

1 Vender General Information

Vender Name	Praimex S.R.L.			Vender Address	Roma 2710, Villa Maipu		
Contact Name	Javier Matias Alvarez	Title	Project Manager	Ship-to-Region	LAR		
Telephone Number	+5401153703132	Fax Number	NA	Cellphone Number	0054 9 11 2659 3715	Email	j.alvarez@praimex.com.ar; info@praimex.com.ar

2 Factory General Information

Factory Name (English)	Praimex S.R.L.			Factory Name (Local Language)	Praimex S.R.L.		
Factory Address (English)	Roma 2710, Villa Maipu			Factory Address (Local Language)	Roma 2710, Villa Maipu		
Year of Establishment	2019	Main Language Spoken	Spanish	Listed company or not	No	Product Category	Paint
Country	Argentina	Province/ State	Buenos Aires	Invested by	Domestic invested (State-own)		
Factory Code	TUVAR20241108001	Business License No.	30182	Contact Name	Javier Matias Alvarez	Title	Project Manager
Telephone Number	0054 9 11 2659 3715	Fax Number	NA	Cellphone Number	0054 9 11 2659 3715	Email	j.alvarez@praimex.com.ar

3 Factory Premises Description

Located within Industrial Park or not	NOT within any Industrial Park			Main Building	# of sq. meters	# of stories	Function				Description
							Prod.	W.H.	Dorm.	Other	
Total Floor Area (m2)	524	Total Number of Buildings	1	Building 1	524	1	*	*			Only 1 building with production area, warehouse and offices.
Canteen	No	Clinic	No	Building 2							
Multiple factories within the boundary?	No	Owens more than one manufacturing/ storage location	No	Building 3							
If Yes, Please describe below		If Yes, Please describe below		Building 4							
Nil		Nil		Building 5							
Shared building(s) with other company/ factory				Remarks	Nil						
No shared building with other(s)											
Please provide details if applicable	NA			How many years has/ have been the earliest building(s) been established?			Between 6 ~10 years			Remarks	None

4 Production Capacity and Process

[illegible]

5 Sub-contractor (Final products and/ or specific processes)													
Name of Subcontractor		Location with Detailed Address		Contact Name		Telephone Number		Email		Sub-contracted Products/ Processes			
n/a		n/a		n/a		n/a		n/a		n/a			
n/a		n/a		n/a		n/a		n/a		n/a			
n/a		n/a		n/a		n/a		n/a		n/a			
n/a		n/a		n/a		n/a		n/a		n/a			

6 Employee Details													
Female	0	Management	1	Young Labor	0	Pregnant Worker	0	Disabled Worker	0	Permanent	5	Migrant	0
Male	5	Worker	4	Apprentices	0	Worker in Lactation	0	Agency/ Dispatched Employees	0	Temporary	0	Local	5
Employees in total	5	Remarks	none							Written Agreement with Temporary Worker		N/A	

7 Work Hours													
Type of time recording system		☐ Manual Record ☐ Punch Paper Record ☐ IC Card Scanning ☒ Fingerprint Scanning ☐ Facial Recognition ☐ No Record											
Regular work hours per week		Legal overtime hours	Daily	3.0	Day off in a week								
Legal Standard	48.0		Weekly	15.0	Legal Standard	☐ Mon	☐ Tue	☐ Wed	☐ Thu	☐ Fri	☐ Sat	☒ Sun	
Standard in the factory	48.0		Monthly	30.0	Standard in the factory	☐ Mon	☐ Tue	☐ Wed	☐ Thu	☐ Fri	☒ Sat	☒ Sun	
Waivers from authority (please specify):		N/A											
Work Shift	Shift 1	Shift 2	Shift 3	Shift 4	Sampled Work Hours Data	Period		Sample Size	Maximum			Remarks	
Department/ Post	All					Year	Month		Daily OT Hours	Monthly OT Hours	Total Weekly Hours		
Start time	7:00 AM				Batch 1	2024	2	5	0.0	0.0	40.0	No overtime	
End time	4:00 PM				Batch 2	2024	8	5	0.0	0.0	40.0		
Remarks					Batch 3	2024	11	5	0.0	0.0	40.0		

8 Wages & Welfare											
Local Minimum Wage		233	Pay Date		4th day in each month	Sampled Payment Data	Reviewed Period (Year)	Reviewed Period (Month)	Sample Size	Payment under MW (%)	OT compensation under legal premium (%)
Wage Calculation Base	☒ Monthly ☐ Weekly ☐ Daily ☐ Hourly ☐ Piece Rate					Batch 1	2024	2	5	0.00%	0.00%
Wage Payment Period	☒ Monthly ☐ Weekly ☐ Daily ☐ More than one month					Batch 2	2024	8	5	0.00%	0.00%
Payment Method	☐ Cash ☒ Bank Transfer ☐ Cheque ☐ Other					Batch 3	2024	11	5	0.00%	0.00%
Remarks	n/a					Social Insurance Coverage in Current Month		=100%		Accident Insurance Coverage in Current Month	All employees

9 Environmental, Health & Safety	
Management System Certification	☐ No ☐ SA8000 ☒ ISO9001 ☐ IATF16949 ☐ OHSAS 18001 and/ or ISO 45001 ☐ ISO 14001 and/ or other environmental protection ☐ Others
Remarks (Certification body & valid period)	ISO 9001:2015 Certificate

