



DOMESTIC ASSESSMENT REPORT - ONSITE

Prepared for **Visstun**  
Vendor/Brand Partner **N/A**

Facility **Visstun**  
Subcontractor of **N/A**  
Date **1/26/10**  
Report #

Risk analysis

- Backwages*
- Child labor*
- Wages*
- Working hours*
- Recordkeeping*
- Registration and Licenses*
- Health and safety*
- Undisclosed subcontracting*
- Denied Access*

Grade: **Intermediate Risk**  
Risk in future sourcing:  
Next Assessment Date: (recommended)

ASSESSMENT SUMMARY:

CLIENT PROFILE

STR Client: N/A  
Phone: N/A  
Email: N/A

Client Contact: N/A  
Fax: N/A

FACILITY INFORMATION

Facility Name: **Visstun**  
Contact: **Monique Favreau** Email: **moniquef@digispec.com**  
Address: **6355 Sunset Corporate Drive**  
City: **Las Vegas** State/Province: **NV**  
Country: **USA** Postal Zone: **89120**  
Phone: **(702) 876-6292** Fax: **(702) 876-6847**

Pertinent Directions (specifics): **The facility is approximate 5 miles from the airport.**

Years in operation under facility name: **23** Previous Business Name: **N/A**

Past Producer for client: Yes  No  Previous Assessment: Yes  No

If yes, please provide assessment date and grade: **N/A**

Languages of workforce: **English and Spanish**

ASSESSMENT PROFILE

Assessment Team: **B. Palacios** Date: **1/26/2010**

Time In: **10:35am** Time Out: **5:15pm**

The assessment is: scheduled appointment:  unannounced:

Was facility prepared for assessment? Yes  No

If 'No,' what was the impact on the assessment: **N/A**

SURVEILLANCE

Was pre-assessment surveillance conducted:  Yes  No

Date(s) of surveillance: **N/A**

Surveillance observations: **N/A**

Do surveillance observations match assessment findings?  Yes  No

If no, what are the discrepancies? **N/A**

PHYSICAL PRODUCTION:

IN-HOUSE PRODUCTION AND LABELS

Other manufacturers currently in process as reported by the contractor (with approx. %):

- |                        |    |
|------------------------|----|
| 1. <b>Not provided</b> | 4. |
| 2.                     | 5. |
| 3.                     | 6. |

Labels viewed on the workflow while conducting the assessment (with approx. %):

- |               |    |
|---------------|----|
| 1. <b>N/A</b> | 4. |
| 2.            | 5. |
| 3.            | 6. |

PRODUCTION PROFILE

Plant Specialties: **Cups and mouse pads**

Plant Capabilities: (if "other", please describe)

- |  |                                     |   |                                     |
|--|-------------------------------------|---|-------------------------------------|
| Cutting: <input type="checkbox"/>            | Sewing: <input type="checkbox"/>    | Injection Molding: <input type="checkbox"/> | Welding: <input type="checkbox"/>   |
| Pressing: <input type="checkbox"/>           | Trimming: <input type="checkbox"/>  | Rotocast molding: <input type="checkbox"/>  | Painting: <input type="checkbox"/>  |
| Embroidery: <input type="checkbox"/>         | Dyeing: <input type="checkbox"/>    | Blow molding: <input type="checkbox"/>      | Sanding: <input type="checkbox"/>   |
| Printing/screening: <input type="checkbox"/> | Packaging: <input type="checkbox"/> | Plating: <input type="checkbox"/>           | Polishing: <input type="checkbox"/> |
| Washing: <input type="checkbox"/>            | Drying: <input type="checkbox"/>    | Die casting: <input type="checkbox"/>       | Assembly: <input type="checkbox"/>  |
| Other:                                       |                                     | Other:                                      |                                     |
| Other:                                       |                                     | Other:                                      |                                     |
| Other:                                       |                                     | Other:                                      |                                     |

Sourcing Date: **Not provided**

Production Capacity per week (estimate): **Not provided**      Required Lead Time (placed order to shipment): **Not provided**

MACHINES

Machine Breakdown: (if an actual is unavailable, an estimate must be provided.)

