
Auditee :	Bursali Tekstil San. ve Tic. A.S.
Audit Date From :	25/10/2018
Audit Date To :	26/10/2018
Expiry Date of the Audit :	Please refer to the producer profile in the amfori BSCI platform
Auditing Company :	Intertek
Auditor's Name(s) :	
Auditing Branch (if applicable) :	Intertek Turkey & Romania & Bulgaria



This is an extract of the on line Audit Report. The complete report is available in the amfori BSCI Platform.
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Rating Definitions



Rating	A combination of ratings per Performance Area where:	Consequence																																							
A Very Good	<ul style="list-style-type: none">• Minimum 7 Performance Areas rated A• No Performance Areas rated C, D or E These are three examples: <table><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td></tr><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td></tr><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td></tr></table>	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	B	B	B	A	A	A	A	A	A	A	B	B	B	B	B	B	The auditee has the level of maturity to maintain its improvement process without the need for a follow-up audit.
A	A	A	A	A	A	A	A	A	A	A	A	A																													
A	A	A	A	A	A	A	A	A	A	B	B	B																													
A	A	A	A	A	A	A	B	B	B	B	B	B																													
B Good	<ul style="list-style-type: none">• Maximum 3 Performance Areas rated C• No Performance Areas rated D or E These are three examples: <table><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td></tr><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>C</td></tr><tr><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>C</td><td>C</td><td>C</td></tr></table>	A	A	A	A	A	A	B	B	B	B	B	B	B	A	A	A	A	A	B	B	B	B	B	B	B	C	B	B	B	B	B	B	B	B	B	B	C	C	C	The auditee has the level of maturity to maintain its improvement process without the need for a follow-up audit.
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B	B	B	B	B	B	B	B	B	B	C	C	C																													
C Acceptable	<ul style="list-style-type: none">• Maximum 2 Performance Areas rated D• No Performance Areas rated E These are three examples: <table><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>C</td><td>C</td><td>C</td><td>C</td></tr><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>B</td><td>C</td><td>C</td><td>C</td><td>D</td></tr><tr><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>D</td><td>D</td></tr></table>	A	A	A	A	A	A	A	A	A	C	C	C	C	A	A	A	A	A	B	B	B	B	C	C	C	D	C	C	C	C	C	C	C	C	C	C	C	D	D	The auditee needs follow up to support its progress. Following the completion of the audit, the auditee develops a Remediation Plan within 60 days.
A	A	A	A	A	A	A	A	A	C	C	C	C																													
A	A	A	A	A	B	B	B	B	C	C	C	D																													
C	C	C	C	C	C	C	C	C	C	C	D	D																													
D Insufficient	<ul style="list-style-type: none">• Maximum 6 Performance Areas rated E These are three examples: <table><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>D</td><td>D</td><td>D</td></tr><tr><td>A</td><td>A</td><td>A</td><td>B</td><td>B</td><td>B</td><td>C</td><td>C</td><td>C</td><td>D</td><td>D</td><td>D</td><td>E</td></tr><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr></table>	A	A	A	A	A	A	A	A	A	A	D	D	D	A	A	A	B	B	B	C	C	C	D	D	D	E	D	D	D	D	D	D	D	D	E	E	E	E	E	The auditee needs follow up to support its progress. Following the completion of the audit, the auditee develops a Remediation Plan within 60 days.
A	A	A	A	A	A	A	A	A	A	D	D	D																													
A	A	A	B	B	B	C	C	C	D	D	D	E																													
D	D	D	D	D	D	D	D	E	E	E	E	E																													
E Unacceptable	<ul style="list-style-type: none">• Minimum 7 Performance Areas rated E These are three examples: <table><tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr><tr><td>A</td><td>A</td><td>B</td><td>B</td><td>C</td><td>D</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr><tr><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr></table>	A	A	A	A	A	A	E	E	E	E	E	E	E	A	A	B	B	C	D	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	amfori BSCI Participants shall closely oversee the auditee's progress as the producer may represent a higher risk than other business partners.
A	A	A	A	A	A	E	E	E	E	E	E	E																													
A	A	B	B	C	D	E	E	E	E	E	E	E																													
E	E	E	E	E	E	E	E	E	E	E	E	E																													
Zero Tolerance	A Zero Tolerance issue was identified (see amfori BSCI System Manual Part V – Annex 5: amfori BSCI Zero Tolerance Protocol)	Immediate actions are required. The amfori BSCI Zero Tolerance Protocol is to be followed.																																							