Loss caused by incident/ accident in past 12 months				EHS Committee		Both EHS committee & fire safety committee					
Death (Number of Death)		0		EHS Management Team		Less than 3 full time EHS management staff					
Injury (Case Number)		0		Qualification of EHS Management Team		Some of them are certified					
Property Loss (USD)		0		Please provide details of the qualification certifications		n/a					
Please provide details if any		n/a		Annual EHS Budget for Current Year (USD)		50000		Environmental Impact Assessment (EIA)		Yes	
Special equipment in use		Yes		Hazardous chemicals in use		Yes		Auto fire alarm system		Yes	
Regular occupational hazards monitoring/ inspection		Yes		Results of occupational medical examination in last year		Number of confirmed occupational disease		Number of suspected occupational disease		Number of detected occupational contradiction	
Occupational medical examination for employees		Provide pre-task, on-the-job and post-task occupational medical examinations				0		0		0	
Number of Waste Discharge Permit		5645		Regular inspection on emissions, noise, water discharge		n/a		Illegal environment discharge		No	
10 Others											
Strike/ Walkout in the past 2 years		No		If Yes, please provide details		n/a					
Type of disciplinary method		☒ Verbal warning ☐ Written warning ☐ Monetary fines ☐ Corporal punishment ☐ Other		If Other, please describe		none					



Audit General Information



Audit No.	TUVAR20241108001-24IA	Audit Start Date	12/16/2024	Audit End Date	12/16/2024	Total Audit MD	1.00
Audit Company	TUV Rheinland	Lead Auditor	Jorge Garramuño	Auditor	Jorge Garramuño	Compliance Level	
Audit Type	☒ Full Audit ☐ Partial Audit ☐ Follow-up Audit ☐ Equivalence Audit (Desk-top Report Conversion)						
Audit Scope	☒ LAWS AND REGULATIONS ☒ CHILD LABOR ☒ FORCED LABOR ☒ HARASSMENT ☒ WAGES AND BENEFITS ☒ HOURS OF WORK ☒ HEALTH AND SAFETY ☒ NON-DISCRIMINATION ☒ WOMEN'S RIGHTS ☒ FREEDOM OF ASSOCIATION AND COLLECTIVE BARGAINING ☒ ENVIRONMENT ☒ SUBCONTRACTING ☒ COMMUNICATION ☒ MONITORING AND COMPLIANCE						
Executive Summary * General Information * Specific situation * Sensitive information	The audit is an onsite audit. Facility has certified ISO 9001: 2015 valid to 2/7/2027 Certificate - 9000-16946 IRAM. Facility presents a remarkable order and cleanliness management. Facility has an excellent work environment. Facility has purchased a robot to do the painting of the parts, which reduces the risk to workers.						

Question No.	Questions	Finding Details	Legal Requirement
2 CHILD LABOR			
2.9	No written procedures or systems to implement prevention of child labors and protection of young workers (D)	Description of Non-Compliance: No written policies or procedures regarding child labour and protection of young workers.	A Supplier must establish, document, maintain and effectively communicate to personnel and other interested parties, written policies and procedures for prevention of child labor and remediation of child labourers, and shall provide adequate financial and other support to enable such children to attend and remain in school until no longer a child as defined above.
3 FORCED LABOR			
3.1	No written procedures or systems to implement prevention of forced labor (D)	Description of Non-Compliance: No written policies or procedures regarding prevention of forced labour.	In accordance with client's SCoC requirement, supplier must have a written policy against forced labor that complies and implement the code, applicable laws and regulations.
4 HARASSMENT			
4.5	Factory does not document or communicate to all employees a progressive disciplinary policy (e.g. escalating disciplinary action steps such as verbal warning, written warning, suspension and termination) (I, O, D)	Description of Non-Compliance: No written procedures duly communicated in relation with progressive disciplinary policy.	In accordance with client's SCoC requirement, a Supplier should communicate rules and regulations including disciplinary procedures and practices to employees (e.g., bulletin boards).
5 WAGES AND BENEFITS			
5.13	No written policy on wages, and benefits specified in applicable laws and regulations (D)	Description of Non-Compliance: No written policy on wages and benefits.	In accordance with client's SCoC requirement, supplier must have a written policy that addresses wages, benefits, and contracts requirements specified in applicable laws and regulations and this code.
6 HOURS OF WORK			
6.10	No written policy that addresses working hours requirements specified in applicable laws and regulations (D)	Description of Non-Compliance: No written policy that addressed working hours requirement specified in applicable laws and regulations.	In accordance with client's SCoC requirement: supplier must have working hour management policy, procedure, and records, control methods of excessive overtime working, and appeal mechanism.
7 HEALTH AND SAFETY			
7.37	Hazardous Chemical storage areas not meet adequate requirements (O)	Description of Non-Compliance: Hazardous chemical storage area is not waterproofed (the floor is simply smooth concrete).	In accordance with Decree 831/93 Regulatory Law No. 24,051 Hazardous waste. The liners must meet the following requirements: 1) be designed, constructed and installed in such a way as to prevent any migration of residues out of the deposit towards the adjacent subsoil, towards groundwater or surface waters at any time during the active life of the repository including the closing period.
10 FREEDOM OF ASSOCIATION AND COLLECTIVE BARGAINING			
10.6	No system for employees to raise grievances to management (I, O, D)	Description of Non-Compliance: No system for employees to raise grievances to management.	In accordance with client's SCoC requirement, A Supplier should have a system for employees to raise grievances to management.

The vendor should submit the proposed Corrective Action Plan within 5 working days of receiving the CAP report, by email to cherryhl.he@tuv.com
 供应商需在收到纠正措施报告的5个工作日内将其填写完整并通过邮件提交给Cherry He，邮箱：cherryhl.he@tuv.com

Factory Representative

Javier Matias Alvarez

Title

Project Manager

Signature

Date

12/16/2024