- |              |            |                    |                 |               |
|--------------|------------|--------------------|-----------------|---------------|
| Total #      | <b>+80</b> | Single needle:     | Double needle:  | Multi needle: |
| Blindstitch: |            | Overlock:          | Buttonsew:      | Buttonhole:   |
| Bartack:     |            | Cutters:           | Spreaders:      | Pressers:     |
| Embroidery:  |            | Washing:           | Drying:         | Plating:      |
| Die cast:    |            | Injection molding: | Spray painting: | Sanders:      |
| Other:       |            |                    | Other:          |               |
| Other:       |            |                    | Other:          |               |
| Other:       |            |                    | Other:          |               |
| Other:       |            |                    | Other:          |               |

SUBCONTRACTING

N/A

SUBCONTRACTING CLEARANCE/INQUIRY

Subcontract Facilities Required for production: (Sourced through Broker or Contractor)  Yes  No  
 Client Notified of secondary facilities:  Yes  No  
 Client's Directive (assessment, hold, etc.): Date:  
 Clearance for additional assessments:  Yes  No Date:  
 Approved by:  
 Facility assessment to be: announced  unannounced

SUBCONTRACTOR PROFILE

1. Subcontractor Name:	2. Subcontractor Name:
Current Client WIP <input type="checkbox"/> Yes <input type="checkbox"/> No % _____	Current Client WIP <input type="checkbox"/> Yes <input type="checkbox"/> No % _____
Date of last client WIP	Date of last client WIP
Plant Specialty:	Plant Specialty:
Address:	Address:
City:	City:
Country:	Country:
State:	State:
Postal Zone:	Postal Zone:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

FACILITY MONITORING OF SUBCONTRACTORS

Are shippers of the facility's goods in violation of FLSA 15(a)(1)? ["wages hot goods"]:  Yes  No  
 Are shippers of the facility's goods in violation of FLSA Section 12(c)? ["child labor hot goods"]:  Yes  No

How does the facility ensure that subcontractors and shippers are meeting compliance standards?

Inspections <input type="checkbox"/>	Inspections documented <input type="checkbox"/>
Unannounced CL inspection <input type="checkbox"/>	Limited Hours/OT <input type="checkbox"/>
Contract documents signed between each party <input type="checkbox"/>	Employee interviews <input type="checkbox"/>
Client Code of Conduct discussed and upheld <input type="checkbox"/>	

Notes:



Employees sign time records:  Yes  No      Time records match employee statements:  Yes  No  
 Ink corrections on time records:  Yes  No      Off clock work:  Yes  No  
 Double set of time records:  Yes  No      Time records manipulated:  Yes  No  
 Number of time records for pay period: **79**      Number of checks issued: **126**  
 Employee populace accounted for on payroll and time records:  Yes  No  
 Notes: **N/A**

**MINIMUM WAGE**

Do wages meet or exceed \$5.15/hr (FLSA Section 6[a])?  Yes  No  
 Does the state minimum wage exceed the FLSA?  Yes  No  
 If yes, what is the State minimum wage per hour? **7.55**  
 Do wages meet or exceed the state minimum wage?  Yes  No  
 Is there an FLSA Section 6(a) back wage?  Yes  No  
 Is there a state minimum wage back wage?  Yes  No  
 Total minimum wage back wage: **N/A**  
 Notes: **N/A**

**OVERTIME**

Has FLSA required overtime compensation at 150% been paid [FLSA Section 7]?  Yes  No  
 Does the state overtime compensation requirement exceed the FLSA?  Yes  No  
 If yes, describe state overtime requirements: **N/A**  
 Is there an FLSA Section 7 back wage?  Yes  No  
 Number of employees who worked overtime **65**      Number of employees paid overtime: **65**  
 Is there a state overtime violation?  Yes  No  
 Total overtime back wage:      Total back wages due to the client:  
 Total back wages due:      Period covered by back wages:  
 Number of employees due back wages:  
 Notes: **See Narrative for more details**

