



AM Retail Group, Inc.
FACTORY EVALUATION

AMRG RATING: A B C D
EXCELLENT GOOD FAIR POOR

CTPAT RATING: YES NO

MONITORING DATE _____ AMRG SUPPLIER CODE: _____
NAME OF SUPPLIER: _____ SUPPLIER TEL. NO: _____
NAME OF PARENT COMPANY: _____ CONTACT PERSON: _____
NAME OF FACTORY: _____ MANUFACTURER ID: _____
PREVIOUS NAME: _____ BUSINESS LICENCE: _____

PHYSICAL LOCATION ADDRESS: _____

TYPE OF GARMENTS FACTORY PRODUCES: _____

CURRENT CUSTOMERS/LABLES: _____

PRODUCTION PROCESS: CUTTING SEWING KNITTING PRESSING
 FINISHING PACKING WASHING DRYING
 DYEING EMBROIDORY/PRINTING
 OTHERS(PLEASE DESCRIBE)

CONTACT PERSON: _____ COUNTRY OF ORIGIN: _____
CONTACT'S TITLE _____ TELEPHONE NO: _____
PLANT MANAGER: _____ FAX No : _____
MAIN PRODUCT ITEM: _____ YEARS IN OPERATION: _____
FACTORY E MAIL: _____ NUMBER OF EMPLOYEES: _____
LAND AREA(SQ.M): _____ BUILDING AREA(SQ.M): _____

GENERAL INFORMATION:

ESTIMATED CAPACITY PER MONTH:	PRODCUTION LINES:
AS AMRG APPAREL GROUP USED THIS MANUFACTURER/ASSEMBLER BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VIA WHICH CHANNEL..... <input type="checkbox"/> AGENT <input type="checkbox"/> DIRECT	
IF AGENT PLEASE LIST,AND HOW LONG FOR WHICH LABLES:	
LIST OTHER COMPANIES AND SHARES OF SALES REVENUE THAT USE, OR HAVE USED, THESE PRODUCTION FACILITIES:	
LIST OTHER CUSTOMERS WHICH HAVE ALREADY APPROVED THIS FACILITY AND EXPIRATION DATES:	



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DOES THE FACILITY HAVE A LIGHT BOX?..... Yes No

DOES FACTORY HAVE GENERATOR?..... Yes No

DOES THE FACTORY HAVE THE WRAPPING BUTTON MACHINES AND WHAT MODEL?..... Yes No

ARE METAL DETECTORS USED?..... Yes No

IS THE FACTORY VENTILATED WELL?..... Yes No

IS THE FACTORY'S TEMPERATURE COMFORTABLE? AND HAVE TEMPERATURE RECORDS?..... Yes No

IS THE LIGHING IN FACTORY UNIFORM/BRIGHT,ACCEPTABLE?..... Yes No

IS THE NOISE LEVEL IN FACTORY ACCEPTABLE?..... Yes No

CUTTING CAPABILITIES:

NO.OF CUTTING TABLES: _____ LENGTH OF CUTTING TABLES : _____

WIDTH OF CUTTING TABLES: _____

CUTTING IS PERFORMED BY:

MANUALLY-OPERATED Yes

AUTOMATED MECHANICAL KNIVES Yes

AUTOMATED LASER CUTTER YES

OTHERS (describe): _____

ARE CUTTING TICKETS AVAILABLE?..... Yes No

ARE CUTTING INSPECTION REPORTS AVAILABLE?..... Yes No

PACKING/PRESSING:

FACILITIES/MACHINES(DESCRIBE)

HOW MANY PRESSING STATIONS:

GENERAL COMMENTS ON PRODUCTION PROCESS/FACILITIES AND PRODUCTION AREA:



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QUALITY CONTROL PROCEDURES:

- a) ARE THERE WRITTEN RESULTS FROM THE IN-LINE AND FINAL INSPECTION SYSTEMS?..... Yes No
(BE PREPARED TO SHOW AN EXAMPLE)
- b) LEATHER GARMENT: IS EVERY PC OF SKIN SELECTED TO AVOID SHADING BEFORE CUTTING? Yes No
- c) CUT PANELS: *DOES CUTTING ROOM DO PANEL INSPECTION?..... Yes No
- d) DO THEY USE SHADE STICKER EACH PANEL?..... Yes No
- e) FABRIC: ARE AT LEAST 10% OF ROLLS RANDOMLY INSPECTED PRIOR TO SPREADING?..... Yes No
(SHOW RECORDS)
- f) ACCESSORIES: ARE AT LEAST 10% OF ACCESSORIES RANDOMLY INSPECTED?..... Yes No
(SHOW RECORDS)
- g) FINAL: 100% INSPECTION?..... Yes No . OR AQL INSPECTION?..... Yes No
- h) PACKING: ARE ANY CARTONS REINSPECTED FOR COUNT, SIZE, AND COLOR?..... Yes No
WHAT%
- i) DOES THE AGENT/TRADING COMPANY PERFORM A FINAL AUDIT?..... Yes No
WHAT AQL IS USED?
- j) ARE WORKERS WEARING UNIFORMS AND NEED TO CHANGE SHOES INTO WORKING AREAS?.. Yes No
- k) ARE THE FOOD/WATER CUPS DETECTED AT THE WORKING AREAS?..... Yes No
- l) DID THE FACTORY KEEP TEMPERATURE/TEARING-TEST REPORTS WELL FOR FUSED PARTS?.. Yes No
- m) AT EACH PRODUCTION STAGE, ARE THE ACCEPTED/REJECTED LOTS SEPARATED CLEARLY?.. Yes No
- n) ALL MATERIAL/SEMI-FINISHED/FINISHED GARMENTS ARE PUT INTO THE BOXES OR PALLETS WITH LABELS?..... Yes No
- o) ALL ORIGINAL PRODUCTION DELIEVERY DOCUMENTS ARE WITH THE PROPER STYLE/P.O.?..... Yes No

QUALITY CONTROL PROCEDURES COMMENTS:



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WORK CONDITION:

1. PRODUCTION WORKERS ARE PAID: DAILY WEEKLY BI-WEEKLY MONTHLY

2. PRODUCTION WORKERS ARE PAID BY: CASH CHECK DEPOSIT IN THEIR BANK ACCOUNT

3. PRODUCTION WORKERS ARE PAID BY: PIECES HOURLY GROUP PRODUCTION SALARY
 OTHERS

4. HOW MANY DAYS PER WEEK ARE REGULAR WORKERS SCHEDULED: _____ DAYS

5. IS OVERTIME MANDATORY..... Yes No

6. IF OVERTIME WORKING, DOES FACTORY STATE VOLUNTARY OVERTIME REASONS TO ALL EMPLOYEES, AND HAVE VOLUNTARY OVERTIME REGISTRATIONS WITH EMPLOYEES' SIGNATURE PRIOR TO THE OVERTIME?..... Yes No

6. ARE THE WORKERS ALLOWED TO JOIN A TRADE ORGANIZATION OR UNION..... Yes No

7. ARE THE EMPLOYEES ENTITLED TO ANY OF THE FOLLOWING BENEFITS:

PAID VACATIONS PAID HOLIDAYS MEDICAL BENEFITS ATTENDANCE BONUS

PAID CHILD CARE PRODUCTION BONUS PAID PREGNANCY LEAVE PAID SICK LEAVE

8. SHIFT() WORKING HOURS (TO ; TO)

9. SHIFT() WORKING HOURS (TO ; TO)

10. SHIFT() WORKING HOURS (TO ; TO)

11. ANY KIND OF PAYROLL DEDUCTION..... Yes No

12. EMPLOYMENT CONTRACTS FOR EVERY EMPLOYEE (PLEASE PROVIDE A COPY)..... Yes No
IF NO WHAT IS THE % OF EMPLOYEES WITHOUT EMPLOYMENT CONTRACT % & WHY

13. IS A WRITTEN POLICY POSTED IN THE PUBLIC VIEW THAT DESCRIBES THE SOCIAL RESPONSIBILITY OF THE COMPANY ESPECIALLY WITH REGARD TO CHILD LABOR, JUVENILE EMPLOYEES, FEMALE EMPLOYEES, DISCRIMINATION, FORCED LABOR, WORKING HOURS, OVERTIME COMPENSATION, WORKING CONDITIONS, HEALTH AND SOCIAL FACILITIES, SAFETY, FREEDOM OF ASSOCIATION AND COLLECTIVE BARGAINING? PLEASE ATTACH A COPY..... Yes No

14. IS DOCUMENTATION AVAILABLE ON PREGNANT WOMEN AND MATERNITY LEAVE FOR THE PAST MONTHS?..... Yes No

15. DOES FACTORY HAVE THE ANNUAL PAID LEAVE DAYS FOR THE EMPLOYEES WHO WORKED FOR AT LEAST MORE THAN ONE YEAR?..... Yes No



