SMETA Corrective Action Plan Report (CAPR)

Version 5.0 Dec 2014, 2/4 Pillar Audit; replaces version 4.0 May 2012

Supplier name:	MULTITRANS S.A	
Site country:	Argentina	
Site name:	MULTITRANS S.A	
Parent Company name (of the site):	MULTITRANS S.A	
SMETA Audit Type:	☐ 2-Pillar ☐ 4-Pillar	
Date of Audit	21/04/2016	

Audit Content:

- (1) A SMETA audit was conducted which included some or all of Labour Standards, Health and Safety, Environment and Business ethics. The SMETA Best Practice Guidance Version 5 December 2015 was applied. The scope of workers included all types at the site e.g. direct employees, agency workers, workers employed by service providers, and workers provided by other contractors. Any deviations from the SMETA Methodology are stated (with reasons for deviation) in the SMETA Declaration.
- (2) The audit scope was against the following reference documents: Please check appropriate SMETA Audit Type in the above box: 2-Pillar SMETA Audit
 - ETI Base Code
 - SMETA Additions
 - Management systems and code implementation,
 - Entitlement to Work and Immigration,
 - Sub-Contracting and Home working

4-Pillar SMETA Audit

- 2-Pillar requirements plus
- Additional Pillar assessment of Environment
- Additional Pillar assessment of Business Ethics

The new ETI Working Hours Clause

Now integrated into this latest SMETA version.

Where appropriate non-compliances were raised against the ETI code / SMETA Additions and local law and recorded as non-compliances on both the audit report, CAPR and on Sedex.







Audit Comp	oany Name:	Report Owner (payee): (If paid for by the customer of the site, please remove for Sedex upload)		
Sedex Company Reference: (only available on Sedex Sys		S:00000059891		
Sedex Site Reference: (only available on Sedex System)		Not provided.		
Audit Conducted By				
Commercial	\boxtimes	Purchaser		
NGO		Retailer		
Trade Union		Brand Owner		
Multi-stakeholder		Combined Audit (select all ti	hat apply)	
Auditor Reference Number: (If applicable)		Not applicable		



Audit Details

Audit Details					
A: Report #:	A4543727				
B: Time in and time out (SMETA BPG recommends 9.00-17.00 hrs. if any different please state why in the SMETA declaration)	Day 1 Time in: 09:00 hrs. Day 2 Time in: Day 3 Time in Day 3 Time out Day 1 Time out:17:00 hrs				
C: Number of Auditor Days Used: (number of auditor x number of days)	One auditor, One day.				
D: Audit type:	 ☐ Full Initial ☐ Periodic ☐ Full Follow-up ☐ Partial Follow-Up ☐ Partial Other - Define 				
E: Was the audit announced?	□ Announced □ Semi – announced: Window detail: weeks □ Unannounced				
F: Was the Sedex SAQ available for review?	☐ Yes ☑ No				
If No , why not? (Examples would be, site has not completed SAQ, site has not been asked to complete the SAQ.)	The facility is registered on sedex.				
G; Any conflicting information SAQ/Pre- Audit Info to Audit findings?	☐ Yes ☐ No If Yes , please capture detail in appropriate audit by clause				
H: Auditor name(s) and role(s):	Claudia Michelena - Auditor	ſ			
I: Report written by:	Claudia Michelena - Auditor	r			
J: Report reviewed by:	Tomas Wilkinson				
K: Report issue date:	25/04/2016				
L: Supplier name:	Multitrans S.A				
M: Site name:	Multitrans S.A				
N: Site country:	Argentina				
O: Site contact and job title:	Nicolas Fosatti / Gerencia				
P: Site address: (Please include full address)	Viamonte 824 1-3, Buenos	Aires, Argentina			



Site phone:	(+54 11) 4323-3847				
Site fax:	(+54 11) 4323-3847				
Site e-mail:	nicolas.fossati@oapce.com.ar				
Q: Applicable business and other legally required licence numbers: for example, business license no, and liability insurance	2628/ Centro de despachante de aduana de la República Argentina, No expiry date. Costom register – 23084429899.				
R: Products/Activities at site, for example, garment manufacture, electricals, toys, grower	Custom Services	Custom Services			
S: Audit results reviewed with site management?	Yes				
T: Who signed and agreed CAPR (Name and job title)	Nicolas Fosatti /	Manager			
U: Did the person who signed the CAPR have authority to implement changes?	Yes				
V: Present at closing meeting (Please state name and position, including any workers/union reps/worker reps):	Nicolas Fosatti / Manager				
W: What form of worker representation / union is there on site?	 ☑ Union (name) Sindicato de Despachante de Aduanas 387/75 ☐ Worker Committee ☐ Other (specify) ☐ None 				
X: Are any workers covered by Collective Bargaining Agreement (CBA)	⊠ Yes □ No				
Y: Previous audit date:	N/A				
Z: Previous audit type:		SMETA 2-pillar	SMETA 4-pillar	Other	
	Full Initial				
	Periodic				
	Full Follow-Up Audit				
	Partial Follow- Up				
	Partial Other*				
	*If other, please d				



Guidance:

The Corrective Action Plan Report summarises the site audit findings and a corrective, and preventative action plan that both the auditor and the site manager believe is reasonable to ensure conformity with the ETI Base Code, Local Laws and additional audited requirements. After the initial audit, the form is used to re-record actions taken and to categorise the status of the non-compliances.

N.B. observations and good practice examples should be pointed out at the closing meeting as well as discussing non-compliances and corrective actions.

To ensure that good practice examples are highlighted to the supplier and to give a more 'balanced' audit a section to record these has been provided on the CAPR document (see following pages) which will remain with the supplier. They will be further confirmed on receipt of the audit report.

Root cause (see column 4)

Note: it is not mandatory to complete this column at this time.

Root cause refers to the specific procedure or lack of procedure which caused the issue to arise. Before a corrective action can sustainably rectify the situation it is important to find out the real cause of the non-compliance and whether a system change is necessary to ensure the issue will not arise again in the future.

See SMETA BPG Chapter 7 'Audit Execution' for more explanation of "root cause".

Next Steps:

- 1. The site shall request, via Sedex, that the audit body upload the audit report, non-compliances, observations and good examples. If you have not already received instructions on how to do this then please visit the web site www.sedexglobal.com.
- 2. Sites shall action its non-compliances and document its progress via Sedex.
- 3. Once the site has effectively progressed through its actions then it shall request via Sedex that the audit body verify its actions. Please visit www.sedexglobal.com web site for information on how to do this.
- 4. The audit body shall verify corrective actions taken by the site by either a "Desk-Top" review process via Sedex or by Follow-up Audit (see point 5).
- 5. Some non-compliances that cannot be closed off by "Desk-Top" review may need to be closed off via a "1 Day Follow Up Audit" charged at normal fee rates. If this is the case then the site will be notified after its submission of documentary evidence relating to that non-compliance. Any follow-up audit must take place within twelve months of the initial audit and the information from the initial audit must be available for sign off of corrective action.
- 6. For changes to wages and hours to be correctly verified it will normally require a follow up site visit. Auditors will generally require to see a minimum of two months wages and hours records, showing new rates in order to confirm changes (note some clients may ask for a longer period, if in doubt please check with the client).



Corrective Action Plan

Corrective Action Plan – non-compliances									
Compliance Number The reference number of the non-compliance from the Audit Report,	New or carried Over ls this a new on-compliance dentified at the ollow-up or one arried over (C) that is still outstanding	Details of Non- Compliance Details of Non-Compliance	Root cause (completed by the site)	Preventative and Corrective Actions Details of actions to be taken to clear non- compliance, and the system change to prevent re- occurrence (agreed between site and auditor)	Timescale (Immediate, 30, 60, 90, 180,365)	Verification Method Desktop / Follow-Up [D/F]	Agreed by Management and Name of Responsible Person: Note if management agree to the non- compliance, and document name of responsible person	Verification Evidence and Comments Details on corrective action evidence	Status Open/Closed or comment

No findings observed.

	Corrective Action Plan – Observations					
Observation Number The reference number of the observation from the Audit Report, for example, Discrimination No.7	New or Carried Over Is this a new observation identified at the follow-up or one carried over (C) that is still outstanding	Details of Observation Details of Observation	Root cause (completed by the site)	Any improvement actions discussed (Not uploaded on to SEDEX)		
		No observations observed.				



Good examples			
Good example Number The reference number of the non- compliance from the Audit Report, for example, Discrimination No.7	Details of good example noted	Any relevant Evidence and Comments	
	No good practices observed.		



Confirmation

Please sign this document confirming that the above findings have been discussed with and understood by you: (site management) If actual signatures are not possible in electronic versions, please state the name of the signatory in applicable boxes, as indicating the signature.				
A: Site Representative Signature:	Nicolas Fosatti	Title Manager Date 21/04/2016		
B: Auditor Signature:	Claudia Michelena	Title Auditor		
		Date 21/04/2016		
C: Please indicate below if you, the site man	nagement, dispute any of the findings. No need to cor	mplete D-E, if no disputes.		
D: I dispute the following numbered non-compliances:				
E: Signed: (If <u>any</u> entry in box D, please complete a		Title		
signature on this line)		Date		
F: Any other site Comments:				



Guidance on Root Cause

Explanation of the Root Cause Column

If a non-compliance is to be rectified by a corrective action which will also prevent the non-compliance re-occurring, it is necessary to consider whether a system change is required.

Understanding the root cause of the non-compliance is essential if a site is to prevent the issue reoccurring.

The root cause refers to the specific activity/ procedure or lack of activity /procedure which caused the non-compliance to arise. Before a corrective action can rectify the situation it is important to find out the real cause of the non-compliance and whether a system change is necessary to ensure the issue will not arise again in the future.

Since this is a new addition, it is not a mandatory requirement to complete this column at this time. We hope to encourage auditors and sites to think about Root Causes and where they are able to agree, this column may be used to describe their discussion.

Some examples of finding a "root cause"

Example 1

Where excessive hours have been noted the real reason for these needs to be understood, whether due to production planning, bottle necks in the operation, insufficient training of operators, delays in receiving trims, etc.

Example 2

A non-compliance may be found where workers are not using PPE that has been provided to them. This could be the result of insufficient training for workers to understand the need for its use; a lack of follow-up by supervisors aligned to a proper set of factory rules or the fact that workers feel their productivity (and thus potential earnings) is affected by use of items such as metal gloves.

Example 3

A site uses fines to control unacceptable behaviour of workers.

International standards (and often local laws) may require that workers should not be fined for disciplinary reasons.

It may be difficult to stop fines immediately as the site rules may have been in place for some time, but to prevent the non-compliance re- occurring it will be necessary to make a system change.

The symptom is fines, but the root cause is a management system which may break the law. To prevent the problem re-occurring it will be necessary to make a system change for example the site could consider a system which rewards for good behaviour

Only by understanding the underlying cause can effective corrective actions be taken to ensure continuous compliance.

The site is encouraged to complete this section so as to indicate their understanding of the issues raised and the actions to be taken.



Your feedback on your experience of the SMETA audit you have observed is extremely valuable. It will help to make improvements to future versions.

You can leave feedback by following the appropriate link to our questionnaire:

Click here for A & AB members:

http://www.surveymonkey.com/s.aspx?sm=riPsbE0PQ52ehCo3Inq5Iw 3d 3d

Click here for B members:

http://www.surveymonkey.com/s.aspx?sm=d3vYsCe48fre69DRgIY 2brg 3d 3d

Disclaimer

Any proposed Corrective Action Plan (CAP) closed utilizing a Desktop Review is limited by the evidential documentation provided by the facility in order to correct the non conformance. The intent of this service is to provide assurance that the facility is on the correct path with its proposed or completed corrective actions. Intertek cannot be held responsible for the falsification of evidence or the effective implementation of the proposed corrective actions, which in many instances may only be truly validated by an onsite Audit visit owing to the limitations of the desktop review process. The facilities shall be wholly responsible for the correct and effective implementation of their proposed CAP.

Intertek nor any of its affiliates shall be held liable for any direct, indirect, threatened, consequential, special, exemplary or other damages that may result including but not limited to economic loss, injury, illness, or death arising from the inability of a facility to implement its CAP.





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