**ADDITIONAL INCOME AND DEDUCTIONS**

Do employees receive income in addition to wages?  Yes  No  
 If yes, explain: **All sales representatives (approximately 22) receive a "sales supplement" amount every pay period. See narrative for more details.**  
 Does additional income comply with provisions of 29 CFR Part 778.208 [inclusion and exclusion of bonus in computing regular rate]?  Yes  No  N/A  
 Are social security, federal and state tax, and other required national deductions reflected?  Yes  No  N/A  
 Was proof of deposit for required taxes, social security, and other deductions provided?  Yes  No  N/A  
 If not, why?  
 Compliance with National Requirements:  Yes  No

Corresponds with employee testimony, surveillance, and production records:  Yes  No

Notes: **The facility is not in compliance with federal regulation for the inclusion of "bonus" See narrative for more details.**

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## RECORDKEEPING

FLSA			
Does record keeping comply with FLSA Section 11 (c) [as codified in 29 CFR, Part 516]:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Employee's full name and social security number.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Address, including zip code.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Birth date, if younger than 19.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sex and occupation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Time and day of week when employee's workweek begins.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hours worked each day.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked each workweek.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Basis on which employee's wages are paid (e.g., "\$6 an hour", "\$220 a week", "piecework")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Regular hourly pay rate.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total daily or weekly straight-time earnings.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total overtime earnings for the workweek.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All additions to or deductions from the employee's wages.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total wages paid each pay period.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of payment and the pay period covered by the payment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notes: <b>N/A</b>			

REGISTRATION AND LICENSES			
Does state law require this type of business to register with the state?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, is this facility in possession of a valid and current state registration?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name on registration:	<b>N/A</b>		
Registration number:	<b>N/A</b>	Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date registration issued:	<b>N/A</b>	Date registration expires:	<b>N/A</b>
In CA, if apparel registration, is it posted on the exterior of the building with letters at least 3 inches high?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
If used, is an employee leasing arrangement disclosed on the company registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Does the facility have a valid public health license posted on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Public health license expiration date:	<b>N/A</b>		
Notes: <b>The facility has its business license in place. No apparent concerns were observed.</b>			

INSURANCE			
Does state law require employers to carry Worker's Compensation Insurance (WIC)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the facility have a current and valid WCI policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Name on WCI policy:	<b>Visstun. H&amp;H Enterprises</b>		
Name of WCI carrier:	<b>Sentinel Ins. Co.</b>		
WCI Producer:	<b>Not provided</b>		
Producer Address	<b>Not provided</b>		
WCI policy number:	<b>34WEOB2049</b>		
Date of WCI policy expiration:	<b>8/1/2010</b>	WCI certificate posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does facility carry general liability insurance?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Notes: N/A

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**TAX AND IMMIGRATION FORMS**

Number of W-4s: **150**      Percent of W-4s that are incomplete: **N/A**

Sections not complete: **N/A**

Were quarterly federal tax returns provided?       Yes  No

Were all employees employed during the period present on the quarterly returns?       Yes  No

What was the average reported earnings as calculated from the quarterly returns?      **N/A**

Was cash pay with legal deductions found?       Yes  No

If yes, for how many employees? **N/A**

Federal Tax Identification Number: **N/A**

INS Forms I-9 examined:       Yes  No      Number of I-9 forms: **150**

Percent of I-9 forms that are incomplete:      **2%**

Sections not complete:      **Section 2**

Notes: **N/A**

## EMPLOYEE ENVIRONMENT

### CHILD LABOR

Are any minors employed by the facility (persons below 18 yrs of age)?  Yes  No

If yes, please answer the following questions:

Are minors under 16 employed in non-agricultural work by an employer who is not their parent or guardian? [FLSA Section 12(c)]  Yes  No

In their occupation, are minors involved in the following activities: [29 CFR, Part 570 Subpart E (hazardous orders)]

