



Management System Certification Audit Summary Report

X announced unannounced

Organization:	Fondazione Centri di Riabilitazione Padre Pio onlus									
HQ Address:	Viale Cappuccini, 77 – 71013 San Giovanni Rotondo (FG)									
Standard(s):	SA8000:2014		Accreditation Body(s):SAAS							
Representative:	Dott. Salvatore Ettore Vitulano									
Site(s) audited:	SEDE E CANTIERI		Date(s) of audit(s):	27.05,10,11.06.2021 SPLIT CONVENTIONAL AUDIT						
EAC Code:	38 F	NACE Code:	85	Macrosector:	9					
Number of workers/employees	Total : 400	Permanent Workers	Temporary Workers	Subcontractors						
	Women	264	12	0						
	Men	114	10	0						
	Migrant Women	0	0	0						
	Migrant Men	0	0	0						
Lead auditor:	FABIO MAMMARELLA		APSCA Registration Number:	21704438						
Additional team member(s):	ANTONIO PICCOLI		APSCA Registration Number: 21704646							
Additional Attendees and Roles:	///									
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1. Audit objectives

The objectives of this audit were:

To determine conformity of the management system, or parts of it with audit criteria and its:

- ability to ensure applicable statutory, regulatory and contractual requirements are met,
- effectiveness to ensure the client can reasonably expect to achieve specified objectives, and
- ability to identify as applicable areas for potential improvement.

2. Scope of certification

Erogazione di servizi di riabilitazione in regime residenziale, ambulatoriale e domiciliare nei settori di : neuro motricità, psicomotricità, logopedia, terapia occupazionale, psicoterapia, ortopedia, cardiorespiratoria e vascolare, idrokinesiterapia e riabilitazione assistita da robot.

Has this scope been amended as a result of this audit?

Yes No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

Yes No

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	1 of 13

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan included as an annex to this audit summary report.

The audit team concludes that the organization has has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified : _///_ Critical _///_ Major _///_ Minor _///_ TB

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / Continued / Withheld / Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

<input type="checkbox"/>	In case of certification audit, Stage 1 Risk of non-conformances have been appropriately addressed (refer to Section 6 for details)
<input type="checkbox"/>	Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
<input type="checkbox"/>	The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.			
The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	2 of 13

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks. (Confirmation of correct use of logo on letterheads, website etc. Confirmation that it is not used on product, primary packaging, etc.)	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

- Relating to Previous Audit Results / Stage 1 Audit :

Osservazioni audit precedente:

1. si raccomanda di pubblicare la procedura di lavoro minorile sul sito internet aziendale. chiusura: riproposta in quanto il service provider non ancora provvede.

- Relating to this Audit; including any significant changes (eg: to key personnel, client activities, management system, level of integration, etc.): nessun cambiamento di rilievo.

L'audit è stato condotto in modalità Split Conventional Audit secondo i tempi pianificati che hanno previsto ore di attività di condivisione con Direzione/SPT/ su piattaforma Teams ed il restante tempo per l'analisi documentale.

E' stato eseguito il tour dei cantieri auditati

Description of the Company activities (mandatory for all audits)					
<p>La Fondazione "Centri di Riabilitazione Padre Pio Onlus" è una organizzazione No-Profit promossa, con atto notarile del 28.11.2002, dall'Associazione "Centri di Riabilitazione Padre Pio", ente operante – già dal 1971 – nel campo dell'assistenza sanitaria riabilitativa, e dalla "Provincia di Foggia dei Frati Minori Cappuccini", Ente Morale riconosciuto con R.D. del 29/10/1931.</p> <p>Trattasi di un ente privato senza fini di lucro del tipo, appunto, ONLUS, con personalità giuridica ed iscritto nel Registro delle Persone Giuridiche della Prefettura di Foggia al n° 412/PREF, nonché sottoposto alla vigilanza di quest'ultima e dell'Agenzia dell'Entrate.</p> <p>La Fondazione, quindi, opera in piena responsabilità gestionale ed operativa e gode di autonomia regolamentare, amministrativa, patrimoniale, organizzativa, contabile e finanziaria. Mission dell'Ente, è quella di erogare, sia in convenzione con la ASL che direttamente a privati, prestazioni sanitarie finalizzate al recupero funzionale e sociale dei soggetti affetti da minorazioni fisiche, psichiche e/o sensoriali, dipendenti da qualunque causa (ex art. 26 l.n. 833/78), insomma, prestazioni riabilitative in senso lato.</p>					
Shifts operated					
Shift patterns	<input checked="" type="checkbox"/>	Daily	Relevant information, if applicable (which department is covered by night shift, number of workers, etc.)	Il personale di ufficio interno rispetta i seguenti orari: 08.00 – 14.00; 15.00 – 19.00(rientri pomeridiani) dal lunedì al venerdì, mentre il personale operativo sui vari servizi : Domiciliare (lun-ven) adottato flexi time con fascia oraria dalle 08.00 alle 20.00 (entro cui effettuare il	
	<input checked="" type="checkbox"/>	Daily but with shifts			
	<input checked="" type="checkbox"/>	Day and night			

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	3 of 13

				servizio concordandolo direttamente con l'utente), Ambulatoriale (lun.ven) 08.00-13.30 ; 14.00 – 17.30 (rientri pomeridiani a turno), residenziali per mansioni di OSS , Infermieri e Pulizie ciclo completo con riposo infrasettimanale di 1gg a scalare, orari mattina e pomeriggio dalle 06.00 alle 20.50, mentre per i tre turni compreso il notturno solo su struttura di Isernia e residenziale Angeli di S.G.Rotondo orario di lavoro 06.50-14.10, 13.50-21.10, 20.50-07.10 (turno notturno).	
Working hours per week	38	Days off (closure)	Domenica	Pick season:	na
Overview Tour					
Have any changes from Stage 1 audit/previous audit been identified ? If positive leave a description	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Describe which potentially hazardous areas of work (if any) are present	Dal site tour virtuale della sede e dai sopralluoghi effettuati nei cantieri operativi non risultano presenti aree di potenziali pericolo				
Have any major structural problems, that are clearly evident, been identified? [if any leave a description]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is CB and SAAS contact information available and listed in a prominent place at the certified organization ? Pls indicate location	I riferimenti dei contatti SGS e SAAS sono indicati nella Politica per la Responsabilità Sociale che è affissa in tutti i locali aziendali e distribuita nei momenti formativi				
SA8000 Standard The organization has openly displayed a copy of the SA8000 standard ? Pls indicate location	Lo Standard SA è disponibile nelle bacheche aziendali				
Interviews and relevant Records					
Number of interviewed workers	n.11 solo sui cantieri, mentre in sede dove si è effettuato audit da remoto, non sono state eseguite interviste, a parte il colloquio con il rappresentante dei lavoratori SA8000.				
Total worker files & wage records reviewed	6 (3+3)				
How many workers have been interviewed individually ?	8				
How many workers have been interviewed in groups ?	3				
If client based in a highest risk country, have off-site interviews been undertaken (min. 2 max 10 workers) ?	<input type="checkbox"/> Yes How many ? _____ <input checked="" type="checkbox"/> N/A Where ? _____				
<i>To ensure that different individuals are interviewed during subsequent audits a list of interviewees has been maintained and included in the audit package.</i>					
Management interviews <i>(key interview comments, e.g. describe level of commitment of management)</i>	Dai colloqui con la Direzione emerge un buon livello di consapevolezza e impegno nell'implementazione del sistema di gestione SA8000 secondo i requisiti dello Standard. La direzione partecipa attivamente e viene costantemente				