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WORK CONDITION COMMENTS:



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HEALTH & SAFETY:

- 1. AT LEAST 2 EXIT PER FLOOR ON OPPOSING SIDES OF THE ROOM,AND WITH OPENING DOORS TO AN OUTSIDE TO A SAFE AREA..... Yes No
- 2. EXIT SIGNS ILLUMINATED..... Yes No
- 3.EVACUATION PLAN WITH F.A.K./FIRE EQUIPNENTS PLACEMENTS AND 'I'M HEER' ITEMS Yes No
- 4. AISLES AND EXITS UNOBSTRUCTED..... Yes No
- 5. SUFFICIENT SPACE (22") IN THE AISLES AND PROPERLY MARKED..... Yes No
- 6. SUFFICIENT NUMBER OF FUNCTIONAL FIRE EXTINGUISHER IN FACTORY Yes No
(AT LEAST 2 WORKING FIRE EXTINGUISHERS/100 SQ MTR, OR ONE PER 75 OPERATORS)
- 7.THE FIRE EXTINGUISHERS/HYDRANTS ARE REGULAR CHECKED Yes No
- 8.MARKED 'YELLOW BOXES' UNDER ALL FIRE EXTINGUISHERS/HYDRANTS..... Yes No
- 9.IS THERE AN OVERHEAD SPRINKER SYSTEM FOR FIRE EMERGENCY..... Yes No
- 10. SUFFICIENT TRAINED PERSONS FOR FIRE EXTINGUISHER AN EVACUATION(SHOW EVIDENCE/PICTURES OR CERTIFICATES)..... Yes No
- 11. AT LEAST 1 PERSON TRAINED FOR FIRST AID(MUST INCLUDING.:CPR ITEM) IN EACH SECTION (SHOW EVIDENCE)..... Yes No
- 12. CONDUCT FIRE DRILL AT LEAST TWICE A YEAR (DATE OF LAST FIRE DRILL) / / (DD/MM/YY)..... Yes No
- 13.EXTINGUISHERS MOUNTED ON WALL..... Yes No
- 14. EXTINGUISHERS/HYDRANTS CLEARLY MARKED USING RED AND WHITE MARKINGS.... Yes No
- 15. SIREN OR HORN TO ANNOUNCE EMERGENCIES WITH FIRE ALARM SOUND AND FLASH LIGHTS..... Yes No
- 16. SUFFICIENT EMERGENCY LIGHTING IN FACTORY Yes No
- 17.IS A LISTING EMERGENCY PHONE NUMBER IN PLACE AND POSTED IN WORKING AREA Yes No
- 18.IS THERE A MEDICAL CLINIC IN FACTORY OR MECIAL AGREEMENT WITH THE NEAREST HOSPITAL IN FACTORY Yes No
- 19.ARE PRESCRIPTION DRUGS PROVIDED TO WORKERS..... Yes No
- 20.DO WORKERS HAVE ACCESS TO SAFE DRINKING WATER?..... Yes No
- 21.SWITCHES BOX AND ELECTRIC POINTS HAVE RUBBER MATS BENEATH..... Yes No
- 22.SWITCHES BOX AND ELECTRIC POINTS ARE EQUIPPED WITH INNER/OUTER COVERS PROPERLY,AND MARKED EACH FUNCTION CLEARLY..... Yes No
- 23.ELECTRICAL WIRING,SWITCHES AND OTHER ELECTRICAL APPLIANCE USED IN THE FACILITY APPEAR TO BE SAFE AND IN GOOD CONDITION?..... Yes No
- 24.ARE THERE HAND GUARDS ON CUTTING MACHINES?..... Yes No
- 25. ARE SAFETY EDUCATION OR TRAINING PROGRAMS OFFERED TO ALL WORKERS..... Yes No
- 26.ARE FIRST AID KITS FULLY STOCKED, ATTACHED REGULARLY CHECKING RECORDS AND SUPPLIES LIST (SEE ATTACHED LIST) Yes No
- 27.ARE THE FIRST AID KITS SUFFICIENTLY IN EACH SECTION..... Yes No
- 28.DO THEY KEEP BROKEN NEEDLE RECORD (SHOW EXAMPLES)..... Yes No
- 29. SUFFICIENT NUMBER OF TOILET IN FACTORY AND WITH SUFFICIENT TOILET SUPPLIES (PAPER/TOWELS/SOAP/PRIVACY DOORS....) Yes No



