SOCIAL ACCOUNTABILITY
ACCREDITATION SERVICES

Per the SAAS Accreditation Agreement and SAAS Procedure 200, all accredited CBs are required to report a written list of all certifications granted every three months. These instructions provide guidance on completing the required summary report, a combined Form 616 and 616A.

Purpose:
SAAS’s goal is to have an SA8000 certification list that is as accurate as possible with every bit of data available, both for internal certification analysis and for public reporting. This certification report essentially tracks trends in SA8000 certification throughout the world and provides a record of each Certification Body’s activity in different industries, countries, and sizes of organisations.

SAAS encourages transparency through public reporting and requires that all SA8000 certified organisations be posted publicly on our website. In addition to making this information publicly available to all interested parties, this certification list provides an opportunity for stakeholders to confirm the status of certified organisations and continue to support those businesses that have made a commitment to the certification process. Therefore, it is incumbent that all information provided by the Certification Body related to SA8000 certified organisations be as accurate and up-to-date as possible.

SAAS reminds all CBs that this form is required, as stipulated in the Accreditation Agreement. Please fill out the entire form with accurate information. Failure to do so will constitute a non-conformity with accreditation requirements.

Submission of Reports:
1. Reports shall be submitted on a quarterly basis within 2 weeks of the end of the quarter.
2. Reports shall be submitted using the Form. No other forms shall be accepted. CBs may not substitute their own forms, nor may CBs submit multiple forms from different countries or with different tabs within the form.
3. CBs not in compliance with reporting requirements may receive non-conformities and CBs with ongoing non-compliances with reporting formats and delays in submission may be considered for action including major non-conformities or suspension.
4. New Requirement: Be advised that, in addition to quarterly updates, SAAS shall require all CBs to immediately report (on a weekly basis):
   a. The names of organisations whose SA8000 certificates are suspended, along with the suspension initiation and expiry date (including Columns AD, AE and AF).
   b. The names of organisations whose SA8000 certificates are withdrawn or cancelled, along with the cancellation/withdrawal date (including Columns AG, AH, AI, and indicated “No” in column P).
   c. The names of organisations that have been newly certified.
   d. This report shall be submitted using the Form with ONLY the certified organisations that have these new changes, with information listed in a-c, as above.
   e. At the end of the quarter, all of this information shall be integrated into an all-encompassing form that includes all details of all certified and formerly certified organisations.
Instructions for Completion of the Form:

A. **Name of Certifying Body**: include the name of the accredited CB that issued the SA8000 certificate.

B. **Name of Subcontracted Organisation that Performed the SA8000 Audit**: If the CB has used a subcontractor to perform the SA8000 audit, list the name of that subcontracted organisation. If not applicable, simply leave this field blank.

C. **Internal CB SA8000 Certificate ID number**: include the full SA8000 certificate number issued to the client.

D. **Name of certified organisation**: include the full name of the organisation, especially in cases where there might be two sites or divisions of a company.

E. **Address of Certified Head Office**: include the address for the head office which is listed on the SA8000 certificate. Be sure that the address is completely correct with no misspellings as those create confusion for stakeholders seeking to confirm the validity of an SA8000 certificate.

F. **Latitude and Longitude Locational Data Points of Certified Head Office**: include the latitude and longitude points for the certified head office.

G. **Country Location of Certification Organisation**: include the country for which the SA8000 certified organisation is located.

H. **Scope of Certification**: list the scope for which the SA8000 certificate was issued. This should match the scope that is listed on the certificate.

I. **Industry Assignment**: classify its industry to the best of your ability. Please keep it within the industries already listed. The list of options provided is based on the NACE code listing. See the SAI Final Industry Sector List document from 2016 which provides the Industry Sector List to be used within this form. This sector list matches the list that is used in the Social Fingerprint process.

J. **Total Number of Sites in Scope of Certification**: list the total number of sites within the scope of the SA8000 certificate. This number shall include the head office. If the certificate was issued for a single site, the answer shall be 1.

K. **Number of Employees within Scope**: list the total number of employees within the scope of the SA8000 certificate. This number should include all part-time, temporary, and home workers, as well as all sites within the scope.

L. **Is the Scope Multi-Site?**: indicate, via yes or no, whether the scope of this SA8000 certificate is multi-site.
M. **Names/Addresses of Additional Sites (if multi-site):** If the scope of this SA8000 certificate is multi-site, list all address other than the certified. If not applicable, simply leave this field blank.

N. **Organisation Contact Name:** Indicate the name of the contact for the certified organisation.

O. **Phone:** Indicate a valid phone number for the certified organisation, including the country code. The format should look like the following: (country code) 555-5555 (the numbers, of course, vary by country).

P. **Email:** Indicate a valid email address for the certified organisation. The format should look like the following: sample@emailaddress.org.

Q. **Is this organisation currently certified?:** Indicate, via yes or no, whether this organisation is currently certified. This field shall not be left blank.

R. **Date on Initial Certificate:** List the date of initial certification. This date shall match the date on the initial SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015).

S. **Date on 1st recertification certificate:** If applicable, list the date of 1st recertification. This date shall match the date on the 1st recertification SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If not applicable, simply leave this field blank.

T. **Date on 2nd recertification certificate:** If applicable, list the date of 2nd recertification. This date shall match the date on the 2nd recertification SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If not applicable, simply leave this field blank.

U. **Date on 3rd recertification certificate:** If applicable, list the date of 3rd recertification. This date shall match the date on the 3rd recertification SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If not applicable, simply leave this field blank.

