

SUSTAINABILITY SUPPLIER/VENDOR SELF-ASSESSMENT QUESTIONNAIRE

I. GENERAL MANAGEMENT	Answer
1. Does your company have a management representative for sustainability management (environmental, social, and business ethics, and compliance)? 2. If yes, please provide the name/s and e-mail of the person/s, even if the person is the same as mentioned in the vendor application form. Name: Email:	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
II. SOCIAL	
1. Does your company have an employment policy that covers areas described in the Cosco Supplier Code of Conduct? (Note: It could be one overarching policy/code of conduct or multiple policies?)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
CHILD LABOR	
2. Does your company employ child labor who is under 15 years old or under the age at which a child is permitted to work in your country?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)
FORCED LABOR	
3. Does your company employ any kind of forced labor, whether it is prison labor, bonded labor, or any kind of human trafficking?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)
WORKING HOURS	
4. Does your company follow all applicable laws on working hours, breaks, and holidays?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
WAGES AND BENEFITS	
5. Does your company adhere to respective national wage and benefit regulations?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
VIOLENCE, HARASSMENT AND DISCRIMINATION	
6. Does your company ensure the workplace is free of any kinds of violence, harassment, and discrimination?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
FREEDOM OF SPEECH AND ASSOCIATION	
7. Does your company encourage open communication with your employees so that they may express their issues, thoughts, and ideas to improve processes and work efficiency?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
HEALTH AND SAFETY	
8. Does your company provide a safe and healthy working environment for your employees?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)

9. Does your company provide enough lighting and ventilation to your employees?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
WHISTLEBLOWING	
10. Does your company provide a means to report any workplace issues and concerns?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
III. ENVIRONMENT	
1. Does your company have environmental guidelines/objectives and/or an environmental policy?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
GREENHOUSE GAS (GHG) EMISSIONS and ENERGY	
2. Does your company monitor and track energy consumption?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
3. Have you measured and taken steps to reduce your corporate greenhouse gas* emissions? *Note: Greenhouse Gases are gases that traps heat in the atmosphere and warms the planet. GHGs include but not limited to carbon dioxide (CO ₂), Methane (CH ₄), nitrous oxide (N ₂ O), and HCFCs. These gases are emitted through combustion of fuel such gasoline, diesel, coal, etc. and use of refrigerants. Some sources of GHG includes diesel generator set, Internal Combustion Engine vehicles, use of chillers, AC, fire extinguisher, etc.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
If yes, what are your company's recent total greenhouse gas emissions (GHG)? (In MT CO ₂ e)	
4. Have you set a GHG reduction target?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
If yes, what is your GHG reduction target?	
WATER AND EFFLUENT MANAGEMENT	
5. Does your company monitor water consumption? (in m ³)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
6. Does your company have a program to reduce water use or reuse/recycle water?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
7. Does your company have a system in place to address wastewater generation and management?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
8. Does your company treat wastewater prior to off-site discharge?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
WASTE MANAGEMENT	
9. Does your company have a program to minimize waste in your operation?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
10. Does your company have a program to manage and dispose of hazardous waste and solid waste?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)

PACKAGING	
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11. Does your company have goals and targets to reduce, reuse, and recycle the amount of packaging used for your products?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
12. Does your company incorporate packaging reduction, reuse, and recycling in your purchasing practices?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
TRANSPORTATION	
13. Does your company have targets and programs to reduce overall sustainability impacts by managing transportation logistics (e.g. prioritizing low-impact transportation modes)?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)

Score: /24

Supplier/Vendor Name: _____

Supplier/Vendor Contact Number: _____

Date/Signature: _____

Overall Comment/Rating:
