y	N	N/A	Comments
a	Medical surveillance records are available for review pertaining to:				
	• Respiratory evaluations to determine if worker is being harmed from exposure to agents				
	• Determining hearing loss				
	• Any other medical concerns related to specific job activities, such as skin contact, hearing loss, radiation				

B7 Food, Sanitation and Housing – Worker’s Accommodation Checklist

Worker dormitories provided by the facility/factory and/or via a labor agent shall be maintained to be clean and safe, and provided with appropriate emergency egress, hot water for bathing and showering, adequate lighting, and adequate conditioned ventilation, individually secured accommodations for storing personal and valuable items, and reasonable personal space along with reasonable entry and exit privileges.

General regulatory framework:

	Question	Y	N	Comments
A	Have the international / national / local regulatory frameworks been reviewed?			
B	Are mandatory provisions on workers' accommodation identified?			

Standards for workers' accommodation:

	General living facilities	Y	N	Comments
A	Is the location of the facilities designed to avoid flooding or other natural hazards?			
B	Is workers' accommodation located within a reasonable distance from the worksite?			
C	Is transport provided to worksite safe and free?			
D	Are the living facilities built in adequate material, kept in good repair, and maintained clean and free from rubbish and other refuse?			
	<i>Drainage</i>			
A	Is the site adequately drained?			
B	<i>Heating, air conditioning, ventilation, and light</i>			
C	Depending on climate are living facilities provided with adequate heating, ventilation, air conditioning and light systems?			
	<i>Water</i>	Y	N	Comments
A	Do workers have easy access to a supply of clean/potable water in adequate quantities?			
B	Does the quality of the water comply with the national / local requirements or WHO standards?			
C	Are tanks used for the storage of drinking water constructed and covered as to prevent water stored therein from becoming polluted or contaminated?			
	<i>Wastewater and solid waste</i>	Y	N	Comments
A	Are wastewater, sewage, food, and any other waste materials adequately discharged in compliance local or World Bank standards and without causing any significant impacts on camp residents, the environment, and the surrounding communities?			

B	Are specific containers for rubbish collection provided and emptied on a regular basis?			
C	Is pest extermination, vector control and disinfection conducted throughout the living facilities?			
	Rooms/dormitories facilities	Y	N	Comments
A	Are the rooms/dormitories kept in a clean and good condition?			
B	Are the rooms/dormitories aired and cleaned at regular intervals?			
C	Are the rooms/dormitories built in easily cleanable flooring material?			
D	Are the rooms / dormitories and sanitary facilities located in the same buildings?			
E	Are residents provided with enough space?			
F	Is the ceiling height high enough?			
G	Is the number of workers sharing the same room/dormitory minimised?			
H	Are the doors and windows lockable and provided with mosquito nets when necessary?			
I	Are mobile partitions or curtains provided?			
J	Is suitable furniture such as table, chair, mirror, bedside light provided for every worker?			
K	Are the rooms/ dormitories adequately lit?			
L	Are separate sleeping areas provided for men and women?			
	<i>Bed arrangements and storage facilities</i>			
M	Is there a separate bed provided for every worker?			
N	Is the practice of "hot-bedding" prohibited?			
O	Is there a minimum space of one meter between beds?			
P	Is the use of double deck bunks minimised?			
Q	When double deck bunks are in use, is there enough clear space between the lower and upper bunk of the bed?			
R	Are triple deck bunks prohibited?			
S	Are workers provided with comfortable mattresses, pillows and cleaned bed linens?			
T	Are the bed linen washed frequently and applied with adequate repellents and disinfectants (where conditions warrant)?			
U	Are adequate individually secured facilities for the storage of personal belongings provided?			
V	Are there separate storages for work clothes and PPE and depending on condition, drying/airing areas?			