	informata dal SPT sulla gestione e implementazione del Sistema SA8000.
Staff and other employees (including staff and junior managers, first aiders, fireman) <i>(key interview comments, e.g. describe level of commitment and awareness about their SA8000 management system implementation)</i>	Dai colloqui con Resp. Sistemi di Gestione SA8000, emerge un buon livello di consapevolezza e impegno nell'implementazione del sistema di gestione SA8000 secondo i requisiti dello Standard
Worker representative(s) interviews and SPT members <i>(key interview comments, e.g. Knowledge and competence of Worker representatives. Activities of the WR(s) since the previous audit. Any complaints from workers?)</i>	SPT allo stato attuale risulta adeguato e attivo, si incontra ogni semestre. I componenti del SPT sono conosciuti dai lavoratori. Nessuna segnalazione presente dall'ultima verifica.
Workers interviews <i>(key interview comments, e.g. describe level of awareness about role of worker(s) representatives, whether they know their representative, whether workers know and understand how to raise a concern/complaint, etc.)</i>	I lavoratori intervistati sui cantieri conoscono sufficientemente SA8000 e i loro rappresentanti. Conoscono il metodo delle segnalazioni.
On-site subcontract labour and suppliers interviews (if any) <i>(key interview comments e.g. general thoughts and awareness about their employer's SA8000 management system)</i>	na

Audit Notes

Pls. provide evidences for all statements of conformities/non-conformities/OFIs.

Mandatory Notes to be included in this report.

Wherever evidences cannot be recorded in this report, relevant notes with records of verified evidences shall be reported in GP3701 Audit checklist

Child Labour <i>Mandatory notes: to describe Organization's policy about child labour & young workers, National minimum age for employment, Organization's remediation procedure for child labour, age of youngest worker.</i>	La politica della organizzazione è quella di non assumere lavoratori che non abbiano raggiunto la maggiore età(18 anni). Doc. 2.1 Procedura Lavoro Infantile rev. 1 del 2.10.2019 Lavoratore più giovane presente in Azienda ha 23 anni.
Forced or compulsory labour <i>Mandatory notes: to describe Organization's policy about forced and compulsory labour, the level of communication given to the workers about their rights and duties and in general of their labour condition.</i>	Non ci sono casi. Azienda con Sistema conforme al modello DLGS231. MOG revision luglio 2019, codice etico rev.luglio 2019. ODV presente con 3 figure, ultimo verbale ODV del 13.05.2020.
Health and safety	dl: Padre Maurizio Placentino rspp : Ing. Bisceglia Antonio

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	5 of 13

<p><i>Mandatory notes: to describe H&S Committee composition, periodic occupational H&S risk assessment results.</i></p> <p><i>Rates of injury, occupational diseases and number of work related fatalities (if any) since CB previous audit and actions to prevent re-occurrence.</i></p> <p><i>To record any serious accidents and any potentially hazardous events including fires, spills of toxic chemicals, explosions.</i></p> <p><i>To record regular and effective H&S training, emergency preparedness and fire drills.</i></p> <p><i>To confirm that conditions in the Organization are compliant with local laws and SA8000 minimum standards and SA8000 PIA</i></p>	<p>mc : Dr. D'Andrea Antonio rls: Dott Guerrieri Salvatore; Dott. Bosco Ciro; Dott. Delli Santi Francesco dvr generale rev. 5 del 15.05.2020 firmata da dl,rspp,rls,mc. ultima riunione periodica per salute e sicurezza effettuata in data 25.03.2020 e 05.11.2020 statistica infortuni sul lavoro dal 01.01.2020 ad oggi n.4 infortuni. piano di emergenza in rev del 15.04.2018. simulazione emergenza sede effettuata in data 14.05.2021 verbale redatto da rspp, tempi di evacuazione uffici in circa 3 minuti. visti estintori, ultima verifica semestrale data maggio 2021. formazione su salute e sicurezza: effettuata formazione generica e specifica secondo accordo stato regioni art.37 t.u. 81/2008. addetti primo soccorso e addetti antincendio presenti attestati di formazione azienda soggetta a cpi CPI Angeli Padre Pio: VVFF PROT.29891 DEL 06.03.2020 scade 05.03.2025. non si sono registrati eventi pericolosi durante l'ultimo anno (incendio,sversamento chimico ecc.) l'audit ha identificato che le condizioni nell'organizzazione sono conformi ai requisiti sa8000 e agli indicatori di prestazione pia (performance indicator annex)</p>
<p>Freedom of association & right to collective bargaining</p> <p><i>Mandatory notes: to describe how the Employer demonstrates employees' freedom to form a union, if desired. To report presence of a trade union on site if there is one, or note what trade unions are prevalent or simply recognized in the sector and in the region. To report the common practice in the industry for representation.</i></p> <p><i>If there are TU representatives, how and when they were elected.</i></p>	Punto non oggetto di audit
<p>Discrimination</p> <p><i>Mandatory notes: to describe the Organization's policy related to the employment practice in relation to the age, equal opportunity, training, workforce performance evaluation, remuneration, trade union membership, ect. Examples of supporting evidences could be: employment opportunities for disabled & socially disadvantaged groups, number of women in senior position, percentage of employees receiving regular performance & career development reviews, etc.</i></p>	non ci sono casi confermato anche dalle interviste. Punto non oggetto di audit
<p>Disciplinary practices</p> <p><i>Mandatory notes: to describe the Organization's policy about disciplinary practices. Number and</i></p>	Provvedimenti disciplinari come da CCNL e legge 300 ad oggi applicati come confermato anche dalle interviste.