Main Auditee Information

Name of producer :	Bursali Tekstil San. ve Tic. A.S.		
DBID number :	12953		
Audit ID :	136402		
Address :	DEMIRTAS ORGANIZE SANAYI BOLGESI, CIGDEM 1 SOKAK, NO:14 OSMANGAZI Bursa		
Province :	Bursa	Country :	Turkey
Management Representative :	SEVCAN KOSE		
Contact person:	SELIN AVAS	Sector :	Non-Food
Industry Type :	Textiles, clothing, leather	Product group :	Home textiles
Product Type :	Towel & Robes		

Audit Details


Audit Range :	<input type="checkbox"/> Full Audit <input checked="" type="checkbox"/> Follow-up Audit
Audit Scope :	<input checked="" type="checkbox"/> Main Auditee <input type="checkbox"/> Main Auditee & Farms
Audit Environment :	<input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Small Producer
Audit Announcement :	<input type="checkbox"/> Fully-Announced <input type="checkbox"/> Fully-Unannounced <input checked="" type="checkbox"/> Semi-Announced
Random Unannounced Check (RUC) :	No
Audit extent (if applicable) :	none
Audit interferences or contingencies (if applicable) :	none
Overall rating :	A
Need of follow-up :	If YES, by :

Rating per Performance Area (PA)

PA 1	PA 2	PA 3	PA 4	PA 5	PA 6	PA 7	PA 8	PA 9	PA 10	PA 11	PA 12	PA 13
B	A	A	A	A	A	A	A	A	A	A	A	A

Executive summary of audit report

BURSALI HAVLU IPLIK BOYA SANAYI VE TICARET A.S. was established in 1988 and operates at the current address since 2004. The main product of the facility is towels and robes. The facility is a vertical company; weaving, dying and confection is carried out by the facility. The main production processes are; weaving, bobbin dying, dying, confection (cutting, sewing, QC, packing) and shipment. The facility operates in a 3 storey building located in the industrial zone. The current closed area is 26.532 m2 including new administrative part. The lay out is as follows;

1st Building; Production

1st floor: Confection (cutting, sewing, finish), stock area, administrative offices, embroidery (for sampling producing), accessories warehouse

Mezzanine Floor: Locker room for ladies, toilets, laboratory, dye kitchen

Base floor: Dye house, weaving (QC, sizing, warping) , shipment, doctor room, sectional warping,

-1st floor: Stock area, transfer QC, velvet, final winding

2nd Building; Administration

2nd floor: Administrative offices, lunch hall

1st floor: Administrative offices

Base floor: Administrative offices

Total number of employees is 579. The working hours are;

1. 3 shift system in production as 07:00-15:00 & 15:00-23:00 & 23:00-07:00 (including 30' break) x 6 days

2. 08:30-17:30 (including 40' lunch and 10'x2 tea break) from Monday to Friday and 08:30-13:30 (including 10' tea break) on Saturdays for confection

3. 08:30-18:30 (including 60' lunch and 15'x2 tea break) from Monday to Friday for administration since October 2017

There is electronic card system used for time recording.

The facility has ISO 9001:2008.

The facility has ISO 14001:2015.

The facility is audited on 16.10.201 be certified for ISO 270001.

The facility established BURSALI AKADEMI in 2015 to support the personal & vocational development of the employees. The aim is to cooperate with university to support the trainings of the students.

The facility established RD Centre in 10.02.2017.

