

Workplace 'No Sweat' Procurement Policy

Name of employer: _____

Location of workplace: _____

Does the employer provide any of the items listed below?

Yes No Unsure

If no, are the workers required to purchase any of these items elsewhere?

Yes No Unsure

Type of item:

Please check the applicable items and fill out any pertaining information. Please use additional space if necessary, especially in the case of multiple examples per item.

Footwear (ie: boots, shoes, socks, etc.)

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Headgear (ie: hats, helmets, etc.)

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Coveralls

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Outerwear (ie: aprons, coats, etc.)

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Protective Items (ie: glasses, gloves, earplugs, masks, etc.)

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Pants/Skirts

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Shirts

Type(s): _____

Country(ies) of Origin: _____

Manufacturer(s)/Brand(s): _____

Do you have any additional information regarding the sourcing of workplace uniforms? _____

Does your existing collective agreement have any language re: “union made” or “no sweat” purchasing policies to be followed by the employer?

Yes No Unsure

If yes, please provide the contract language.

