AbbVie Purchasing & Supplier Management

Title: Supplier Social Responsibility Survey

INSTRUCTIONS:
AbbVie is interested in obtaining information from its suppliers as it relates to social responsibility. Social responsibility is the manner in which a company advances business objectives, implements policies, applies social investment and philanthropy, and exercises influence to make a productive contribution to society. Suppliers that provide a manufactured good or service to AbbVie are being asked to complete this survey, all questions should be completed. However, if a question does not apply, please mark it NA (not applicable).

Please note that as a result of the answers you provide, AbbVie may:

1. Request information to support your answers.
2. Request a teleconference to discuss your answers.
3. Schedule an audit of your facilities.

If you are not the appropriate person or do not have sufficient information to complete this survey, please contact AbbVie via e-mail at: AbbViePurchasing&SupplierManagement@AbbVie.com

Please click here to review AbbVie's Supplier Guidelines.

Click here to indicate that you have read and understood the Supplier Guidelines.

☐ Yes ☐ No

If you selected "no" please offer your feedback.

1. Did you receive a copy of AbbVie's Supplier Guidelines prior to this survey?

☐ Yes ☐ No

2. Do you provide your suppliers with a copy of your company's supplier guidelines / expectations?

☐ Yes ☐ No

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3. Contact information

Company name
Parent company name (if applicable)
Address
State/Province/Country
Completed by
Title
Email address
Date completed

Facility Information

4. Select which operation best describes this facility. Select all that apply:

- ☐ Manufacturer
- ☐ Third Party Manufacturer
- ☐ Original Equipment Manufacturer
- ☐ Promotional
- ☐ Office
- ☐ Warehouse
- ☐ Distributor
- ☐ Laboratory/Clinical
- ☐ R&D
- ☐ Service Provider
- ☐ Waste Disposal
- ☐ Other, please specify

5. Total number of employees at this facility

- ☐ Less than 50
- ☐ 50 - 100
- ☐ 100 - 250
- ☐ More than 250

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6. Total number of shifts

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ Other, please specify

7. Maximum number of hours worked per shift

- ☐ Less than 8
- ☐ 8 - 10
- ☐ 10 - 12
- ☐ More than 12

8. Does your organization have a formal process to keep current with local / national law?

☐ Yes ☐ No

Ethics Information

9. Does your organization have a program or procedure to ensure the confidentiality and protection of workers who report suspected violations of ethical misconduct?

☐ Yes ☐ No

10. Does your organization communicate information regarding its labor and / or business ethics performance, practices and expectations to its suppliers?

☐ Yes ☐ No

11. Does your facility house, breed, transport or experiment with animals?

☐ Yes ☐ No ☐ Not applicable

12. Are you aware of AbbVie's Animal Welfare Policy?

☐ Yes ☐ No ☐ Not applicable

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13. If your answer is yes to question 12, are you in compliance with AbbVie's Animal Welfare Policy?

☐ Yes ☐ No ☐ Not applicable

14. If you are a contract laboratory or collaborating laboratory, are you accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)?

☐ Yes ☐ No ☐ Not applicable

15. Has your laboratory animal care and use program been approved by AbbVie's Animal Welfare Officer prior to placement of work?

☐ Yes ☐ No ☐ Not applicable

16. In the last three years, has your facility received any local / governmental citations or fines relating to ethics or Animal Welfare?

☐ Yes ☐ No ☐ Not applicable

If yes, please describe the issue and any corrective action taken to remediate the finding.

Labor and Wages Information

17. Does your organization have policies and / or practices that prevent human trafficking and slavery?

☐ Yes ☐ No

18. Does your organization have written policies and programs to establish and maintain a diverse workplace environment?

☐ Yes ☐ No

19. Is the minimum hiring age for your employees in accordance with local / national law?

☐ Yes ☐ No

20. Are minimum wages in accordance with local / national law?

☐ Yes ☐ No

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21. Are employees being compensated for working overtime hours in accordance with local / national law?

☐ Yes ☐ No

22. In the last three years, has your facility received any local / governmental citations or fines relating to labor issues?

☐ Yes ☐ No

If yes, please describe the issue and any corrective action taken to remediate the finding.

Health & Safety Information

23. Is your facility required to have government issued authorizations or regulatory agency permits, licenses or approvals for personnel health and safety?

☐ Yes ☐ No

24. Please select all fire protection methods available at your facility.

- ☐ Fire extinguisher
- ☐ Fire Alarm
- ☐ Smoke detectors
- ☐ Sprinklers or other fire suppression
- ☐ Fire hoses
- ☐ Other, please specify

25. Does your facility have an emergency preparedness response plan for a catastrophic incident affecting workplace safety?

☐ Yes ☐ No

26. To ensure that business continues do you have a disaster recovery plan?

☐ Yes ☐ No

27. Are workplace hazards identified and communicated to your company's employees?

☐ Yes ☐ No

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28. In the last three years, has your facility received any local or governmental citations or fines relating to health and or safety?

☐ Yes ☐ No

If yes, please describe the issue and any corrective action taken to remediate the finding.

Environmental Information

29. Are there formal systems in place to identify and evaluate hazardous chemicals and materials in terms of their use, production, release and safe disposal?

☐ Yes ☐ No ☐ Not applicable

30. Is your facility required to hold government issued environmental authorizations, permits, licenses, or approvals for wastewater treatment or disposal, waste removal or disposal, or emission of air pollutants?

☐ Yes ☐ No

31. Does your facility have a program and/or controls for management of air emissions?

☐ Yes ☐ No ☐ Not applicable

32. How does your facility dispose of waste water?
Select all that apply.

- ☐ Discharge to open waterway
- ☐ Discharge to a public treatment system
- ☐ Discharge to on site treatment system
- ☐ Direct to ground
- ☐ Other, please specify

If you selected discharge to open waterway to the above question, please indicate what is discharged.

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33. Does your facility produce toxic or hazardous wastes?

☐ Yes ☐ No

If yes, how is the waste is disposed?

34. Has your facility implemented a program to prevent and respond to the release of toxic chemicals?

☐ Yes ☐ No ☐ Not applicable

If yes, please describe the program.

35. In the last three years has your facility received any local / governmental citations or fines relating to environmental issues?

☐ Yes ☐ No

If yes, please describe the issue and any corrective action taken to remediate the finding.

Thank you for your participation!

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