Manufacturing or storing explosives  Yes  No Driving a motor vehicle and being an outside helper on a motor vehicle  Yes  No

Coal mining  Yes  No Logging and saw milling  Yes  No

Power-driven wood-working machines\*  Yes  No Exposure to radioactive substances and to ionizing radiations  Yes  No

Power-driven hoisting equipment  Yes  No Power-driven metal-forming, punching, and shearing machines\*  Yes  No

Mining, other than coal mining  Yes  No Meat packing or processing (including power-driven meat slicing machines)  Yes  No

Power-driven bakery machines  Yes  No Power-driven paper-products machines\*  Yes  No

Manufacturing brick, tile, and related products  Yes  No Power-driven circular saws, band saws, and guillotine shears\*  Yes  No

Wrecking, demolition, and ship-breaking operations  Yes  No Roofing operations\*  Yes  No

Excavation operations\*  Yes  No

Is employment in compliance with any more restrictive state law?  Yes  No

Please explain:

### EMPLOYEE TESTIMONY

Employees report being paid by company check:  Yes  No

Employees report being paid varied rates:  Yes  No

Employees report being paid overtime:  Yes  No

Employees reported that homework is conducted:  Yes  No

Employees reported working 2 shifts:  Yes  No

Employees reported working 2 jobs:  Yes  No

Notes: N/A

### TRADE UNION AFFILIATION

Employees are free to join unions or other worker organizations:  Yes  No

If no, why not?

The facility is associated with a Union or Trade Association:  Yes  No

If 'Yes,' name of Organization:

If the employees are not free to join unions and if collective bargaining is restricted by law, senior management facilitates other means of organizing and bargaining.  Yes  No

Senior management consults with employee representatives in establishing working conditions for the well being of workers.  Yes  No

Is there one or more workers' representative at the facility?  Yes  No

Union or worker organization meetings are held on the premises.  Yes  No

Management has regular meetings with worker representatives.  Yes  No

If yes, how often?

Notes: **There is no union at this facility.**

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Employee interviewed	#1 EE Interviewed	#2 EE Interviewed	#3 EE Interviewed	#4 EE Interviewed	#5 EE Interviewed
Language of employee	Spanish	Spanish	Spanish	Spanish	Spanish
Length of employment	3 yrs	5 mos.	1.5yrs	3 mos.	3 mos.
Position	operator	machine operator	Sublimation	Printing	laminated
Piece rate/ hourly employee	Hourly	Hourly	Hourly	Hourly	Hourly
EE reported hours/Lunch	8am-430pm/30 mins	6/8am-430pm/30mins	8am-430pm/30 mins	8am-430pm/30 mins	8am-430pm/30 mins
# Saturdays per month/hours	0	0	0	0	0
Average hours reported by EE	80	80	80	80	80
Regular hours reported on TC	80	80	80	80	80
OT hours reported on TC	0	0	0	2	0
Total hours worked on TC	80	80	80	82	80
Hours worked off clock by EE	0	0	0	0	0
Earnings hourly paid by check	780	680	720	720	780
Earning piece work	0	0	0	0	0
Earnings to make up MW	0	0	0	0	0
Earnings – Cash pay received	0	0	0	0	0
Earnings – OT hourly	0	0	0	27.00	0
Earnings – OT premium on p/r	0	0	0	0	0
Total Wages Received	780	680	720	747	780
Average Hourly Rate	9.75	8.50	9.00	9.00	9.75
Total B/W for 1 Wk at MW	0	0	0	00	0
Average OR premium rate	14.62	12.75	13.50	13.50	14.62
Total B/W for 1 Wk OT premium	0	0	0	0	0
Back wages due EE for wks	0	0	0	0	0
Back wages due EE 90 days	0	0	0	0	0
Number of employees in shop	45	45	45	45	45
Total Back wages due all EEs	0	0	0	0	0

