

## Management System Certification Remote Follow-up activity Report

Organization:	F.IIi. Fegatilli S.r.I.		
Standard(s):	SA8000 2014		
Lead auditor:	Cristina Bergamini	APSCA nbr: 21704641	Date:20.05.2021

## 1. Objectives

The objective of this remote follow-up activity is to evaluate that the Organization continues to monitor and improve its performance, in accordance with clauses 3.5, 9.4, 9.6 & 9.8 of SA8000:2014 Standard.

## 2. Review

➤ Is there any change of Organization name that is different from the name reported in their current SA8000 certificate?  If YES, please describe in detail:	Yes	⊠ No
(always check Organization web-site, if they have one. Ask to review Client's Business Licence)		
<ul> <li>Is there any change of Organization address and/or operation site?</li> <li>If YES, please describe in detail:</li> <li>(e.g. new buildings, new dormitory, canteen, etc.)</li> </ul>	☐ Yes	⊠ No
Is there any change of product/service that is different from the current certification scope?	☐ Yes	⊠ No
If YES, please describe in detail: (if any significant change on production flow or new products/services, please indicate		
the production flow and the critical hazard work area)		
➤ What is the current number of employees declared by the Organization? (consider direct employees + exclusive sub-contractors & supplier personnel + workers from employement agencies/cooperatives if any )		
37 lavoratori – 1 donna 36 uomini. 28 italiani 9 stranieri		
28 tempi indeterminati, 9 tempi determinati di cui 3 apprendisti 36 full time e 1 part time.		
➤ How many shifts are currently operating?		
Orario di lavoro ufficio – 9.00-13.00 15.00 19.00 Orari di lavoro dei cantieri 8.00 12.00 13.00 17.00. Non c'è turno notturno.		
> Open Critical, Major and Minor nonconformities raised by SGS Auditor since last	☐ Yes	⊠ No
audit If YES, pls indicate for each NC progresses / status of CAP implementation		
Presence of time-bound nonconformities TBNC If YES, pls indicate progresses made for implementation of the proposed CAP	☐ Yes	⊠ No
II TES, pis indicate progresses made for implementation of the proposed CAP	I	I

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(within the time f	rame agreed by SGS	)						
<ul> <li>Date of last H&amp;S Committee meeting: Riunione Periodica salute e Sicurezza del 23.10.2020</li> <li>→ Pls indicate main relevant findings:         <ul> <li>Sono trattati argomenti quali andamento degli infortuni, malattie professionali e sorveglianza sanitaria, adeguatezza DPI, programmi di formazione ed informazione dei lavoratori, andamento visite mediche, buone prassi, obiettivi di miglioramento. Si decide di implementare i programmi di formazione in programma per tutti i lavoratori. Il MC nello stesso giorno ha fatto due sopralluoghi si cantieri esterni di Casciana e Firenze.</li> </ul> </li> <li>→ Any incident since last SGS Audit?         <ul> <li>Yes</li> <li>No</li> <li>If YES, pls detail incident investigation by H&amp;S Committee:</li> </ul> </li> <li>Nessun infortunio dall'ultimo audit e nel 2021 fino ad oggi</li> </ul>								
Pls describe pro- Riunione del spt de effettua opportune vi  Last internal aud data 08.04.2021 Pls detail main sono state rila conseguente pia	alutazioni. Non sono r dit date: audit interno relevant findings (NC asciate 2 osservazio ano obiettivi sa8000)	ntified by the SPT de in esame tutti i punt ilevate criticità né azioni eseguito da consulente es, Observations, OFIs, oni. (prevedere riesame	da intraprendere.  esterno S. Ocone in etc.): In audit interno e della direzione e					
been resolved? Has the Organiz If YES, pls detail								
3. Non Conformit	ties							
Standard item and Inadequate demo		Major  nent to management sy	☐ Minor	nin the				
Details of Nonconformity:		,						
Client Proposed Acti	ion to address Non-Co	onformances Raised at the sed, or to Client's Corre	nis remote follow up rev	riew Audit:	<del>[please</del>			
Nonconformities det	tailed here shall be	addressed through the	organization's correcti	ive action	process, in			
<del>aucuruande with the</del>	<del>- говечань сонесыче а</del>	<del>onon requirements of th</del>	<del>e audit Stariuaru and S</del>	<del>man meludi</del>	<del>s actions to</del>			

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analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

<b>4</b>	Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and SGS notified of the actions taken within 30 days. An SGS auditor will perform a follow up visit within 60 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be continued.
<del>2</del> 	Corrective Actions to address identified minor non conformities including a cause analysis, shall be documented in an action plan and sent by the client to the auditor within 60 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled audit visit (180 days)
<del>3</del> ⊟	Corrective Actions to address identified minor non-conformities including a cause analysis, have been detailed in an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled audit visit.
<b>4</b> □	Appropriate cause analysis and immediate corrective and preventive action taken in response to each non-conformance as required.

## 4. Conclusions

The auditor recommends that, based on the results of this documentary follow-up review and the system's demonstrated state of development and maturity, management system certification be:

□ Continued	☐ Suspended until satisfactory corrective action is completed.

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