# G001 Self-assessment Guide
# Clean Fibre Processing

## Approvals

The signatures below certify that this procedure has been reviewed and accepted, and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision.

|  | Name | Signature | Position | Date |
|---|---|---|---|---|
| Prepared by | Lesley Colvin |  | Standards and Compliance Manager | 7th February 2020 |
| Reviewed by | Chas Hubbard |  | Operations Manager | 7th February 2020 |
| Approved by |  |  |  |  |

## Amendment Record

This procedure is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

| Page No. | Context | Revision | Date |
|----------|---------|----------|------|
|          |         |          |      |

## Disclaimer

This document is a continuous work-in-progress.  Any errors, required amendments, or additions should be reported to the document owner, and updated copies of the document (or notification of updates) issued thereafter.

## Copyright

# Contents

# Introduction

This document provides general advice and guidance to registered individuals and organisations working with Sustainable Fibre Alliance's (SFA) Codes of Practice. It should be used in conjunction with the specific guide for each Code of Practice. These guides provide detailed information about the requirements of each Code of Practice and should be used as the main source of guidance.

# Objectives

This document is intended to provide guidance related to the self-assessment of the SFA's Clean Fibre Processing Code of Practice (SFPCoP).  The objectives of this guidance are:

• to ensure a consistent approach to self-assessment of the SFPCoP

• to provide guidance to any person involved in carrying out self-assessment of the SFPCoP.

# Scope

This guidance is applicable to the self-assessment of the SFA's Codes of Practice.

 This guidance shall undergo a scheduled review at least every three years.  This is subject to earlier revision and update if deemed necessary, such as in the case of major Codes of Practice revisions by the SFA. The next scheduled review will begin in 2023.

Any complaints about the assurance process shall be addressed through the SFA Complaints Procedure. Any complaints about the content or assurance of a Code of Practice will be forwarded to the Standards System Improvement Committee (SSIC) and will be considered through the SFA's development and review process.

 For any other comments or questions, please contact info@sustainablefibre.org.

## Terms and Definitions

| Local | Refers to the SFA office in the country in which these SFA's Codes of Practice are applied. |
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## References

The following documents were referenced in the development of this document.

- The SFA's Clean Fibre Processing Code of Practice
- The SFA's Clean Fibre Processing User guide
- The SFA's Clean Fibre Processing Assessment Guidance

# Section A – Self-assessment Report

## How the process works

The SFA's Self-assessment Report is a tool that has been created to assist in the evaluation of working practices against the indicators specified in the relevant Code(s) of Practice (CoP).

Once the self-assessment report has been completed, the SFA will review the report and verify that the registered party has indicated that they meet all the identified Bronze minimum criteria. If they are satisfied, a Bronze Award certificate will be produced.

An Independent Assessor will be allocated, and a date for an Independent Assessment will be agreed. The Independent Assessor will review the Self-assessment Report the application form, any previous Assessment Reports and any outstanding Development or Actions Points where applicable.

## Completing the Self-Assessment Report

Before the self-assessment can begin, the User Guide and Assessment Guidance documents must be available for reference.

1. Each indicator should be compared against standard working practices and procedures.

2. If it is determined that an indicator has been fully met, the evidence should be listed under the 'Evidence of Compliance' column against the respective indicator. The evidence may be separated and kept in a special file; however, this is not necessary. It can remain where it naturally occurs, e.g. in an organisation's Policies and Procedures file, however the description of the evidence must clearly signpost where to find the evidence.

3. Under the column titled **ROG**, (which stands for Red, Orange or Green) the letter 'G' should be written, indicating that the indicator has been fully met as per the assessment guidance. (refer to Annex 1 Exemplar: Self-assessment Report for details

4. If it is determined that an indicator has been partially met, the evidence should be listed under the 'Evidence of Compliance' column against the respective indicator.

5. Under the column titled **ROG**, (which stands for Red, Orange or Green) the letter 'O' should be written, indicating that the indicator has been partially met as per the assessment guidance.

6. If it is determined that an indicator has not been met, the 'Evidence of Compliance' column should be marked 'not met'.

7. Under the column titled **ROG**, (which stands for Red, Orange or Green) the letter 'R' should be written, indicating that the indicator has not been met.

8. Once every indicator has been addressed, the responsible person must sign and date the declaration on the last page and return the entire report to the SFA for review. A copy may be retained for reference.

9. If any section of the report has not been completed, the report will be rejected and returned.

10. The SFA will review the content of the report. The SFA may decide to carry out an unannounced Spot Check to validate evidence provided in the report.

11. Once the review has been completed, the SFA will confirm the outcome in writing including what the next steps will be.