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- 30. ARE THE ELECTRICAL KNIVES AND QUARTER/BANDKNIVES CUTTING MACHINES MAKRED SAFETY OPERATION WARNING(HANDS WITH WIRE MESH GLOVES)..... Yes No
- 31. SUFFICIENT CHAIN MAIL GLOVES FOR CUTTERS (WIRE MESH GLOVES)..... Yes No
- 32. DO ALL SEWING MACHINES HAVE NEEDLE GUARDS AND THE UPPER/LOWER PULLEY GUARDS IN GOOD CONDITION..... Yes No
- 33. ARE ALL OVERLOCK/TACK MACHINES EQUIPPED WITH HAND GUARDS/EYE-SHIELDS AND PULLEY GUARDS..... Yes No
- 34. IS THERE AN INDIVIDUAL STAINS CLEANING ROOM WITH PPE(PERSONAL PROTECTIVE EQUIPPMENTS AND MSDS (MATERIALS SAFEFY DATA SHEETS) POSTED?..... Yes No
- 35. ARE SIGNS AND WARNINGS POSTED IN THE CORRESPONDING AREAS AND ON MACHINERY REMINDING EMPLOYEES TO WEAR PERSONAL PROTECTIVE EQUIPMENT?.... Yes No
- 36. DOES THE FACTORY KEEP THE P.P.E .RECEIVED/TRAINED/USED RECORDS?..... Yes No
- 37. FOR PRESSING FACILITIES, IS THE STEAM PIPE NETWORK IN GOOD CONDITION AND REGULARLY CONTROLLED AND MAINTAINED?..... Yes No
- 38. DOES THE FACTORY HAVE A HEALTHY/SAFETY/ENVIRONMENT COMMITTEE?..... Yes No
- 32. ARE ALL PRODUCTION MACHINES WITH REGULARLY MAINTAIN RECORDS ?..... Yes No

HEALTHY&SAFETY COMMENTS:



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CANTEEN:

- 1.DO CANTEEN STAFF WEAR PERSONAL PROTECTIVE CLOTHING..... Yes No
- 2.ANNUAL HEALTH CHECK FOR THE CANTEEN STAFF?..... Yes No
- 3.IS CANTEEN CLEAN AND HYGIENIC..... Yes No
- 4.DOES CANTEEN HAS THE APPROVED HYGIENIC CERTIFICATE..... Yes No
- 5.DOES CANTEEN HAVE THE BASICAL HEALTHY&SAFETY STANDARD(2 EXITS ILLUMINATED/FIRE EXTINGUISHERS/EVACUATION PLOT PLAN/EMERGENCY LIGHTS..)..... Yes No
- 6.DOES THE KITCHEN ROOM HAVE AT LEAST ONE F.A.K.(FIRST AID KIT) AND TWO FIRE EXTINGUISHERS?..... Yes No
- 7.DOES THE KITCHEN ROOM HAVE ANTI-SLIP FLOOR MATS AT WET FLOOR?..... Yes No

CANTEEN COMMENTS:

DORMITORY:

- 1. IS DORMITORY PROVIDED TO WORKERS,AND BE AT THE PREMISES OF FACTORY..... Yes No
- 2. IS IT CHARGED TO WORKERS WHO RESIDE , RATE Yes No
- 3. SUFFICIENT FIRE EXITS IN DORMITORIES (2PER FLOOR) Yes No
- 4. EXTINGUISHERS MOUNTED ON WALL IN DORMITORIES AND CLEARLY MARKED..... Yes No
- 5. EXIT SIGNS ILLUMINATED IN DORMITORIES..... Yes No
- 6. EVACUATION PLOT PLAN POSTED IN DORMITORIES..... Yes No
- 7.ENOUGH SPACE FOR WORKERS IN DORMITORIES Yes No
- 8. SUFFICIENT NUMBER OF TOILETS IN DORMITORIES..... Yes No
- 9.IS SECURITY SERVICE PROVIDED?..... Yes No
- 10.ARE LAUNDRY AREAS AND FACILITIES PROVIDED TO WORKERS..... Yes No
- 11.ARE WORKERS FREE TO LEAVE THE DORMITORY OUTSIDE WORKING HOURS..... Yes No
- 12.IS THE BATHROOM EQUIPPED WITH A PRIVACY DOORS/CURTAIN?..... Yes No

DORMITORY COMMENTS:



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LOCAL / NATIONAL LAW

- 1. DID THE FACTORY POST THE CORRESPONDING CUSTOMER COC AND LOCAL LABOR LAW/REGULATIONS AT WORKING AREAS IN NATIVE LANGUAGE, AND CONDUCT THE RELEVANT TRAINING?
2. AVERAGE WORKING HOURS PER WEEK ___ HOURS
3. HAVE EVIDENCE OF DOCUMENT (BORROWED ID CARD OR FALSE ID)
4. REGULAR PHYSICAL EXAMINATION FOR EMPLOYEES
5. DOES THE PLANT CONFIRM THAT IT COMPLIES WITH ALL; LOCAL/ NATIONAL LABOR LAW, LOCAL/ NATIONAL HEALTH & SAFETY LAW, LOCAL/ NATIONAL ENVIRONMENT LAW
6. MINIMUM WAGE FOR THE REGULAR WORKER ___ PROBATIONARY WORKER ___
7. PAY OVERTIME ACCORDING TO LOCAL LAW FOR WEEK DAYS ___ %
8. PAY OVERTIME ACCORDING TO LOCAL LAW FOR SATURDAY/SUNDAY/REST DAY ___ %
9. PAY OVERTIME ACCORDING TO LOCAL LAW FOR PUBLIC HOLIDAY ___ %
10. INSURANCE: HEALTH/MATERNITY/OCCUPATIONAL/RETIREMENT/UNEMPLOYMENT (BE PREPARED TO SHOW AN EXAMPLE)
11. IS THERE EVIDENCE OF THE USE OF CORPORAL PUNISHMENT OR ANY OTHER FORM OF PHYSICAL OR PSYCHOLOGICAL ABUSE
12. IS THERE ANY SUGGESTIION BOX AT THE WORKING AREAS? DID THE MANAGEMENT KEEP THE RELEVANT OPEN/SETTLED RECORDS?
13. IS THERE A WRITTEN POLICY ON GRIEVANCE/DISCIPLINARY ACTION
14. IS WORKER CONTRACT IN ACCORDANCE WITH THE NATIONAL LAW
15. SALARY OF DEDUCTIONS E.G. HOUSING, MEAL ARE MADE FROM WAGES
16. IS UNLAWFUL CHILD LABOR UTILIZED? (BASED ON LOCAL LAW)
17. YOUNGEST EMPLOYEE AGE IN FACTORY
18. IS PRISON OR SLAVE LABOR UTILIZED?
19. DOES PERSONNEL FILE INCLUDE: DOB, PHOTO, COPY IN ID CARD, PERSONAL MANAGER SIGN NAME/ WORKER'S SIGNATURE, CONTACT PERSON, ID NUMBER, BELOW 18 YEARS OLD 16-18 REGULAR HEALTH CHECK/6 MONTH
20. DO THE JUVENILE EMPLOYEES WORK BY OVERTIME?
21. FOR APPRENTICESHIPS AND JOB TRAINING PROGRAMS, ARE THERE ALL SUPPORTING DOCUMENTS AS THE STATUTORY REGULATIONS?
22. ARE ALL EMPLOYEES PROVIDED WITH AT LEAST ONE RESTDAY FOLLOWING SIX CONSECUTIVE DAYS WORKED?
23. DO ALL PREGNANT EMPLOYEES RECEIVE STATUTORY MATERNITY BENEFITS?
26. HOW MANY DAYS AFTER THE END OF THE CALCULATION PERIOD DO THE EMPLOYEES RECEIVE THEIR WAGES? (PLS DESCRIBE: DAYS)



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27. ARE ALL PAYROLL RECORDS WITH EMPLOYEES' SIGNATURE AND SIGNED DATES?

LOCAL/NATIONAL LAW COMMENTS:

REQUIRED FIRST AID KIT CONTENTS

- 01. ALCOHOL
- 02. ADHESIVE BANDAGES
- 03. ADHESIVE TAPE
- 04. ANTISEPTIC WIPES
- 05. AMMONIA INHALANT
- 06. BURN CREAM
- 07. COMBINE PAD
- 08. DISPOSABLE GLOVES
- 09. ELASTIC BANDAGES
- 10. EYE WASH
- 11. FIRST AID CREAM
- 12. FORCEPS (TWEEZERS)
- 13. FABRICS SUPPORT/SLING
- 14. INSTANT COLD PACKS
- 15. COTTON BALLS
- 16. SCISSORS



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FACTORY PICTURES