	Sanitary and toilet facilities	Y	N	Comments
A	Are sanitary and toilet facilities constructed of materials that are easily cleanable?			
B	Are sanitary and toilet facilities cleaned frequently and kept in working condition?			
C	Are toilets, showers/bathrooms and other sanitary facilities designed to provide workers with adequate privacy including ceiling to floor partition and lockable doors?			
D	Are separate sanitary and toilet facilities provided for men and women?			
	<i>Toilet facilities</i>			
A	Are there an adequate number of toilets and urinals?			
B	Are toilets facilities conveniently located and easily accessible?			
	<i>Showers/bathrooms and other sanitary facilities</i>			
A	Are the shower facilities flooring made of anti-slippery hard washable materials?			
B	Is there an adequate number of hand wash basins and showers / bathrooms facilities provided?			
C	Are the sanitary facilities conveniently located?			
D	Are shower facilities provided with adequate supply of cold and hot running water?			
	Canteen, cooking, and laundry facilities	Y	N	Comments
A	Are canteen, cooking and laundry facilities built in adequate and easy to clean materials?			
B	Are the canteen, cooking and laundry facilities kept in clean and sanitary condition?			
	<i>Laundry facilities</i>			
A	Are adequate facilities for washing and drying clothes provided?			
	<i>Canteen and cooking facilities</i>			
A	Are workers provided with enough space in the canteen?			
B	Are canteens adequately furnished?			
C	Are places for food preparation adequately ventilated and equipped??			
D	Are kitchen floors, ceiling and wall surfaces adjacent to or above food preparation and cooking areas built in non-absorbent, easily cleanable materials?			
E	Are wall surfaces adjacent to cooking areas made of fire-resistant materials and food preparation tables equipped with smooth imperious washable surface?			

	Standards for food safety	Y	N	Comments
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A	Is there a special sanitary process such as the WHO “5 keys to safer food” implemented in relation to food safety?			
B	Is the food provided contains appropriate nutritional value?			

	Medical facilities	Y	N	Comments
A	Are first aid kits provided in adequate numbers?			
B	Are first-aid kits adequately stocked?			
C	Is there an adequate number of staff/workers trained to provide first-aid?			
D	Are there any other medical facilities/services provided on site? If not, why?			
	Leisure, social and telecommunication facilities	Y	N	Comments
A	Are basic social collective spaces and adequate recreational areas provided to workers?			
B	Are workers provided with dedicated places for religious observance?			
C	Can workers access a telephone at affordable/public price?			
D	Are workers provided with access to internet facilities?			

Managing workers' accommodation:

	Management and staff	Y	N	Comments
A	Are there carefully designed a worker camp management plans and policies especially in the field of health and safety (including emergency responses), security, workers' rights, and relationships with the communities?			
B	Where contractors are used, have they clear contractual management responsibilities and duty to report?			
C	Does the person appointed to manage the accommodation has the required background, competency, and experience to conduct his mission and is he/she provided with the adequate responsibility and authority to do so?			
D	Is there enough staff to ensure the adequate implementation of housing standards (cleaning, cooking, and security in particular)?			
E	Are staff members recruited from surrounding communities?			
F	Has the staff received basic health and safety training?			
G	Are the persons in charge of the kitchen particularly trained in nutrition and food-handling and adequately supervised?			

	Charging fees for accommodation and services	Y	N	Comments
A	Are the renting arrangements fair?			
B	Are food and other services provided for free or reasonably priced below the local market price?			
C	Is the payment in kind for accommodation and services prohibited?			

	Health and safety on site	Y	N	Comments
A	Have health and safety management plans including electrical, mechanical, structural and food safety been designed and implemented?			
B	Has the accommodation manager a duty to report to the health authority specific diseases, food poisoning or causalities?			
C	Is there an adequate number of staff/workers trained in providing first aid?			
D	Has a specific and adequate fire safety management plan been designed and implemented?			
E	Is guidance on alcohol, drug and HIV/AIDS and other health risk related activities provided to workers?			
F	Do workers have an easy access to medical facilities?			
G	Have emergency plans on health and fire safety been prepared?			
H	Depending on circumstances, have specific emergency plans (earthquakes, floods, tornadoes) been prepared?			

	Security on workers' accommodation	Y	N	Comments
A	Has a security plan including clear provisions on the use of force been designed and implemented?			
B	Have security staff background been checked against previous crimes or abuses?			
C	Has security staff received clear instruction about their duty and responsibility?			
D	Has security staff been adequately trained in the use of force?			
E	Does security staff have a good understanding about the importance of respecting workers' rights and the rights of the surrounding communities and adopt an appropriate conduct?			
F	Do workers and communities have specific means to raise concern about security arrangement and staff?			