## ENVIRONMENTAL HEALTH AND SAFETY

### FACTORY WORK AREA

Yes = Compliance; No = Non Compliance

Emergency plan:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Aisles clear:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required postings:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stocked first aid kit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented safety meetings:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary/Stocked toilets:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Injury and Illness Prevention Program: (California Only) ee's $\geq$ 10	<input type="checkbox"/> Yes <input type="checkbox"/> No	Purchased from:	N/A
Log of work related injuries and illnesses:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adequate ventilation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of last extinguisher service:		Exits clearly marked:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Expired fire extinguishers:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exits unlocked:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adequate # of fire extinguishers:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Emergency lighting:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire alarm:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Machine guards installed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Blood borne pathogen station:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proper Personal Protective Equipment provided:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evacuation plot plan posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MSDS:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation drills conducted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proper chemical storage:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Notes: No written hazard communication program; eye wash bottles provided but eye wash needs to provide 15 minutes of continuous water (per MSDS); there are no records of safety meetings and fire drills; approximately 40% of the interviewed employees reported discomfort in the facility's ventilation.

## NARRATIVE SUMMARY

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The present assessment was conducted on 1/26/2010 by appointment. The auditor arrived at the facility at approximately 10:30am and Mrs. Monique Favreu (Operations Manager) greeted the auditor and escorted the auditor to a conference room. Mrs. Favreu introduced Mrs. Bobby Fetty, Director of Human Resources, and Mr. Allen Dunford, Controller/CFO who assisted the auditor during the assessment. The assessment process was explained to management and a full assessment was conducted.

### **CHILD LABOR:**

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The facility's policy does not allow anyone below the age of 18 to work in the production area. A walkthrough of the facility was conducted and did not appear to have any minors. The majority of the employees appeared to be in their twenties. However, several employees were selected for interviews and none of them reported any apparent child labor concerns.

### **SUBCONTRACTING:**

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The facility's capabilities are printing, light assembly, and cup forming. According to management, the clients request this specific type of production to the product. No other process is completed in the facility besides packaging and shipping. According to the facility, there is no usage of subcontractors.

### **EMPLOYEE ENVIRONMENT:**

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Ten employees were randomly selected for private interviews. The employees reported working from 8am-4:30pm Monday through Friday. However, some employees did mention they may start working at 6am during times of high production. Employees reported getting two breaks of 10 minutes each and one meal break of 30 minutes. The employees reported getting paid for their breaks but not for their meal break, which is allowable by law. All employees stated they use a hand scan system to record their working hours on a daily basis.

Employees are compensated on a bi-weekly basis and they are compensated on Fridays. The facility offers either a company check or a direct deposit to the employees. All employees reported they receive a pay stub that describes all the necessary information.

There were no reports of any minors working in the facility or any reports of discrimination, harassment, etc. There were no reports or purchasing personal protective equipment, delayed of payments, or any related concerns.

### **COMPENSATION AND HOURS WORKED:**

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The facility maintains payroll records for more than 3 years. A total of three payroll records were reviewed. The records represented a pay period from the facility's peak season, non-peak season, and the most recent pay period. The pay periods were as follows: the most current- 1/22/10; peak period- 10/16/09; and non-peak period- 6/26/09. Time sheets were reviewed and no apparent concerns were found.

It was noted during the payroll review that approximately 22 sales employees for the payroll records ending on 1/22/10 received a "sale supplement" amount to guarantee them \$104 per day if the employee works a minimum of 7 hours per day. The employees are fully aware they receive this additional compensation. However, this amount is not added to the employees' total wages to calculate a new hourly rate for overtime compensation as it is required by 29 CFR (1968) § 778.209(a). On average, those sales employees worked from 3-12 hours of overtime per pay period. The employees earn minimum wage. This company's policy started a year ago and has been implemented since then. Management was explained that no change occurs if

the employee does not work any overtime hours, but if the employee does work overtime, then he/she must be compensated according to the requirements of this law. The facility was advised to compensate sales employees properly when they work overtime hours and re-assess the employees' wages to pay-back any owed wages to those employees. Management stated they were not aware of this law, especially since the facility's lawyers assisted in creating this policy. However, management was really receptive and stated they will be looking into it to find out the best solution for this concern.

