

Sedex Virtual Assessment Corrective Action Plan Report (CAPR)

Version 1.0



Audit Company: SGS del Peru SAC Report Reference: PE/LIM/c20102446

1. Assessment Overview

	Site Assessed
1.1 Sedex Company Reference: (only available on Sedex System)	ZC: 403322580
1.2 Sedex Site Reference: (only available on Sedex System)	ZS: 403340611
1.3 Business name (Company name):	Tecnofil SA
1.4 Site name:	Tecnofil SA
1.5 Site address: (Please include full address)	Calle Isidro Bonifaz 441-471 Independencia, Lima
1.6 Country:	Peru
1.7 Site contact and job title:	Zoila Nieto- Integrated Management System Head
18 Site phone:	983447098
1.9 Site email:	znieto@tecnofil.com.pe
1.10 Name and Title of person who signed CAPR (if different from above)	Zoila Nieto- Integrated Management System Head
1.11. Sedex Virtual Assessment Pillars:	2 Pillar
(2 pillar or 4 pillar): 1.12 Sedex Virtual Assessment type:	4 Pillar X Initial X Periodic Follow up



Report Owner (payer):
Tecnofil SA

SVAZC403322580

Assessment details			
Date(s) of Assessment:	09&10/02/2021		
Lead Auditor Name	Berta Helfgott		
Team Auditor Name(s):	Doris Grajeda		
Interviewer Name(s):	Doris Grajeda		
Report Writer:	Berta Helfgott		
Report Reviewer:	Annie Dhivya		
Auditor-days:	2.5		

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2. Site Details

Site Details				
3.1. GPS location (live stream):	Latitude: -12.000679 Longitude: -77.060851			
3.2. Applicable business and other legally required licence numbers and documents, for example, business license number, liability insurance, any other required government inspections	Business license: 002178, 17/11/1998			
3.3. Site function:	Factory processing / manufacturer X			
(please delete as necessary)	Finished product supplier Grower Pack house Primary producer Service provider Other			
3.4. Process overview: (Include products being produced, main operations, number of production lines, main equipment used)	Production of copper products and copper alloys, such as: wire rod, bars, strips and wires. It has 42 lines within its production of the processes of: casting, drawing, rolling, extrusion, silvering and tinning.			
3.5 Months of Peak Season:	None			
3.6. Brief description of site:	Manufacture plant with an area of 9585 m ^{2.} .Only one production building			
3.7 Number of production buildings	1			
3.8. Is accommodation provided?	Yes No X			
3.9 If yes, please confirm if these are onsite, offsite, or both, and the number of buildings	Onsite Number of buildings Offsite Number of buildings N/A X			
3.10. Worker Representation/ Union at site:	Yes X- Workers Committee No			
3.11. Night production:	Yes X No			
3.12 Further information available:	Yes No X			
3.13. General observations and summary of the site:	Tecnofil SA is a Peruvian company with around 46 years. They are dedicated to the transformation of copper and alloy products. They export approximately 80% of their production and 50% of it, to the USA.			
	They work 365 days/year with different shifts. In March 2020, when the quarantine began due to Covid-19, approximately 40 workers did not stop and at the end of May 90% of workers were operating.			

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The facilities are in good condition are observed and operational controls were implemented in all areas according to the identified hazards.

Assessment attendance		
Senior Management	Yes X No	
Union / Worker representative	Yes X No	
HR management	Yes X No	
EHS management	Yes X No	
If union/worker representatives were not present, please explain why:	Not available during audit	

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3. Corrective Action Plan Report

Corrective Action Plan - Non-compliances							
Non- Compliance Number The reference number of the non-compliance from the Audit Report, for example, Discrimination No.7	New or Carried Over Is this a new non-compliance identified at the follow-up or one carried over (C) that is still outstanding	Details of Non- Compliance Details of Non-Compliance	Root cause (completed by the site)	Preventative and Corrective Actions Details of actions to be taken to clear non-compliance, and the system change to prevent re- occurrence (agreed between site and auditor)	Timescale (Immediate, 30, 60, 90,180,365)	Verification Method Desktop / Follow-Up [D/F]	Agreed by Management and Name of Responsible Person: Note if management agree to the non- compliance, and document name of responsible person
		None	Training Systems Costs Lack of Workers Other:				

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	Corrective Action Plan - Observations			
Observation Number The reference number of the observation from the Audit Report, for example, Discrimination No.7	New or Carried Over Is this a new observation identified at the follow-up or one carried over (C) that is still outstanding	Details of Observation Details of Observation	Root cause (completed by the site)	Any improvement actions discussed (Not uploaded on to SEDEX)

None

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Good examples			
Good example Number The reference number of the non- compliance from the Audit Report, for example, Discrimination No.7	Details of good example noted	Any relevant Evidence and Comments	
W&B No.1	 Workers who work on Sunday receive a Sodexo food voucher of 44 Soles / day. Workers receive a transportation voucher (from 2.5 to 5.5 Soles / day) proportional to the days of attendance and according to the distance from their home to the company. 		

- The company pays ESSALUD Vida to all workers
- They have the "Voluntary Savings" Program: the worker makes a contribution of a fixed amount / month and the company puts the same amount. The savings are put in the worker's AFP and if it is in the ONP it is kept in the company and returned when the worker retires or is liquidated.
- They have an interest-free loan program:
- o School: 500 Soles/child
- o Varied used: up to 3500 Soles
- o Emergency/health: 1 remuneration
- Tecnofil Quinquennium: those who are 25 years old are paid a salary in that month and a bonus of 100 soles / month onwards

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Confirmation

Please sign this document confirming that the above findings have been discussed with and understood by you: (site management) If actual signatures are not possible in electronic versions, please state the name of the signatory in applicable boxes, as indicating the signature.				
A: Site Representative Signature:	Dane	Title: Integrated Management System Head Date: 10/02/2021		
B: Auditor Signature:	Sillifford	Title : Auditor Date : 10/02/2021		
C: Please indicate below if you, the site management, dispute any of the findings. No need to complete D-E, if no disputes.				
D: I dispute the following numbered non-compliances: None				
E: Signed: (If <u>any</u> entry in box D, please complete a signature on this line)	NA	Title Date		
F: Any other site Comments: None				

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