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	6 of 13

<p><i>type of disciplinary practices over the last 12 months.</i></p>	
<p>Working hours</p> <p><i>Mandatory notes: to describe time and attendance system, es. Biometric fingerprint.</i></p> <p><i>To record, the normal work week, not including overtime. Comments on overtime trend , if any.</i></p> <p><i>Describe the Organization plan to monitor overtime, in case overtime is a critical issue. Describe if a freely negotiated bargaining agreement is in place that allows work time averaging.</i></p>	<p>Non ci sono contratti di secondo livello</p> <p>Orario di lavoro 38 ore settimanali. Il personale di ufficio interno rispetta i seguenti orari: 08.00 – 14.00; 15.00 – 19.00(rientri pomeridiani) dal lunedì al venerdì, mentre il personale operativo sui vari servizi : Domiciliare (lun-ven) adottato flexi time con fascia oraria dalle 08.00 alle 20.00 (entro cui effettuare il servizio concordandolo direttamente con l'utente), Ambulatoriale (lun.ven) 08.00-13.30 ; 14.00 – 17.30 (rientri pomeridiani a turno), residenziali per mansioni di OSS , Infermieri e Pulizie ciclo completo con riposo infrasettimanale di 1gg a scalare, orari mattina e pomeriggio dalle 06.00 alle 20.50. mentre per i tre turni compreso il notturno solo su struttura di Isernia e residenziale Angeli di S.G.Rotondo orario di lavoro 06.50-14.10, 13.50-21.10, 20.50-07.10 (turno notturno).</p> <p>Registrazione orario di lavoro tramite fogli presenza e badge</p> <p>Dalla visione del riepilogo straordinari per dipendente trasmesso dall'organizzazione non si evidenziano casi con ore di straordinario mensili elevati. Per il turno notturno si applicano le maggiorazioni come da ccnl : indennità di turno notturno.</p> <p>durc inps_24848771 del 12.02.2021 valido fino al 12.06.2021.</p> <p>L'organizzazione nella prima fase di emergenza covid-19 ha usufruito della FIS COVID-19:FIS COVID</p> <p>Marzo n.406 dipendenti per un totale ore 42868</p> <p>Aprile n.406 dipendenti per un totale ore 57156</p> <p>Maggio n.406 dipendenti per un totale ore 40788</p> <p>Giugno n.359 dipendenti per un totale ore 61050</p> <p>Luglio n.17 dipendenti per un totale ore 2273</p> <p>n. 0 dipendenti in smart working.</p>
<p>Remuneration</p> <p><i>Mandatory notes:</i></p> <ol style="list-style-type: none"> <i>To record legal minimum wage, Industry minimum wage or collective bargaining wage, if applicable</i> <i>To record Company's lowest wage paid (net and gross).</i> <i>To record the Company BNW calculation</i> <i>SGS BNW calculation</i> 	<p>n.2 ccnl applicati:</p> <p>CCNL – per il personale dipendente da residenze sanitarie assistenziali e centri di riabilitazione (applicato a tutti i dipendenti tranne che i medici)</p> <p>CCNL – per il personale medico dipendente da case di cura ircs e centri di riabilitazione.(applicato ai medici)</p>