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#### **RECORDKEEPING: TAX AND IMMIGRATION FORMS/REGISTRATION AND LICENSES**

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The facility presented its business license and worker's compensation certificate. All documents appeared to be current and valid. The facility maintains all I-9 forms in binders. All I-9 forms were presented for review. Approximately 2% of the total I-9s were incomplete on section 2. This is not in compliance with 8 CFR (1996) 274a.2 (b)(ii). The facility was advised to ensure all I-9 forms are completed on all the sections. Management stated that they will look into it to ensure that all the information is in the forms.

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#### **HEALTH AND SAFETY:**

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A health and safety walkthrough was conducted in all production and office areas. There is only one production building for this location with an additional warehouse location (located within 2 minutes). The building is a two-story building, which the second floor is designated for offices. The production floor is divided into sections depending on the product it's being manufactured: mouse pads, cups, printing, storage, shipping and receiving..

The auditor observed that there is no written communication program on how to handle chemicals and how to read the MSDS in terms of first aid measures, storage, and personal protective equipment. This is not in compliance with 29 CFR (1996) 1910.1200(e). The facility was advised to ensure that a written hazard communication program is developed and that all employees that handle chemicals are properly trained.

It was observed that there are several locations where chemicals are stored and are being handled by employees. The facility has provided different locations with eye wash bottles. However, those chemicals that are used in the facility require a first aid measure of 15 minutes of continuous flow of water (per the Material Safety Data Sheets) as required by 29 CFR (2005) § 1910.151(c). There is no water faucet located near these areas to provide them with that length of continuous flow of water and the small water bottles do not provide this either. The facility was advised to ensure that employees are provided with the minimum requirements to flush their eyes in case they get in contact with the chemicals.

The auditor noted the facility conducts fire drills at least on a quarterly basis and also conducts safety meetings daily and monthly. However, the facility does not maintain any records. The facility was recommended to keep records of all these activities and meetings.

Approximately, 40% of the interviewed employees reported discomfort in the work floor due to the fumes and odor from the sublimation area, especially when all the machines are running at the same time (During the present assessment, only one machine was running and the ventilation did not appear to be a concern). The facility was highly recommended to ensure that the production area is assessed against any potential ventilation concerns when all the machines are running at the same time and if needed, provide more ventilation solutions (exhaust fans, etc.)

Management was receptive throughout the walkthrough and stated they will address all concerns.

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#### **SURVEILLANCE & SECURITY:**

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The facility counts with an alarm system. The building is located in an industrial zone and no apparent concerns were observed.

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**CONCERNS**

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1. Sales bonus not incorporated into employees' regular wages (for overtime wages)
2. I-9s incomplete (approximately 2%)
3. No written hazard communication training
4. No proper eye wash provided
5. No records of safety meetings and fire drills
6. Possible concerns with ventilation

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**CONCLUSIONS:**

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At the conclusion of the assessment, all concerns were discussed and the final corrective action plan was presented and signed by management.

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**ATTITUDE OF CONTRACTOR/MANUFACTURER:**

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Receptive and cooperative

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**SPECIFIC AREAS TO BE ADDRESSED IMMEDIATELY:**

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See above

## CONFIDENTIAL MANUFACTURER INFORMATION

### ASSESSOR CONCERNS/SUSPICIONS

- All employees paid hourly:  Yes  No
- Piece rate evidence found:  Yes  No
- Employee honesty suspect:  Yes  No
- Time records appear manipulated:  Yes  No
- Large % of part-time employees:  Yes  No
- Employees not represented on quarterlies:  Yes  No
- Imbalance of machines to employees:  Yes  No
- Off clock suspicions:  Yes  No

Comments:

### STR RECOMMENDATIONS

- Recommend surveillance:  Yes  No
- Time of day:
- Recommendations to Manufacturer: