

SLCP Full Virtual Verification Facility Self-Declaration Form (content description below to be filled online via a form)

PART I Guidelines

Eligibility
<p>A facility is eligible for SLCP Full Virtual Verification if:</p> <ol style="list-style-type: none">1) The facility is not operating at full capacity due to force majeure;2) The facility is not operating at full capacity due to force majeure for the past 3 months or longer;3) The facility is not operating at full capacity due to force majeure and will likely remain in this situation in the next 1 month or longer. <p>Evidence for 1), 2) and 3) is required.</p> <p>Note: SLCP recognizes that force majeure situations are often unpredictable. If you answer "No" to either 2) or 3), then please contact the SLCP Helpdesk. No exception will be granted if you answer "No" to all three requirements.</p>
Force majeure definition
<p>SLCP defines force majeure as:</p> <p>A significant event that cannot be reasonably anticipated or controlled, that significantly impacts the party's ability to fulfil its obligations, and is not the result of negligence, malfeasance, or usual/ commonplace consequences of external forces.</p>
Force Majeure explanation within SLCP context
<p>The term "force majeure" can only be used to refer to emergency situations that would reasonably be expected to affect the ability for the facility to partake in SLCP onsite verification.</p> <p>Emergency situations can include, but are not limited to, fires, floods, storms, earthquakes, other natural disasters, war, labor disputes, riots, explosions, and other unforeseen or uncontrollable change, which includes governmental shutdowns due to a pandemic. Such emergencies can result in any inability to travel due to lockdown/ social distancing situations; legal requirements banning official, business or other non-essential travel, gatherings or any restrictions in transportation; limitations in receiving/admitting visitors on site to avoid health risks to Verifiers and facility personnel.</p>
Please explain in detail the facility's situation regarding force majeure or COVID-19 restriction (you must also submit evidence—see Part III below):

PART II General Information

Complete below with the correct information.

Facility Name	
Facility Address	
Street number and name	
Town/ City	
Province/ District	
Post Code	
Country	
Gateway ID	
Facility Contact Name (person completing self-declaration on behalf of facility)	
Facility Contact Number (direct line of person completing self-declaration on behalf of facility)	
Facility Contact Email (facility email address of person completing self-declaration on behalf of facility)	
Verification Date (if known) YYYY-MM-DD Type "not known" if verification date unknown	
SLCP approved Verifier Body	
<p>For the Verifier to understand working conditions on the day(s) scheduled for Full Virtual Verification, the facility must be operating at:</p> <ul style="list-style-type: none"> • A minimum of 50% workforce capacity • A minimum of 90% production processes capacity <p>To the fullest extent possible, the situation in the facility must be representative of operations under normal circumstances.</p>	
<p>Percentage of facility capacity running due to force majeure Type percentage, e.g., 10%</p> <p>SLCP recognizes that operating under force majeure involves unique circumstances that may make it difficult to fall within the exact parameters outlined in this self-declaration form. If you are uncertain as to whether your facility is eligible for SLCP Full Virtual Verification, please contact the SLCP Helpdesk.</p>	
Type of last SLCP verification	DROP DOWN

	Onsite Verification Onsite + Virtual Verification Full Virtual Verification Not applicable
If your facility's last verification was an SLCP Full Virtual Verification you are NOT eligible for a subsequent SLCP Full Virtual Verification, and you should not continue with this Declaration Form.	

PART III Facility Eligibility Checklist

Select "Yes" or "No" from the dropdown for the SLCP Full Virtual Verification Eligibility Requirements listed below	
<p>The term “force majeure” refers to emergency situations that would reasonably be expected to affect the ability for the facility to partake in SLCP onsite verification</p> <p>Force majeure situations can include, but are not limited to, fires, floods, storms, earthquakes, other natural disasters, war, labor disputes, riots, explosions, and other unforeseen or uncontrollable change, which includes governmental shutdowns due to a pandemic. Such emergencies can result in any inability to travel due to lockdown/ social distancing situations; legal requirements banning official, business or other non-essential travel, gatherings or any restrictions in transportation; limitations in receiving/admitting visitors on site to avoid health risks to Verifiers and facility personnel.</p> <p style="color: red;">If your situation requires an exception to <u>one</u> of the factors outlined in requirement 1 (currently occurring, lasting for the past three months or more, expected to continue for at least one month or more), please contact the SLCP Helpdesk. No exceptions will be granted if you answer "No" to two or more of the factors in Requirement 1.</p>	
1. The facility is a) currently experiencing a restriction in operations due to force majeure AND b) it has continued for the past three (3) months or more AND c) it is not expected to ease within the next month or longer	DROP DOWN YES, experiencing force majeure now YES, force majeure for the past 3 months or more YES, force majeure for the past 3 months or more and not expected to ease within the next month or longer NO
Documented Evidence (SLCP requires submission of documented evidence supporting your response, please attach) Attach proof of state of force majeure, for example: <ul style="list-style-type: none"> • Government Business Closure Regulation / Notice 	ATTACH DOCUMENTATION

<ul style="list-style-type: none"> • Declaration of a State of Emergency • National Decree • Other 	
Provide additional comments if necessary to explain:	
Before starting the Full Virtual Verification Process, the facility must complete the online Facility Training for SLCP Full Virtual Verification to fully understand the process and facility commitments	
2. The facility has completed the online Facility Training for SLCP Full Virtual Verification	DROP DOWN YES NO
Documented Evidence (SLCP requires submission of documented evidence supporting your response, please attach) Screenshots acceptable: • Training Certificate	ATTACH DOCUMENTATION
The facility must have an electronic system that maintains electronic copies of wages and working hours records to conduct wage and hours review virtually	
3. The facility has an operational electronic system for maintaining electronic copies of wages and working hours records	DROP DOWN YES NO
Documented Evidence (SLCP requires submission of documented evidence supporting your response, please attach) Screenshots acceptable: • Software used for payroll management and document management • When was software last updated	ATTACH DOCUMENTATION
The following can be checked using free software (https://www.speedtest.net/). Testing should occur with actual systems in use. Connection is considered stable using the below parameters as a general guide: <ul style="list-style-type: none"> • Ping<100 ms • Jitter<30 ms • Speed should be at least 10Mbps 	
4. The facility has a stable Internet connection with sufficient speed and bandwidth	DROP DOWN YES NO
If there are areas of the facility with no WIFI connection, those areas of the facility must be inspected virtually using a 4G data connection on a mobile phone or similar device. All areas of the facility must be accessible for Full Virtual Verification to take place	
5. All areas of the facility have the Internet reach to be inspected	DROP DOWN YES

virtually using a 4G data connection on a mobile phone or similar device	NO
<p>The facility must be able to share documents remotely to permit virtual/ remote documentation review. This includes:</p> <ul style="list-style-type: none"> - Personnel records or documents must be reviewed using screen sharing to reduce the amount of data and information that has to be transferred between the facility and VB, as well as to protect data privacy - Virtually analyzed documented information must be shared in a secure and agreed system, such as cloud-based Virtual Private Networks (VPNs) or other file-sharing systems (e.g., Dropbox, Baidu, etc.) - Using a video camera to display documents <p>The facility decides what format to use for remote/ virtual document sharing and the VB decides if they can accommodate the facility's choice:</p> <ul style="list-style-type: none"> - File formats accepted: PDF, JPG, Word, Excel 	
6. The facility is able to share documents remotely	DROP DOWN YES NO
<p>Documented Evidence (SLCP requires submission of documented evidence supporting your response, please attach)</p> <p>Screenshots acceptable:</p> <ul style="list-style-type: none"> • Type and version of software used (e.g., cloud-based Virtual Private Networks (VPNs) or other file-sharing systems (e.g., Dropbox, Baidu, etc.)) • When software was last updated 	ATTACH DOCUMENTATION
<p>Virtual verification activity for document review, walkthrough or interviews must be conducted using videoconference software</p> <p>The videoconference software used must support:</p> <ul style="list-style-type: none"> - Screensharing (for documentation review) - 2-way live video (for interviews, walkthrough and documentation review) - Screenshot capability (to replace photos) - Ability to take photographs with a cell phone/camera <p>The type of videoconferencing software to be used must be agreed upon by the VB and the facility</p>	
7. The facility has videoconference software capabilities	DROP DOWN YES NO
<p>Documented Evidence (SLCP requires submission of documented evidence supporting your response, please attach)</p> <p>Screenshots acceptable:</p> <ul style="list-style-type: none"> • Type and version of videoconference software used • When software was last updated 	ATTACH DOCUMENTATION

The facility staff chosen for Full Virtual Verification activity need to have the ability to share their screens for review of records	
8. All facility staff involved in the SLCP Full Virtual Verification have the ability to share screens	DROP DOWN YES NO
Since noise on the production floor may make it difficult for the Verifier and the facility to communicate, the chat feature on the videoconference software must be used to communicate and/or the designated cameraman should use headphones with an integrated microphone. In areas where hearing protection is required, all communication must be done through the chat feature	
9. The facility has "chat" capabilities on the videoconference software in areas of the facility where noise levels may disrupt communication	DROP DOWN YES NO
If no noisy areas answer YES	
As with an onsite walkthrough, all relevant parts of the facility must be included in Full Virtual Verification. It is therefore essential that the Verifier obtain and study a map of the facility and its premises to ensure that the entire facility (including areas such as dormitories and childcare facilities) is covered during the virtual walkthrough.	
10. The facility has a detailed map of the facility	DROP DOWN YES NO
Documented Evidence (SLCP requires submission of documented evidence supporting your response, please attach)	ATTACH DOCUMENTATION
Attach facility map	
The facility must execute the Worker Engagement Question Set facilitated by one of the SLCP approved Service Providers through a worker survey. Completed surveys are automatically uploaded to the Service Provider, where the anonymous results are aggregated and compiled into an easy-to-read Summary Report. The report is then disseminated to the facility and the VB/ Verifier by the Service Provider. The facility must use the Worker Engagement Summary Report to inform the SLCP self-assessment completion. The Verifier must have the Worker Engagement Summary Report prior to commencing Full Virtual Verification.	
11. The facility is aware of the requirement for workers to complete the SLCP Worker Engagement Question Set and will use one of the SLCP approved Service Providers to complete this requirement BEFORE completion of the SLCP self-assessment	DROP DOWN YES NO

Converged Assessment.
Collaborative Action.
Improved Working Conditions.

By signing below, I as a representative of this facility declare that the information above is true and accurate.

I fully understand the resources (including technology, additional time, training, cost for worker engagement service and more) that are required to complete a Full Virtual Verification.

I am aware that this self-declaration form is subject to review by the VOO and if the information herein is inaccurate, the facility's SLCP verification may be invalidated.

Date YYYY-MM-DD	
Signature	
First and Last Name	