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	7 of 13

<p><i>Describe the method of payment: piece rate/hour rate/monthly rate.</i></p> <p><i>Confirmation that wages are paid within legally defined time limits.</i></p> <p><i>To record evidences that social security payments are regular.</i></p> <p><i>Most important: where the CB team proposes accepting a deviation from the wages provision of the standard and raised a TB NC, to detail full description of reasons leading to this decision.</i></p>	<p>Il salario minimo da CCNL maggiormente rappresentativo è per un livello A € 1.158,00 (lordo). Il salario minimo pagato in azienda è relativo ad un livello B pari ad un netto di € 1.250,00. BNW SGS calcolo del settembre 2019 pari a € 1035, 93 per area SUD. Gran parte del personale è assunto al LIV.B livello del CCNL. Non vi sono trattenute ingiustificate nei cedolini e vengono riconosciuti, come elementi variabili, le maggiorazioni per lavoro supplementare/straordinario/notturno.</p>
<p>Management system :</p> <p>Policies, procedures and records</p> <p>Mandatory notes:</p> <p><i>Records of Management system documentation policies and procedures</i></p> <p><i>Records of the Organization regular management review. To report when last MR was done, its frequency, if it was complete (*)</i></p> <p><i>(*) following issues should always be covered: Adequacy of Policies, procedures and records, status of actions proposed by SPT, identification and assessment of risks, monitoring included results of internal audits and assessment of compliance with the SA8000 standard and PIA, internal involvement & communication, complaint management resolution, external verification and stakeholder engagement, status of corrective and preventive actions, training and capacity building, management of suppliers and contractors</i></p>	<p>Politica per la responsabilità sociale rev. 2 del 18.11.2019</p> <p>Affissa in bacheca e distribuita agli stakeholder.</p> <p>Organigramma in revisione rev.00 data 15.05.2019.</p> <p>il sistema si compone di:</p> <p>Manuale di Resp Sociale rev. 1 del 29.10.2020</p> <p>Doc. 2 Procedura Risorse Umane rev. 0 del 15.5.2019</p> <p>Doc. 2.1 Procedura Lavoro Infantile rev. 1 del 2.10.2019</p> <p>Doc. 3 Proc sicurezza Lavoro rev. 0 del 5.5.19</p> <p>Doc. 4 Procedura Parti Interessate rev. 0 del 15.5.2019</p> <p>Riesame della direzione del 14.05.2021 contenente un commento su ciascun requisito SA8000 ed alcuni indicatori con obiettivi.Tra gli indicatori individuati: Nr. di contestazioni, Nr. infortuni, Nr. segnalazioni da parte dei lavoratori, Nr. conciliazioni monocratiche, nr. di lavoratori formati.</p>
<p>Social Performance Team SPT</p> <p>Mandatory notes:</p> <p><i>To describe composition of SPT, members' roles and authority to carry their responsibilities (e.g. formal appointment by senior management, Organization Chart).</i></p> <p><i>To describe how the worker representative(s) or committees was/were elected and when.</i></p> <p><i>Include any evidence of WR o WC meetings, minutes, negotiations.</i></p>	<p>SPT attivo composti da n.2 figure.</p> <p>Componenti spt:</p> <p>SPT in data 03.05.2019 composto da 1 membro in rappresentanza del management e 1 lavoratore allo stesso tempo eletto come rappresentanti dei lavoratori per sa8000 .</p> <p>Membri SPT</p> <p>1) Forte (rdd)</p> <p>2)rlsa8000 Crisetti</p> <p>Ultimo verbale di riunione SPT 13.05.2021.</p>
<p>Identification and assessment of risks</p> <p>Mandatory notes: Records of SPT periodic risk assessment. Describe method adopted for identification of risks and prioritising areas of actual or potential non-conformance and actions identified.</p>	<p>documento di valutazione dei rischi per la responsabilità sociale allegato al manuale della responsabilità sociale aggiornato(Mappatura dei Rischi SA r.1 del 29.10.2020)</p> <p>effettuata analisi dei rischi di tipo quantitativo su tutti i punti della norma, il risultato è basso per la maggior parte dei casi, solo rischio medio per la sicurezza.</p>

