



SUSTAINABILITY & ESG SUPPLIER QUESTIONNAIRE



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SUPPLIER ENTITY INFORMATION:

| | |
|---|--|
| 1.Name: | |
| 2.Address: | |
| 3.City & Country | |
| 4.Describe the tasks and processes perform by entity: | |
| 5.Contact Name | |
| 6.Email | |
| 5.Tel | |
| 6.Date of Assessment | |

1. ENVIRONMENTAL

1.1. a. Do you have a formal environmental policy in place?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

1.1.b. If yes, please share a copy of the policy.

1.2.a. Do you have an Environmental Management System in place certified by an external authorized certification body (e.g. ISO14001 or Eco-Management)?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

1.2.b. If yes, please share a copy of the certificate(s). Comments:

1.3.a. Are you aware of and do you comply with the environmental laws applicable to your activities?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

1.3.b. If yes: Please, indicate which.

1.4. a. Do you request any environmental requirement from your suppliers?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

1.4.b. If yes: Please, indicate which.

1.5.a Do you make green purchases regarding any product?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

1.5.b. If yes: Please, indicate which.

1.6.a. Does the entity have established environmental targets and objectives to improve environmental performance?

1.6.b. If yes: Please mention 2 objectives

1.7. Does the entity review its environmental performance annually?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2. GREEN HOUSE GAS AND ENERGY

2.1. Does the entity have a system in place to reduce the environmental impact of energy use and greenhouse gases?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2.2.a. Does the entity have goals and targets to reduce GHG emissions?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2.2.b. If yes, what are the targets?

2.3.a. What is the total annual GHG emissions in the most recent year measured?

(enter in total metric tons CO₂e) Tons CO₂e:

2.4.a. Does the entity have in place targets and programs to reduce overall sustainability impacts by managing transportation logistics (e.g. prioritizing low impact transportation modes)?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2.4.b If yes, what are the target

2.5.a. Does the entity have set goals and targets in relation to increased energy efficiency?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2.5.b. If yes, what are the target and plans?

3. WASTE MANAGEMENT

3.1. Does the entity have a program and/or procedures to reduce or eliminate pollution and waste in its operations?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

1.2.b. If yes, please share a copy of the procedure(s). Comments:

3.2. Does the entity have a recycling program to reduce or eliminate pollution and waste in its operations?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

3.3 Does the entity have a program and/or procedures to manage and dispose of hazardous waste (if applicable), wastewater, solid waste, and airborne emissions?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

3.4.a. Does the entity have set targets to reduce the volume of waste generated? targets?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

3.4.b. If yes, what are the targets?

4. WATER MANAGEMENT

4.1 Does the entity have a system in place to manage and monitor water consumption?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2.5.a. Does the entity have set goals and targets in relation to reduce water consumption?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2.5.b. If yes, what are the goals and targets?

5. HEALTH & SAFETY

5.1. a. Do you have a formal Health and Safety policy in place?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5.1.b. If yes, please share a copy of the policy.

5.2.a. Do you have a Health and Safety Management System in place certified by an external authorized certification body (e.g. ISO 45001)?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5.2.b. If yes, please share a copy of the certificate(s). Comments:

5.3.a. Does the entity have procedures in place to ensure appropriate Personal Protection Equipment (PPE) is provided to employees?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5.3.b. If yes, provide a list of Personal Protection Equipment (PPE) distributed and the number of employees using it: to your activities?

5.4.b. If yes, please share a copy of the procedure(s). Comments:

5.4.a. Does the entity have a written emergency response plan and fire evacuation procedure?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5.5. Has the emergency response plan and fire evacuation procedure been communicated to all parties that could be affected by the emergency in local or appropriate languages?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5.6 Does entity conduct emergency drill?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5.6.b. If yes, how often does the facility conduct emergency drills?

6. WORKPLACE MANAGEMENT

6.1 Is the entity performance management system in compliance with applicable social laws and regulations?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

6.2.a. Does the entity have written personnel policies that cover following;

- Discipline and termination
- Benefits and deductions
- Grievance procedures
- Overtime wage rates
- Vacation leaves
- Harassment and abuse

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

6.2.b. If yes, please share a copy of the procedure or policies (s). Comments:

6.3.a. Are labor, health, and safety policies, practices, and expectations communicated to all employees and suppliers in local or appropriate languages?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

6.3.b. If yes, what communication methods are used?

6.4 Does the entity have written personnel policies in place for its hiring, salary, benefits, termination, and/or retirement practices to prevent discrimination?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

7. ETHICS AND HUMAN RIGHTS

7.1.a. Does your company have a policy regarding labor practices or human right issues?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

7.2.a Have your company implemented policies or procedures for following topics?

- Corruption
- Conflict of Interest
- Fraud
- Information Security

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

7.2.b. If yes, please share a copy of the procedure or policies (s). Comments:

7.3.a Does your company provide trainings to workers/staffs in the past 12 months?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

7.2.b. If yes, please share training evidence or certificates (s):

8. Accountability

8.1.a. Does the entity have a management representative(s) assigned responsibility for assuring compliance with environmental laws, regulations, and codes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

8.1.b. If yes, please list the name(s) and title(s)

8.2.a. Does the entity have a management representative assigned responsibility for assuring compliance with labor, health, and safety laws, regulations, and codes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

8.2.b. If yes, please list the name(s) and title(s)

8.3 Has the entity conducted audits of its environmental management system(s) in the past year?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

8.4 Has the entity conducted audits of its labor, health, and safety laws management system(s) in the past year?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

8.5 Are corrective actions identified by the environmental, labor, health, and safety audits tracked to closure?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

8.6 Does the corrective action process include root cause analysis and preventative mechanism implementation?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

8.7 Does the entity have a process in place to evaluate and update environmental, social, and governance policies and systems on an on-going basis?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

9. Supplier Management

9.1.a. Does the facility have in place to ensure that suppliers, including labor brokers, operate in compliance with all applicable environmental and labor laws and regulations?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

9.1.b. If yes, detail(s)

9.2.a. Does the facility have in place to evaluate and select suppliers based on their ability to meet ESG standards?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

9.1.b. If yes, detail(s)

10. Disclosure

10.1.a. Does the facility publicly disclose its ESG policies, programs, and performance either online or in a sustainability report?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

10.1.b. If yes, detail(s)

10.2 Does the facility require its suppliers to publicly disclose key ESG information, including policies, programs, and performance?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

10.3 Does the facility factor supplier's performance on key ESG indicators into its purchasing decisions?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|