PA3: It was reviewed that there was no union in the facility. No evidence of restriction or discrimination was observed regarding the freedom of association or collective bargaining. The worker representative is not prevented from communicating to employees.

PA4: No kind of discrimination was observed. The facility has related procedures (e.g. Employment procedure, dismissal procedure)

PA5: All employees are paid at least legal minimum wage. Overtime wages are properly calculated and compensated. All employees are registered to the social insurance system.

PA6: Regular weekly working hours were limited to 45 hours. The daily breaks were in compliance with the regulations.

PA7: There is a OHS committee, which includes top management, OHS expert, facility doctor and employee representative. The committee has the responsibility of the compliance regarding the OHS section. They have regular meetings. The possible H&S risks were identified in the risk assessment report, corrective actions are regularly taken and followed. All inspections are conducted regularly regarding fire safety, machine safety and electricity safety. The facility has internal monitoring system to identify any gaps under the related section.

PA8: There was no child labour in the facility. There was written policy and procedure against child labour.

PA9: There is no young employee, risks related are included in the risk assessment.

PA10: All employees were permanent and local. Employment contract was available for each employee and it was compliant with regulations. All employees were registered to social security system.

PA11: No kind of forced labour was observed.

PA12: The facility has all legal permits and licences. The wastes are given to licensed companies.

PA13: This facility had no legal case. The management was transparent during the audit process.

Ratings Summary


Auditee's background information			
Auditee's name :	Bursali Tekstil San. ve Tic. A.S.	Legal status :	CORPORATED COMPANY
Local Name :	BURSALI TEKSTIL SAN. VE TIC A.S.	Year in which the auditee was founded :	1988
Address :	DEMIRTAS ORGANIZE SANAYI BOLGESI, CIGDEM 1 SOKAK, NO:14 OSMANGAZI	Contact person (please select) :	SELIN AVAS
Province :	Bursa	Contact's Email :	selin.kavas@bursalitekstil.com
City :	Bursa	Auditee's official language(s) for written communications :	TURKISH
Region :	Middle East/ North Africa	Other relevant languages for the auditee :	NONE
Country :	Turkey	Website of auditee (if applicable) :	www.bursalitekstil.com
GPS coordinates :	40.2589569,29.0781240	Total turnover (in Euros) :	46760989.00
Sector :	Non-Food	Of which exports % :	93.00
Industry :	Textiles, clothing, leather	Of which domestic market % :	7.00
If other, please specify :	NONE	Production volume :	4500-5000 TONS/YEAR
Product Group :	Home textiles	Production cost calculation :	Yes
If other, please specify :	NONE	Lost time injury calculation cost :	Yes
Product Type :	Towel & Robes		

Auditee's employment structure at the time of the audit		
Total number of workers :	579	Total number of workers in the production unit to be monitored (if applicable) :
		0
	MALE WORKERS	FEMALE WORKERS
Permanent workers	296	283
Temporary workers	0	0
In management positions	48	61
Apprentices	0	0
On probation	32	37
With disabilities	10	6
Migrants (national citizens)	0	0
Migrants (foreign citizens)	0	0
Workers on the permanent payroll	296	283
Production based workers	0	0
With shifts at night	165	151
Unionised	0	0
Pregnant	-	6
On maternity leave	-	5

Finding Report



Performance Area 1 : Social Management System and Cascade Effect

1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: B

Deadline date:26/01/2019

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 1.

1.1 - CAP NOT FULLY CLOSED

BSCI PRINCIPLES 1.1. The facility should have an efficient management system to BSCI values are implemented.

There is procedure on monitoring the improvement plans on social compliance system with all actions and improvements recorded. CAP CLOSED - There are CSR audit reports for service providers and there is detailed written procedure regarding management of current / future sub-contractors and suppliers that might be used. CAP CLOSED - The management review meeting for social compliance issues is conducted with records maintained on 29.03.018. CAP CLOSED - The detailed meeting notes of the CSR issues are provided on the monthly meetings held with employee representatives. CAP CLOSED - There was only 1 minor point that needs to be corrected in PA 2. CAP NOT CLOSED

This question was rated as partially because there is minor gaps to fulfill.

CAP TAMAMEN KAPANMADI BSCI GEREKLİLİKLERİ 1.1. Bulgu: - İşletmede sosyal uygunluk sistemi ile ilgili iyileştirme planlarının izlenmesine ilişkin prosedür mevcuttur, yapılan iyileştirmeler için aksiyon kayıtları sağlanmıştır. CAP KAPANDI - Servis sağlayıcılar için Sosyal uygunluk denetim raporları mevcuttur ve mevcut / ileride kullanılabilecek tedarikçilerin, taşeronların ve fasonların yönetimine ilişkin yazılı bir prosedür mevcuttur. CAP KAPANDI - Sosyal uygunluk konularının ele alındığı 29.03.2018 tarihli yönetim gözden geçirme toplantısına dair kayıtlar mevcuttur. CAP KAPANDI - Çalışan temsilcileri ile yapılan aylık toplantıların kayıtlarında sosyal uygunlukla ilgili görüşülen konuların detayları mevcuttur. CAP KAPANDI - Performans alanı 2'de düzeltilmesi gereken 1 minör bulgu mevcuttur. CAP KAPANMADI.

1.3 - CAP FULLY CLOSED - There is supply chain mapping conducted with the CSR articles has an affect on evaluation/score.

CAP TAMAMEN KAPANDI İşletmede tedarikçi haritalandırması yapılmıştır ve Sosyal uygunluk maddeleri değerlendirmeyi/ skoru etkilemektedir.

1.4 - CAP FULLY CLOSED

- There is evaluation system for doing overtime practices & for paying overtime practices according to local law. CAP CLOSED

-There is emergency action plan for the emergency cases that may lead to slow down or interrupt production. CAP CLOSED

CAP TAMAMEN KAPANDI - Firmanın kanuna uygun şekilde fazla mesai çalışmaları yapmak & fazla mesai çalışmalarını ödemek için bir sistemi mevcuttur. KAPANDI - İşletmede üretimin yavaşlaması veya sektöre uğramasına sebep olabilecek acil durumlar için bir eylem planı mevcuttur. KAPANDI

Remarks from Auditee:

Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: D

Deadline date:27/05/2018

Good practices

Areas of improvement

Based on satisfactory evidence through documents review and employee and management interview, the main auditee partially respects this performance area 1
İşletme objektif kanıtlara göre sosyal yönetim sistemleri başlıgına kısmi uygunluk göstermemektedir.

1.1 - BSCI PRINCIPLES 1.1. The facility should have an efficient management system to BSCI values are implemented. - There is procedure on monitoring the improvement plans on social compliance system but no action record of improvements done. -The management review meeting for social compliance issues in 2017 could not be found/provided. - The details of the CSR issues are not seen on the monthly meetings held with employee representatives. - There were issues that need to be corrected in PA 1-2-6-7-13

This question is rate dpartially as there are minor gaps.

BSCI GEREKLİLİKLERİ 1.1. Bulgu: - İşletmede sosyal uygunluk sistemi ile ilgili iyileştirme planlarının izlenmesine ilişkin prosedür mevcuttur ancak yapılan iyileştirmeler için aksiyon kaydı yoktur. - Sosyal uygunluk konularının ele alındığı 2017 yönetim gözden geçirme toplantısına dair kayıtlar bulunamamıştır. - Çalışan temsilcileri ile yapılan toplantıların kayıtlarında sosyal uygunlukla ilgili görüşülen konuların detayları görülememektedir. - Performans alanı 1-2-6-7-13'te düzeltilmesi gereken bulgular olduğu not edilmiştir.

1.3 - BSCI PRINCIPLES 1.3. There should be satisfactory evidence that the auditee has a good overview of the significant business partners and their level of alignment with the BSCI Code of Conduct. Finding: There is supply chain mapping conducted, but the CSR articles do not affect evaluation/score This question was rated as partially because the gaps noted were minor and non-systematical.

BSCI GEREKLİLİKLERİ 1.3. Bulgu: İşletmede tedarikçi haritalandırması yapılmıştır ancak Sosyal uygunluk maddeleri değerlendirmeyi/ skoru etkilememektedir.

1.4 - BSCI REQUIREMENT 1.4. The should be satisfactory evidence that the auditee's workforce capacity is properly organized to meet the expectations of the delivery order and contracts. Finding: - There is evaluation system for doing overtime practices & for paying overtime practices according to local law but improvements are required on the transition feom time records to apyment system. - There is no emergency action plan for the emergency cases that may lead to slow down or interrupt production. The question is marked partial as the facility has good control on the overtime practices and capacity planning.

BSCI GEREKLİLİKLERİ 1.4. Bulgu: - Firmanın kanuna uygun şekilde fazla mesai çalışmaları yapmak & fazla mesai çalışmalarını ödemek için bir sistem mevcuttur ancak zaman ve ödeme programları arasındaki aktarımda iyileştirmeler gereklidir. - İşletmede üretimin yavaşlaması veya sektöre uğramasına sebep olabilecek acil durumlar için bir eylem planı mevcut değildir

Remarks from Auditee

Performance Area 2 : Workers Involvement and Protection

1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A

Deadline date:26/01/2019

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Based on satisfactory evidence through site tour, documents review and employee and management interview, the main auditee partially respects this performance area 2

İşletme saha turu, döküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 2 'ye kısmen uygunluk göstermektedir

- 2.2 -** CAP NOT FULLY CLOSED BSCI REQUIREMENT 2.2. There should be satisfactory evidence that the auditee defines long-term goals for protecting workers in line with the aspirations of the BSCI Code of Conduct. Finding: -The long-term goals were defined in line with the aspirations of the BSCI Code of Conduct with measurable targets defined for HS, Environment, but the Labour targets is not clearly defined as the results of the employee satisfaction survey conducted 1 week ago is awaited for conclusion. CAP NOT CLOSED- There is strategic plan in line with the goals. CAP CLOSED - The workers and workers representatives are involved in defining goals. CAP CLOSED This question was rated as partially because the measurable goals are not defined yet just for Labour.

CAP TAMAMEN KAPANMADI BSCI GEREKLİLİKLERİ 2.2. Bulgu: - İşletmede çalışanları korumaya yönelik BSCI Davranış Kuralları uyarınca uzun dönemli hedefler ISG ve çevre için belirlenmiştir, sadece İŞGÜcü kısmı için hedeflerin detaylandırılması (yıllık ve 5 yıllık detaylı ölçülebilir hedefler) 1 önceki hafta yapılan çalışan memnuniyet anketi sonuçları beklediği için netleştirilmemiştir. KAPANMADI - İşletmede belirlenen hedefler doğrultusunda bir çalışma planı mevcuttur. KAPANDI - İşletmede BSCI kuralları uyarınca belirlenen hedeflerin oluşturulmasında ve gerçekleştirilmesinde çalışanların ve temsilcilerin uygulamalara dahil edildiği görülmüştür. KAPANDI

Remarks from Auditee:

Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A

Deadline date:28/02/2018

Good practices

Areas of improvement

Based on satisfactory evidence through site tour, documents review and employee and management interview, the main auditee partially respects this performance area 2

İşletme saha turu, döküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 2 'ye kısmen uygunluk göstermektedir