	Workers' rights, rules, and regulations on workers' accommodation	Y	N	Comments
A	Are limitations on workers' freedom of movement limited and justified?			

B	Is an adequate transport system to the surrounding communities provided?			
C	Is the practice of withholding workers ID papers prohibited?			
D	Is freedom of association expressly respected?			
E	Are workers religious, cultural, and social backgrounds respected?			
F	Are workers made aware of their rights and obligations and provided with a copy of the accommodation's internal rules, procedures, and sanction mechanisms in a language or through a media they understand?			
G	Are house regulations non-discriminatory, fair, and reasonable?			
H	Are regulations on alcohol, tobacco and third parties' access to the camp clear and communicated to workers?			
I	Is a fair and non-discriminatory procedure to implement disciplinary procedures including the right for workers to defend themselves set up?			

	Consultation and grievance mechanisms	Y	N	Comments
A	Have mechanisms for workers' consultation been designed and implemented?			
B	Are workers provided with adequate processes and mechanisms to articulate their grievances?			
C	Are there fair conflict resolution mechanisms in place?			
D	In case where serious offences occur, are there mechanisms to ensure full cooperation with police authorities?			

	Management of community relations	Y	N	Comments
A	Have community relation management plans addressing issues around community development, community needs, community health and safety and community social and cultural cohesion have been designed and implemented?			
B	Do community relation management plans include the setting up of liaison mechanisms allowing a constant exchange of information and consultation of the surrounding communities?			
C	Is there a senior manager in charge of implementing the community relation management plan?			
D	Is there a senior manager in charge of liaising with the surrounding communities?			
E	Are the impacts generated by workers accommodation periodically reviewed, mitigated, or enhanced?			
F	Are community representatives provided with easy means to voice their opinions and lodge complaints?			

References

The following references were used in preparing the RBA Code of Conduct (up to version 8.0) and may be useful sources of additional information:

Standards and Conventions:

- [ILO Fundamental Conventions](#)
 - Freedom of Association and Protection of the Right to Organize Convention, 1948 (No.87)
 - Right to Organize and Collective Bargaining Convention, 1949 (No.98)
 - Forced Labour Convention, 1930 (No.29)
 - Abolition of Forced Labour Convention, 1957 (No.105)
 - Minimum Age Convention, 1973 (No.138)
 - Worst Forms of Child Labour Convention, 1999 (No.182)
 - Equal Remuneration Convention, 1999 (No.100)
 - Discrimination (Employment and Occupation) Convention, 1958 (No.111)
 - Occupational Safety and Health Convention, 1981 (No.155), and the Promotional Framework, 2006 (No.187)
- [OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas](#)
- [OECD Guidelines for Multinational Enterprises](#)
- [United Nations \(UN\) Guiding Principles on Business and Human Rights](#)
- [Universal Declaration of Human Rights](#)
- [United Nations Convention Against Corruption](#)
- [United Nations Convention on the Rights of the Child](#)
- [United Nations Convention on the Elimination of All Forms of Discrimination Against Women](#)
- [United Nations Global Compact](#)

Other Useful References:

- [Dodd-Frank Wall Street Reform and Consumer Protection Act](#)
- [Eco Management & Audit System](#)
- [Ethical Trading Initiative](#)
- [ILO Code of Practice in Safety and Health](#)
 - ISO 14001 and related standards – Environmental management
 - ISO 45001:2018 – Occupational health and safety management systems
 - [National Fire Protection Association](#)
 - Social Accountability International (SAI) SA 8000
 - [United States Federal Acquisition Regulation](#)
 - UNGPs: United Nations Guiding Principles on Business and Human Rights
https://www.ohchr.org/documents/publications/guidingprinciplesbusinesshr_en.pdf



Document Control

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		8.0.1	TBA
Responsible	Juan Carlos Martinez jcmartinez@responsiblebusiness.org	Executive Owner	Deborah Albers
Review History			
Rev. Number	Date	Summary of Changes	
V8.0.1	12/23/2023	Document created	
V8.0.2	4/08/2025	Changes made 1. Deleted the requirement to have a refrigerator as part of reasonable accommodation for nursing mothers to be consistent with VAP operations manual 2. Updated requirements for GHG emissions as per new criteria in C6 3. Added definitions for adequate and effective (2.5) 4. Footnote added to list IFPC's	