	analisi effettuata da spt con firma per presa visione di tutti i membri.
Monitoring <i>Mandatory notes: Records of SPT monitoring activities. Frequency of SPT meetings. Records of internal audits and main findings. Overall knowledge and utilization of the Performance Indicator Annex as supporting tool for assessment of conformity to the Standard.</i>	Monitoraggio del sistema effettuato tramite audit interni, riesame della direzione e riunioni del SPT. Per anno 2020 eseguito audit interno presso la sede in data 06.11.2020 con l'utilizzo del PIA come check list. Non sono emerse NC né osservazioni. Riesame della direzione viene fatto annualmente ultimo in data 14.05.2021, ultimo verbale di riunione SPT in data 13.05.2021.
Internal involvement and communication <i>Mandatory notes: to describe personnel level of knowledge and understanding of the SPT's role e.g. results from interviews.</i>	le comunicazioni interne vengono effettuate tramite affissione in bacheca
Complaint management and resolution <i>Mandatory notes: to describe the Organization's procedure for management of complaints concerning the workplace and/or non conformances to the Standard. To report how this procedure was communicated internally and externally to interested parties. Describe personnel level of knowledge and understanding of complaint procedure e.g. resulting from interviews. Describe if any grievance or complaints were received by the Organization since the last audit, the process as to how they were investigated and how the identification of the complainant was kept confidential. Include examples, if there are many, and any that have remained unresolved for a long period.</i>	Redatta specifica procedura relativa ai reclami, NC e azioni correttive. E' stata inoltre predisposta una comunicazione specifica trasmessa alle parti interessate ed ai dipendenti in sede di riunione e mediante affissione in bacheca. La modulistica segnalazioni contiene I riferimenti dell'azienda per l'inoltro del reclamo, I riferimenti SGS e riferimenti SAAS. La procedura prevede la presa in carico da parte di RSA o RLSA e riunione del SPT in presenza di un reclamo per valutare la fondatezza dello stesso e definire le azioni da intraprendere e le modalità di comunicazione dei risultati a chi ha presentato il reclamo. I lavoratori conoscono il metodi delle segnalazioni.
External verification and stakeholder engagement <i>Mandatory notes: to describe the Organization's mapping of its relevant stakeholders and their involvement in the SA8000 compliance process.</i>	Effettuata internamente mappatura stakeholder e redatto apposite elenco parti interessate con i nominativi dei singoli referenti e I recapiti e-mail e telefonici. Comunicazioni in ottica SA8000 tramite e-mail
Corrective and preventive actions <i>Mandatory notes: to describe the Organization's procedure for implementation of corrective and preventive actions. Describe roles and authorities of SPT members. Describe status of implementation of corrective and preventive actions and if adequate root cause analysis was conducted.</i>	Esiste una procedura di gestione per le azioni correttive e preventive, ad oggi nessuna AC aperta specifica per SA8000.
Training and capacity building <i>Mandatory notes: to describe the Organization's training plan provided to all personnel and (at least) annual re-fresh as informed by the results of the risk assessment.</i>	Programma formazione anno 2021 specifico per SA8000 che prevede diversi incontri di formazione. Per SA8000 pianificati per spiegazione dei requisiti SA8000 per il mese di luglio 2021.
Management of suppliers and contractors <i>Mandatory notes: describe status of control of suppliers – include a brief summary on the status of "control of supplier" programs and risk mapping</i>	Punto non oggetto di audit

