SMETA Corrective Action Plan Report (CAPR)

Version 4.0 May 2012, 2/4 Pillar Audit; replaces version 2.4. Sept 2010

Supplier name:	YMO TEKSTIL INSAAT SAN. IC VE DIS TIC. LTD. STI.	
Site country:	TURKEY / TURKIYE	
Site name:	YMO TEKSTIL INSAAT SAN. IC VE DIS TIC. LTD. STI.	
SMETA Audit Type:	☒ 2-Pillar	☐ 4-Pillar

Audit Content:

(1) A SMETA audit was conducted which included some or all of Labour Standards, Health and Safety Business Practices and Environment. The SMETA Best Practice Methodology v.4.0 May 2012 was applied. 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 & Immigration,
  - Sub-Contracting and Home working

4-Pillar SMETA Audit

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

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

Audit Company Name: Intertek	Report Owner (payee): YMO TEKSTIL INSAAT SAN. IC VE DIS TIC. LTD. STI.
Sedex Company Reference:	**S 000000073412**
Sedex Site Reference:	**P 000000158141**

Audit Conducted By			
Commercial	☒	**Purchaser**	☐
NGO	☐	**Retailer**	☐
Trade Union	☐	**Brand Owner**	☐
Multi-stakeholder	☐	**Combined Audit (select all that apply)**	

Auditor Reference Number: (If applicable)	Not applicable

Audit Details

Audit Details	
A: Report #:	AU117480
B: Date of audit:	25.09.2014
C: Time in and time out:	Time in: 08:30 Time out: 16:30
D: Number of Auditor Days Used:	1 Auditor x 1 Manday 1 Denetçi x 1 Gün
E: Audit type:	☐ Full Initial ☐ Periodic ☐ Full Follow-up Audit ☒ Partial Follow-Up ☐ Partial Other - Define
F: Was the audit announced?	☒ Announced ☐ Semi – announced ☐ Unannounced
G: Was the Sedex SAQ available for review?	☒ Yes ☐ No
If no, why not?	NA
I: Auditor name(s) and role(s):	EMEL OZTURK GUZEL - LEAD AUDITOR / BAŞ DENETÇİ
J: Report written by:	EMEL OZTURK GUZEL
K: Report reviewed by:	DEFNE KAYA
L: Report issue date:	29.09.2014
M: Supplier name:	YMO TEKSTIL INSAAT SAN. IC VE DIS TIC. LTD. STI.
N: Site name:	YMO TEKSTIL INSAAT SAN. IC VE DIS TIC. LTD. STI.
O: Site country:	TURKEY / TURKIYE
P: Site contact and job title:	ZEKI BURUCU – FACILITY MANAGER / FIRMA MUDURU
Q: Site address:	ISMETPASA MAHALLESI 63. SOKAK NO:1 SULTANGAZI/ISTANBUL
Site phone:	0090 212 475 51 26
Site fax:	0090 212 475 51 27
Site e-mail:	zeki.burucu@ymotekstil.com

R: Applicable business and other legally required licence numbers: for example, business license no, and liability insurance	Opening and operating permit No : 2014/15 / Isyeri acma ve calistirma ruhsati No : 2014/15
S: Products/Activities at site, for example, garment manufacture, electricals, toys, grower	WOMEN/MEN OUTWEAR BAYAN/BAY DIS GIYIM
T: Audit results reviewed with site management?	YES / EVET
U: Who signed and agreed CAPR (Name and job title)	ZEKI BURUCU – FACILITY MANAGER / FIRMA MUDURU
V: Did the person who signed the CAPR have authority to implement changes?	YES / EVET
W: Previous audit date:	02.04.2014

X: 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 define:			

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 Appendix 2.5 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									
Non-Compliance Number *The reference number of the non-compliance from the Audit Report, for example, Discrimination No.7*	**New or Carried Over** *Is this a new non-compliance identified at the follow-up or one carried 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*
1.Saglik ve Guvenlık No:3		**İLK DENETİM 02.04.2014:** İşletmede içme suyu analizi bulunmamaktadır.		Lütfen sağlayınız.				**TAKİP DENETİM 25.09.2014:** İşletmede 04.04.2014'te yapılmış içme suyu analizinin bulunduğu tespit edilmiştir.	KAPALI
1.Health and Safety No:3		**INITIAL AUDIT 02.04.2014:** The potable water analysis is not available at the facility.		Please provide.				**INITIAL AUDIT 25.09.2014:** The potable water analysis that was conducted on 04.04.2014 was available at the facility.	CLOSED
2.Saglik ve Guvenlık No:3		**İLK DENETİM 02.04.2014:** Işletmede bulunan asansörün fenni muayene raporu görülememiştir.		Lütfen belirtilen makina için fenni muayene raporları sağlayınız.				**TAKİP DENETİM 25.09.2014:** İşletmede, asansörün 04.05.2014'te yapılmış fenni muayene raporu mevcuttur.	KAPALI

2.Health and Safety No:3		**INITIAL AUDIT 02.04.2014:** It was noted that periodical inspection reports of lift was not observed in the facility.		Please provide periodical inspection reports for noted machine.				**FOLLOW UP AUDIT 25.09.2014:** Report of lift's periodical inspection that was conducted on 04.05.2014, was available at the facility.	CLOSED
3.Saglik ve Guvenlık No:3	DEVAM ETMEKTE	**İLK DENETİM 02.04.2014:** İşletmede leke çıkarma bölümündeki kimyasallar için malzeme güvenlik bilgi formları bulunmamaktadır.		Lütfen leke çıkarmada kullanılan kimyasallar için malzeme güvenlik bilgi formlarını yerel dilde sağlayınız ve kimyasalların kullanıldığı yere asınız.	7 GUN / DAYS	MASAUSTU	EVET / YES ZEKI BURUCU	**TAKİP DENETİM 25.09.2014:** İşletmede leke çıkarma bölümünde kullanılan kimyasallar için malzeme güvenlik bilgi formu bulunmamaktadır. Gerekli malzeme güvenlik bilgi formlarının sağlandığı görülmüştür masaustu gözden geçirmeyle.	17.11.2014'te masaustu gozden geçirmeyle kapanmıştır.
3.Health and Safety No:3	CARRIED OVER	**INITIAL AUDIT 02.04.2014:** There were no material safety data sheets for stain removing chemicals in the facility.		Please provide material safety data sheet for chemicals used in stain removing section and hang where chemicals used.		DESKTOP		**FOLLOW UP AUDIT 25.09.2014:** Material safety data sheets for stain removing chemicals were not available at the facility. It was observed that required material safety data sheets were provided by desktop review.	Closed by desktop review on 17.11.2014.
4.Saglik ve Guvenlık No:3	DEVAM ETMEKTE	**İLK DENETİM 02.04.2014:** İşletmede buhar kazanı, imalat binası içinde uygun koruma olmadan konumlandırılmıstır.		Lütfen yetkili bir mühendisin onayladıgı bir koruma sağlayarak konumlandırınız.	15 GUN / DAYS	MASAUSTU	EVET / YES ZEKI BURUCU	**TAKİP DENETİM 25.09.2014:** İşletmede buhar kazanı önlem olarak leke çıkarma odasına konulmuştur. Fakat bu bölüm çalışanların	08.11.2014'te masaustu incelemeyle kapanmaıştır.

								aktif olarak kullandıkları ve içinde kimyasal bulunan bir bölümdür. Bu nedenle buhar kazanının uygun şekilde konumlandırılmadığı tespit edilmiştir. Buhar kazanının üretim alanından izole bir alanda konumlandırıldığı masaustu incelemeyle görülmüştür.	
4.Health and Safety No:3	CARRIED OVER	**INITIAL AUDIT 02.04.2014:** It was noted that the steam boiler was located inside the production building without proper protection.		It is recommended to provide a protection approved by the authorized engineer.		DESKTOP		**FOLLOW UP AUDIT 25.09.2014:** Steam boiler was located inside stain removing section as precaution. But this section was used actively by employees and there were chemicals in this section. Therefore, ıt was noted that steam boiler was not located properly. It was observed that steam boiler was located in an isolated área from production área by deskop review.	Closed by desktop review on 08.11.2014
5. Odemeler ve Haklar No: 5		**İLK DENETİM 02.04.2014:** Işletmede çalışanlara detaylı hesap pusulası verilmemektedir.		Lütfen çalışanlara her maaş ödemesinden sonra detaylı hesap pusulası sağlayınız.				**TAKİP DENETİM 25.09.2014:** Işletmede çalışan görüşmeleri sonucunda çalışanların detaylı hesap pusulası verildiği tespit edilmiştir.	KAPALI
5. Wages		**INITIAL AUDIT**		Please provide detailed				**FOLLOW UP AUDIT**	CLOSED

and Benefits No: 5		**02.04.2014:** It was noted that detailed payslips were not provided to employees.		payslips to employees after each wages paid.				**25.09.2014:** As a result of employee interviews, it was noted that employees were provided detailed payslips at the facility.	
6. Odemeler ve Haklar No: 5 6. Wages and Benefits No: 5		**İLK DENETİM 02.04.2014:** Yönetim beyanatı, çalışan görüşmeleri ve zaman & ödeme kayıtları arasında tutarsızlıklar görülmüştür. Bu nedenle fazla çalışma saatleri ve fazla mesai ödemeleri kayıtlar üzerinden doğrulanamamıştır. **INITIAL AUDIT 02.04.2014:** It was noted that there were inconsistent datas between the management declaration, employee interviews and time & payment records. Therefore the overtime working hours and payments could not be verified through the records.		Lütfen tutarlı kayıtların tutulduğundan, son 12 ay için saklandığından ve denetim günü denetçiye sunulduğundan emin olunuz. It is recommended to keep the consistant datas of the last 12 months and provided to the auditors at the audit day.				**TAKİP DENETİM 25.09.2014:** İşletmede çalışan görüşmeleri, yönetim görüşmeleri, zaman ve ödeme kayıtları birbirleriyle tutarlıdır. Yapılan görüşmeler ve döküman incelemesi sonucunda işletmede fazla mesai çalışması olmadığı tespit edilmiştir. **FOLLOW UP AUDIT 25.09.2014:** Employee interviews, management interviews, time and payment records were consistent with each other at the facility. As a result of conducted interviews and reviewed documents, it was noted that there was no overtime working at the facility.	KAPALI CLOSED
7. Çalışma Saatleri No:6		**İLK DENETİM 02.04.2014:** Yönetim beyanatı, çalışan görüşmeleri ve zaman & ödeme kayıtları arasında tutarsızlıklar görülmüştür. Bu nedenle fazla çalışma		Lütfen tutarlı kayıtların tutulduğundan, son 12 ay için saklandığından ve denetim günü denetçiye sunulduğundan emin olunuz.				**TAKİP DENETİM 25.09.2014:** İşletmede çalışan görüşmeleri, yönetim görüşmeleri, zaman ve ödeme kayıtları birbirleriyle tutarlıdır. Yapılan	KAPALI

7. Working Hours No:6		saatleri ve fazla mesai ödemeleri kayıtlar üzerinden doğrulanamamıştır. **INITIAL AUDIT 02.04.2014:** It was noted that there were inconsistant datas between the management declaration, employee interviews and time & payment records. Therefore the overtime working hours and payments could not be verified through the records.		It is recommended to keep the consistant datas of the last 12 months and provided to the auditors at the audit day.				görüşmeler ve döküman incelemesi sonucunda işletmede fazla mesai çalışması olmadığı tespit edilmiştir. **FOLLOW UP AUDIT 25.09.2014:** Employee interviews, management interviews, time and payment records were consistent with each other at the facility. As a result of conducted interviews and reviewed documents, it was noted that there was no overtime working at the facility.	CLOSED

Corrective Action Plan – Observations

Non-Compliance 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)*	**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*
YOKTUR / NONE									

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**
Wage & Benefits / Odemeler ve Haklar No: 5	1- Meal is provided free of charge to all employees. Yemek tüm çalışanlara ücretsiz olarak sağlanmaktadır. 2- Transportation is provided free of charge to all employees. Servis tüm çalışanlara ücretsiz olarak sağlanmaktadır.	1-Employee interviews and document review Çalışan görüşmeleri ve döküman incelemesi 2- Employee interviews and document review Çalışan görüşmeleri ve döküman incelemesi

Confirmation

Please sign this document confirming that the above findings have been discussed with and understood by you: (site management)		
Site Representative Signature:	ZEKI BURUCU	Title FACILITY MANAGER / ISLETME MUDURU Date 25.09.2014
Auditor Signature:	EMEL OZTURK GUZEL	Title LEAD AUDITOR / BAS DENETCI Date 25.09.2014
Please indicate below if you, the site management, dispute any of the findings *I dispute the following numbered non-compliances:*		
Signed:	ZEKI BURUCU YMO TEKSTİL İNŞ. SAN. İÇ VE DIŞ TİC. LTD. ŞTİ. Eski Edirne Asfaltı 63.Sk.No:1 Kat:2-4 Sultangazi / İSTANBUL Alışalanı V.D.981 062 6092 Mersis No:0981062609200014	Title FACILITY MANAGER / ISLETME MUDURU Date 25.09.2014
Site Comments:		

Appendix 2.5. 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 re-occurring.

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=riPsbE0PQ52ehCo3lnq5Iw_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.