- 2.2 -** BSCI REQUIREMENT 2.2. There should be satisfactory evidence that the auditee defines long-term goals for protecting workers in line with the aspirations of the BSCI Code of Conduct. Finding: - It was noted that the no long-term goals were not defined in line with the aspirations of the BSCI Code of Conduct in the facility. - There is no strategic plan in line with the goals - The workers and workers representatives are not involved in defining goals. This question was rated as partially because the facility defined the ares of long term goals but measurable goals are not defined yet.
BSCI GEREKLİLİKLERİ 2.2. Bulgu: - İşletmede çalışanları korumaya yönelik BSCI Davranış Kuralları uyarınca uzun dönemli hedefler belirlenmemiştir. - İşletmede belirlenen hedefler doğrultusunda bir çalışma planı mevcut değildir. - İşletmede BSCI kuralları uyarınca belirlenen hedeflerin oluşturulmasında ve gerçekleştirilmesinde çalışanların ve temsilcilerin uygulamalara dahil edilmediği görülmüştür.

Remarks from Auditee

Performance Area 3 : The rights of Freedom of Association and Collective Bargaining

1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

Remarks from Auditee:

Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A

Deadline date:

Good practices

Areas of improvement

Remarks from Auditee

Performance Area 4 : No Discrimination	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	
Performance Area 5 : Fair Remuneration	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	

Performance Area 6 : Decent Working Hours

1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A

Deadline date:

GOOD PRACTICES:**AREAS OF IMPROVEMENT:****6.2 -** CAP FULLY CLOSED The time & wage records reviewed are noted to have no deviation and deficiency.

CAP TAMAMEN KAPANDI İncelenen zaman ve ödeme kayıtlarında sapma veya tutarsızlık görülmemiştir.

Remarks from Auditee:

Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: C

Deadline date:17/02/2018

Good practicesAreas of improvement

Based on satisfactory evidence through site tour, documents review and employee & management interview, the main auditee partially respects this performance area 6.

İşletme objektif kanıtlara göre, 6. Performans alanına kısmen uygunluk göstermektedir.

6.2 - Law: In accordance with The Turkish Regulation on Overtime and Extra Work art 10, Employer is obligated to arrange a document that indicates the extra working and overtime hours and keep a signed copy of this document in employees' personnel files. The overtime and extra works payments included with normal working hours payment that are given to employees are paid according to Turkish Labor Law #4857/Article 32-34, This payment has to be clearly shown on payroll documentation and on pay slips, which are given to employees according to Turkish Labor Law #4857/Article 37 Finding: : The facility started using a new software programme for time recording system in August 2017. There are deviations created by the system in transition from time records to wage system and wrong payments in reviewed months. The system needs maintenance. January 2017: Employee I&J: The national holiday practices of 2 employees in 23:00-7:00 shift on 1.1.2017 was not transferred as national holiday work and not paid accordingly. (weaving&dyeing) August 2017: Employee A: Short payment for 2 hours regular work. (weaving) Employee B: Short payment for 2 hours regular work. (dyehouse) Employee C: The regular daily wage used is 58,75 TL instead of 59.25 TL (minimum wage) (confection) Employee D: Over payment; 4 hours instead of 2,5 hours in overtime. (weaving) Employee E: Transferring 3,5 hours absentism to payments instead of 5 hours. (dyehouse) Employee F: 2 hours weekly overtime practices is paid by 100% instead of 150%. (social services) October 2017: Employee G: Short payment for 2 hours overtime work. (social services) Employee H: Short payment for 0,5 hours national holiday work. (weaving) Employee The question is marked partial as deviations lead to small gaps.

Kanun: İŞ KANUNUNA İLİŞKİN FAZLA ÇALIŞMA VE FAZLA SÜRELERLE ÇALIŞMA YÖNETMELİĞİ, Madde 10 Bulgu: İşletme Ağustos 2017'de yeni zaman kayıt yazılımına geçmiştir. Zaman kayıt sisteminde bordro programına aktarmalarda deviasyonlar görülmüştür. Ocak 2017: Çalışan I & J: 1.1.2017'de 23:00-7:00 vardiyasında çalışan 2 kişinin resmi tatil çalışması resmi tatil olarak ödeme programına aktarılmamış ve ödenmemiştir. Ağustos 2017: Çalışan A: Normal çalışma 2 saat eksik ödenmiştir. (dokuma) Çalışan B: 2,5 saat normal çalışma ödenmemiştir. (boyahane) Çalışan C: Günlük brüt ücret 59,25 TL (asgari ücret) yerine 58,75TL alınmıştır. (konfeksiyon) Çalışan D: 2,5 saat yerine 4 saat fazla mesai ödenmiştir. (dokuma) Çalışan E: 5 saat yerine 3,5 saat eksik çalışma aktarılmıştır.(boyahane) Çalışan F: 2 saat hafta içi fazla mesai %100 ödenmiştir (150% yerine) (sosyal hizmetler) Ekim 2017: Çalışan G: 2 saat fazla mesai ödenmemiştir. (sosyal hizmetler) Çalışan H: 0,5 saat resmi tatil mesaisi ödenmemiştir. (dokuma)

Remarks from Auditee

The programme is in charge for 3 months and improvements are on but not completed yet.

Performance Area 7 : Occupational Health and Safety

1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A

Deadline date:

GOOD PRACTICES:

AREAS OF IMPROVEMENT:

7.1 - CAP FULLY CLOSED The facility is noted to follow the laws and regulations regarding health and safety with utmost care.

CAP TAMAMEN KAPANDI İşletmenin iş sağlığı ve güvenliğine ilişkin kanun ve yönetmelikleri titizlikle takip ettiği görülmüştür.

7.10 - CAP FULLY CLOSED The procedure including root cause analysis is provided by the facility.

CAP TAMAMEN KAPANDI Kök sebep analizini de içeren kaza kayıt prosedürü sağlanmıştır

7.11 - CAP FULLY CLOSED The earthquake resistance report stating compliance dated 18.09.2018 is provided from authorized engineers.

CAP TAMAMEN KAPANDI 18.09.2018 tarihli uygunluğu belirtir depreme dayanıklılık raporu yetkili mühendislerden sağlanmıştır.

7.25 - CAP FULLY CLOSED Dust measurement reports with compliance note of the authorized laboratories dated 31.01.2018 is provided.

CAP TAMAMEN KAPANDI 31.01.2018 tarihli uygunluğun belirtildiği toz raporu yetkili laboratuvarlardan sağlanmıştır.

Remarks from Auditee:

Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A

Deadline date:17/05/2018

Good practices

Areas of improvement

Based on satisfactory evidence through site tour, documents review and employee & management interview, the main auditee partially respects this performance area 7.

İşletme saha turu, döküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 7'e kısmen uygunluk göstermektedir

7.1 - BSCI Principle 7.1; The auditee should be in observance of the occupational health and safety regulations applicable for its activities. Finding: It was noted that the laws and regulations regarding health and safety are followed in the facility however some missing gaps were noted under PA 7. The question is marked partial as the gaps noted are not systematical
BSCI Prensipleri 7.1 Bulgu: İşletmede iş sağlığı ve güvenliğine ilişkin kanun ve yönetmelik takip edilmektedir, ancak PA 7'de bazı eksikler olduğu görülmüştür.

7.10 - BSCI PRINCIPLES 7.10. Auditee should have procedures and systems for reporting and recording occupational accidents and injuries. Finding: There was job accident records but there was no written procedure for reporting the accidents, which includes root cause analyze and corrective action plan. The question is marked partially as the accidents are recorded.

BSCI GEREKLİLİKLERİ 7.10. Bulgu: İş kazası kayıtları bulunmaktadır. Kök sebep analizi ve düzeltici faaliyet planını da içeren, yazılı bir kaza kayıt prosedürü yoktur.

7.11 - Law: Regulation on the amendment of the type reconstruction regulations of municipalities outside the scope of the law no 3030; Prior to the issuance of a building license, all financial liabilities (sustainability to earthquake report) on the supervision of the construction are undertaken on behalf of the public. Finding: - Facility has no earthquake-resistance performance report The question is marked partial as all legally required permits are available.

Kanun:3030 sayılı kanun kapsamı dışında kalan belediyeler tip imar yönetmeliğinde değişiklik yapılmasına dair yönetmelik Madde 57 .Yapı ruhsatı verilmeden önce, yapının denetimine ilişkin bütün fennî mesuliyetler (depreme dayanıklılık raporu) kamu adına üstlenilir. Bulgu: İşletmede depreme dayanıklılık raporu bulunmamaktadır .

7.25 - Law: THE REGULATION ON COMPETING AGAINST DUST, Obligations of the Employers, Dust Control Commission and Dust Control Unit, Obligations of employers , ARTICLE 5 - d) The employer is required to take technical precautions to prevent the formation or spread of dust at the working environment and makes measurements for the respirable dust quantity in the workplace to provide that it is lower than ZAOD/TWA. Finding: The measurements on the breathable dust assessment report is not compliant. The question is marked partial as there are compliant reports of industrial measurements.

Kanun: TOZLA MÜCADELE YÖNETMELİĞİ, Madde 5, Bulgu: 16.02.2017 tarihli solunabilir toz ölçümü raporunda uygun olmayan değerler not edilmiştir.

Remarks from Auditee

Performance Area 8 : No Child Labour	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	
Performance Area 9 : Special protection for young workers	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	
Performance Area 10 : No Precarious Employment	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	
Performance Area 11 : No Bonded Labour	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	

Performance Area 12 : Protection of the Environment	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:
<u>Good practices</u>	
The main auditee exceeds expectations with respect to this Principle because; - There is a private brulor system and hot water pool (taking in used water) installed by the facility to existing boilers to reduce energy usage for heating water to 90 degrees providing 15% decrease in energy usage & water consumption and also lowering emission impact. - All lightings at the facility is renewed with low energy led lightings for decreasing energy consumption. - There is an oxygen trim system installed to automatic blow-off tank to make required adjustments to provide efficient usage of electricity & water & gas.	
<u>Areas of improvement</u>	
<u>Remarks from Auditee</u>	
Performance Area 13 : Ethical Business Behaviour	
1- Followup Audit [Audit Id - 136402] Audit Date: 25/10/2018 PA Score: A	Deadline date:
GOOD PRACTICES:	
AREAS OF IMPROVEMENT:	
13.1 - CAP FULLY CLOSED The risk assessment for bribery & corruption is provided. CAP TAMAMEN KAPANDI Rüşvet ve yolsuzlukla ilgili risk analizi sağlanmıştır.	
Remarks from Auditee:	
Full Audit [Audit Id - 112021] Audit Date: 14/11/2017 PA Score: A	Deadline date:17/12/2017
<u>Good practices</u>	
<u>Areas of improvement</u>	
Based on satisfactory evidence through site tour, documents review and employee & management interview, the main auditee partially respects this performance area 13 İşletme saha turu, döküman incelemesi ve çalışan & yönetim görüşmesine performans alanı 13'e kısmen uygunluk göstermektedir	
13.1 - BSCI PRINCIPLES 13.1. Auditee should actively oppose any act of corruption, extortion or embezzlement, or any form of bribery in its activities as a business enterprise. Finding: There is no risk assessment about anti-bribery and anti corruption issues. The question is marked partial as the gap noted is minor.	
BSCI PRENSİPLERİ 13.1. Bulgu: İşletmede anti rüşvet ve yolsuzluk ile ilgili risk analizinin yapılmadığı görülmüştür.	
<u>Remarks from Auditee</u>	

Summary

Audit Type	Date	Audit Id	PA1	PA2	PA3	PA4	PA5	PA6	PA7	PA8	PA9	PA10	PA11	PA12	PA13	Overall Rating
Follow-up Audit	25/10/2018	136402	B	A	A	A	A	A	A	A	A	A	A	A	A	A
Full Audit	14/11/2017	112021	D	A	A	A	A	C	A	A	A	A	A	A	A	C

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