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	9 of 13

*exercise e.g. a brief description of the plan and current results in terms of approved suppliers, demonstrated compliance or pending clarifications
For home work – a brief description of home work if/when it is encountered, with an emphasis on the method of control and number of workers involved)*

SOCIAL FINGERPRINT

Last Self-Assessment (SA) overall score and date	____ SCORE 3.6 DATE 15.11.2019 ____
Independent Evaluation (IE) overall score and date (if IE activity was foreseen for this audit)	____ SCORE 4.0 DATE 31.12.2020 ____
Mandatory note: (to provide a brief comment of improvement progress by the Organization against the SF score, SA8000 Standard and PIA requirements:	
Il Sistema di gestione risulta ben gestito e in linea con lo standard di riferimento.	

Social Fingerprint Benchmark Q&A report (SA set vs IE set scores) will be provided to Client's Organization as soon as available in the SAI Reporting Tool.

1. Nonconformities

NonConformity	N° ____ of ____	<input type="checkbox"/> Critical	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> TB
Department / Function:	Standard item and description:				
Additional reference to applicable law/regulation/normative document :					
Details of Nonconformity:					

Client Proposed Action to Address Non-Conformances Raised at this Audit: [please make reference to CAR form GS0401 if used, or to Client's Corrective Action Plan]	
//////	
Nonconformities detailed here shall be addressed through the Organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard and shall include actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained	
1 <input type="checkbox"/>	Corrective actions to address identified <u>Critical nonconformities</u> shall be carried out immediately including a cause analysis , and SGS notified of the actions taken within 7 days. An SGS auditor will perform a follow up visit within 30 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.

2 <input type="checkbox"/>	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 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
3 <input type="checkbox"/>	Corrective actions to address identified Major nonconformities shall be carried out immediately including a cause analysis , and records with supporting evidence sent to the SGS auditor for close-out within 90 days (where a remote review of documented evidence has been determined by the auditor).
4 <input type="checkbox"/>	Corrective Actions to address identified Minor non conformities including a cause analysis , shall be documented on a 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 visit (180 days)
5 <input type="checkbox"/>	Corrective Actions to address identified Minor non-conformities including a cause analysis , have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
6 <input type="checkbox"/>	Appropriate cause analysis and immediate corrective and preventive action taken in response to each non-conformance as required.
7 <input type="checkbox"/>	Corrective Actions to address identified Time-Bound non conformities (TB) including a cause analysis, shall be documented on a 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 every surveillance audit on site and off-site audits up to 24 months (maximum Corrective Action timeline for complete implementation).

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 5 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

2. General Observations & Opportunities for Improvement

1. si raccomanda di pubblicare la procedura di lavoro minorile sul sito internet aziendale.

Centro Riabilitazione di Cagnano Varano – Via Avellino

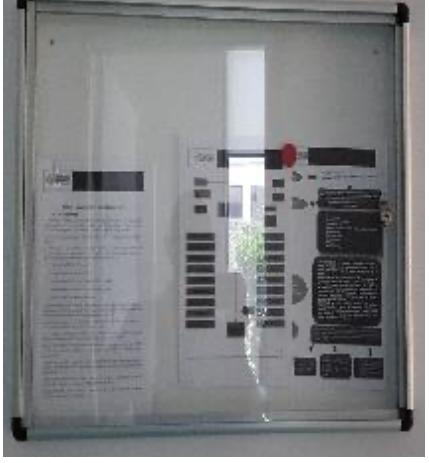
		
Ingresso	Uscite di emergenza	Divisa – DPI

		 a
Estintori	Bacheca	Cassetta di P.S.
		
Presidi Anti contagio Sar-Cov-2		

Centro Riabilitazione di San Severo (FG)

		
Ingresso	Uscite di emergenza	Cassetta di P.S.

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	12 of 13

		
Estintori	Bacheca	Badge System

Job n°:	IT/CE.20190147T.0	Report date:	11.06.2021	Visit Type:	Sorveglianza	Visit n°:	4
CONFIDENTIAL		Document:	GP3704	Issue n°:	6	Page n°:	13 of 13