V. **Date on 4th recertification certificate:** If applicable, list the date of 4th recertification. This date shall match the date on the 4th recertification SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If not applicable, simply leave this field blank.

W. **Date on 5th recertification certificate:** If applicable, list the date of 5th recertification. This date shall match the date on the 5th recertification SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If not applicable, simply leave this field blank.

X. **Date of Current Cycle Expiration:** List the date the current cycle is due to expire. This date shall match the date of expiration on the current SA8000 certificate issued to the organisation. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If this organisation is
no longer certified, this field may be left blank.

Y. **Has the client had an upgrade audit to SA8000:2014?:** indicate, via yes or no, whether the organisation has had an upgrade audit to SA8000:2014. The answer is regardless of whether or not they have received/been issued an SA8000:2014 certificate. If the client is no longer certified, simply choose no.

Z. **Has the client been issued an SA8000:2014 certificate?:** indicate, via yes or no, whether the organisation has been issued an SA8000:2014 certificate. If the client is no longer certified, or has not received their certificate yet, simply indicate the answer as no.

AA. **Date on SA8000:2014 Upgrade Certificate:** if applicable, list the date issued on the SA8000:2014 certificate. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015). If this organisation is no longer certified, this field may be left blank. If not applicable as of yet, simply leave this field blank.

AB. **Is this organisation on a semi-annual or annual surveillance schedule?:** indicate by choosing one of the two choices: either semi-annual or annual surveillance. If the client is no longer certified, the choice should be semi-annual surveillance.

AC. **Was this organization a client transfer from one CB to another?:** indicate by choosing yes or no.

AD. **If it is a transfer client, what was the name of the former CB?:** if applicable, and the client’s SA8000 audit was undertaken using the transfer process, indicate the name of the CB that had previously certified this client.

AE. **Is this client currently suspended?:** at the time of reporting to SAAS, indicate by choosing yes or no. If the client is no longer certified, the answer should be no. For those clients that are suspended, this information shall be updated with the next quarterly report.

AF. **If this client is currently suspended, what is the date the suspension was initiated?** If applicable, and the client is suspended at time of reporting, indicate the date that the client’s suspension was initiated. For those clients that are suspended, this information shall be updated with the next quarterly report. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015).

AG. **If this client is currently suspended, what is the date the suspension in place until?** If applicable, and the client is suspended at time of reporting, indicate the client’s suspension expiry date. For those clients that are suspended, this information shall be updated with the next quarterly report. The date format shall be as follows: Day-Month-Year (example: 12-Oct-2015).

AH. **If this client is no longer certified, identify whether it was the CB or client who cancelled:** indicate by choosing one of the two options – either the CB or client. This field shall be completed for all clients that are no longer certified – therefore, this column shall have a CB or Client chosen for all of those who are indicated, via column P, that they are no longer certified. For those clients who maintain a valid SA8000 certificate, this field should be left blank.
AI. If this client is no longer certified, list date certificate is withdrawn/cancelled: if applicable, list
the date that the SA8000 certificate is cancelled or withdrawn. The date format shall be as
follows: Day-Month-Year (example: 12-Oct-2015). This field shall be completed for all clients
that are no longer certified – therefore, this column shall have a date for all of those who are
indicated, via column P, that they are no longer certified. For those clients who maintain a valid
SA8000 certificate, this field should be left blank.

AJ. If this client is no longer certified, provide background information as to why no longer
certified: provide a very brief explanation as to why this organisation is no longer certified so
SAAS and SAI can understand the choices made within the certification process.

AK. Notes/comments/question: if necessary, the CB can make notes or share information with
SAAS.

AL. Date of most recent Social Fingerprint Independent Evaluation: CB shall indicate the date of the
most recent Independent Evaluation conducted by the CB of this client. The date format shall
be as follows: Day-Month-Year (example: 12-Oct-2015). If this organisation is no longer
certified, this field may be left blank. If not applicable as of yet, simply leave this field blank.

AM. Social Fingerprint Independent Evaluation Rating (from most recent IE conducted): CB shall
indicate the score of the most recent SF Independent Evaluation conducted by the CB of this
client. This field shall be a number. If this organisation is no longer certified, this field may be
left blank. If not applicable as of yet, simply leave this field blank.

AN. through BN. Critical: SA8000 Element 1 (number of CARs issued, in this quarter): in these
columns, indicate the number of non-conformities for each of the elements issued within this
quarter. These numbers should be updated on a quarterly basis. If no non-conformity was
issued within the quarter of the reporting period, simply indicate with a “0” in that column. If
the client is no longer certified (as indicated in column P), simply leave these columns blank.

Notes:

1. For those organisations that are no longer certified by your Certification Body: please leave
them on this list for historical purposes – so that SAAS may continue to keep a record of those
organisations for data analysis.

2. When completing the industry column, please reference the industry sector list used for NACE
Level 1. SAAS can provide a copy of this list as necessary.

3. In addition to updating the items as listed below, it is important that each CB go through all of
the previous, older entries that have any blanks to complete those boxes. For example, if
previous organisations have already been marked as expired, please make sure there are dates
in the column “Date Revoked or Lapsed.” Fill in the full date (complete with Day-Month-Year) if
it is either blank or missing the day and/or month.

4. Please do ensure that you have reviewed the existing certifications on the list for complete
accuracy in all of the fields. Over time, information such as the name of the organisation, the
scope, the size and the contact details may change. We do need this information to be as up to
date as possible.