

The Coca-Cola Company
SUPPLIER GUIDING PRINCIPLES
 Assessment Summary Report (Ver. 2)

Facility Name NovaPrint Oldenburg GmbH & Co. KG			Product Category Packaging Materials-Labels (2412-1700)		
Street Address Langenweg 10-12		City Oldenburg	State/Province Niedersachsen	Country Germany	Mail/Zip Code D-26125
Facility Contact/Role Michael Günter		Parent Supplier (if known) NovaGroup International / Bagel Group		Supplier Name (if known) NA	
Assessment Date October 4, 2011		Assessment Team Emanuel da Costa, Fons Deckers			Service Provider Intertek
TCCS Contact Ibrahim Eker		Group Europe		Business Unit & Dept. Northwest Europe & Nordics	
Total Workforce (Total Employees + Total Contract Workers) 110		Total Employees (Sum of 3 boxes to the right) 110		Production Employees 83	
				Sales & Distribution Employees 2	
				Other Employees 25	
# of Workers Present 67	# of Workers Interviewed 25	Total Contract Workers (Sum of 3 boxes to the right) 0		Production Contract Workers 0	
				Sales & Distribution Contract Workers 0	
				Other Contract Workers 0	
Assessment Type	<input checked="" type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-Up Assessment <input type="checkbox"/> Re-Assessment				

RESULTS:

Score #:	Score Rating:	Access Denied:
0	Green (0) Fully Compliant	<input type="checkbox"/> Full Access Denied
	Yellow (1-7) Corrective Action and Self Certification Required	<input type="checkbox"/> Partial Access Denied
	Orange (8-27) Corrective Action Required and Follow-Up May Be Required	<input type="checkbox"/> Employee Access Denied
	Red (28+) Corrective Action and Follow-Up Required	<input type="checkbox"/> Record Access Denied
		<input type="checkbox"/> Facility Access Denied

SUMMARY:

A. Code Element	B. Matrix Code	C. Findings	D. Local Law	E. Corrective Action Required	F. Suggested Time Frame	G. Agreed Time Frame

SUGGESTED BEST PRACTICES	
Observed Practice	Suggested Best Practice
Emergency lighting is present, but the facility has not been able to verify that it is in good working order as the building is not owned.	Liaise with the building owner to ensure that the emergency lighting is in good working order at all times.

A signature on this ASR signifies your agreement and understanding of the above findings and the Facility Action Plan.

Signature - Facility Representative / Title 4 October 2011

Signature - Monitor

Date 4 October 2011