# Annex 1 Exemplar: Self-assessment Report - Clean Fibre Processing Code of Practice

IMPORTANT: The evidence descriptions provided below are examples only.  The list is not exhaustive and may or may not apply to your organisation.  You **must** ensure that all evidence listed in your completed report is specific to your organisation's working practices and procedures.

| Name of Processing Plant | A B C Cashmere Processors |
|---|---|
| Date | 01/02/2020 |

## Unit 1 - 1. Social and Ethical Requirements

| Unit 1.1: Health, Safety and Hygiene | | | |
|---|---|---|---|
| **Reference number** | **Indicator description** | **Evidence of compliance** | **R O G** |
| **1.1.1** | Health and Safety policy and procedures, adhering to all legal requirements **must** be in place | Health and Safety Policy V5 Sept 2019 – https://orgdocs/policies/H&S_policy_V5<br><br>Chemical Management System Procedures V4 February 2019 - https://orgdocs/policies/CMS_V4 | G |
| **1.1.2** | An appointed employee **must** be responsible for labour safety, improved working conditions, implementation and monitoring of law and legislation | Contract of Employment – https://orgdocs/hr/J_Doe/COE<br><br>Job Description – https://orgdocs/hr/Job_descrip_H&S_Mgr | G |

| Unit 1.1: Health, Safety and Hygiene | | | |
|---|---|---|---|
| **Reference number** | **Indicator description** | **Evidence of compliance** | **R O G** |
| **1.1.3** | A clean, safe working conditions with access to sanitation facilities and access to adequate rest and food consumption facilities **must** be provided | 1. Video clip and photographs of staff areas – https://CFPCoP_SA/evidence_1 | G |
| **1.1.4** | Access to medical care **must** be provided including a first aid kit and appropriate transportation to local medical facilities | Accident and Illness book – Secured in HR office<br><br>First Aid Kit – HR office<br><br>Accident ProceduresV3.3 Mar 2018 – https://orgdocs/policies/acc_procedure_v3.3 | G |
| **1.1.5** | Machinery and equipment<br><br>  a) Machinery/equipment installation **must** be approved by the relevant body<br>  b) **must** be regularly serviced and maintenance according to company policy<br>  c) Appropriate guards, bars, barricades and safety labels must be applied<br><br>Instructions for the safe operation of machines **must** be to hand | a) Inspection certificate – on side of machine<br>b) Maintenance logbook – H&S Managers office<br>c) Photographs of machines - https://CFPCoP_SA/evidence_2<br><br>Operators handbooks – laminated copy on wall next to machine | G |
| **1.1.6** | A formal risk assessment of workplace hazards **must** be conducted, and potential risks followed addressed | Risk assessment, COSHH – laminated on front of chemical locker<br><br>Risk Assessment, sorting area – laminated on sorting area wall<br><br>Risk assessment, canteen – laminated on canteen wall<br><br>Risk assessment, machine room – laminated on machine room wall | G |

| Unit 1.1: Health, Safety and Hygiene | | | |
|---|---|---|---|
| **Reference number** | **Indicator description** | **Evidence of compliance** | **R O G** |
| **1.1.7** | A Chemical Management Systems (CMS) **must** be in place including<br><br>– A process to assess all chemical used<br>– Maintained records of all chemical inputs<br>– Documentation that confirms the chemicals meet legislation and are acceptable for use<br><br>Staff **must** be fully trained on the safe handling and impact of and dangerous chemical and hazardous substances | Chemical Management System Procedures V4 February 2019 - https://orgdocs/policies/CMS_V4<br><br>Chemical usage log – H&S Managers Office<br><br>Chemical log – H&S Managers office<br><br>Staff induction – https://orgdocs/hr/induction<br><br>Staff training record – hr office | G |
| **1.1.8** | Accident and emergency procedures **must** be in place including:<br><br>– Fire safety requirements<br>– Maintenance of fire alarms and equipment<br>– Testing of emergency evacuation procedures<br>– Regulated workplace fire safety procedures<br>– Records of accidents and occupational illnesses | Building layout schematics – HR office<br><br>Fire extinguishers – in situ as per building layout schematics<br><br>Emergency evacuation procedures – laminated on wall or door in every room of building<br><br>Emergency exits – clearly marked throughout building<br><br>No smoking signs – displayed throughout entire building<br><br>Staff induction - https://orgdocs/hr/induction<br><br>Accident and Illness book – Secured in HR office | G |
| **1.1.9** | Protective garments and equipment **must** be proved and used including:<br><br>– Protective garments and equipment that **should** meet international quality standards | Staff induction – https://orgdocs/hr/induction<br><br>PPE allocation log – H&S Managers office | G |

| Unit 1.1: Health, Safety and Hygiene | | | |
|---|---|---|---|
| **Reference number** | **Indicator description** | **Evidence of compliance** | **R O G** |
| | Maintenance of protective garments and equipment | | |
| **1.1.10** | Fully trained staff in relation to workplace safety, policies and procedures | Staff induction – https://orgdocs/hr/induction <br><br> Staff training record – hr office | G |

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# SUSTAINABLE FIBRE ALLIANCE

*Creating a Sustainable Cashmere Value Chain*