Perry Johnson Registrars, Inc.

Summary of Food Safety Management System Certification Procedure

PJR offers certification services of food safety management systems (FSMS). This procedure outlines the certification process from start to finish; detailing a step-by-step approach from initial application to continuing surveillance after certification has been achieved.

Amendment Record

Date	Details	Rev Level
10/06/06	Added/Revised section D under "Maintenance of Registration and Surveillance Audits"	1.1
08/02/07	Page 2 – Added "readiness review"	1.2
12/03/10	Added references to provision of FSSC 22000 certification services	1.3
11/09/11	Added references to provision of PAS220 and PAS223 certification services	1.4
2/19/15	Replace PAS 220 with applicable PRPs throughout the entire document. Remove a statement that PJR does not conduct pre-assessments for ISO 22000 or FSSC 22000. Remove that PJR conducts readiness reviews of PAS 220 and PAS220 and documentation reviews. Change F-80fs to F-114fs, technical areas of business activities to food chain categories, background information of the audit time to qualification and competency details. Remove a requirement for auditor to review Hazard Analysis sheet during the Stage 1. Clarify the interval between the Stage 1 and Stage 2 audits should be a minimum of 30 days and no more than 6 months. Remove definitions of critical nonconformities; add definitions of FSSC major and minor nonconformities. Remove definitions of observations. Add new section "Duty of the Organization" to notify PJR of any special circumstances including, but not limited to food/product safety recalls etc. Remove information regarding scopes of accreditation. Overall wording changes and clarifications.	1.5
08/28/2017	Complete revision to FSSC 4.1	1.6
08/16/2019	Complete revision to FSSC 5.0 Updated Timeframes for Major and Critical nonconformities in the Resolution of Corrective Action(s) section. Updated Contingency Management section	1.7
06/17/2020	Minor FSSC updated 3 months to 28 days and added evidence of correction The Food Safety Accreditation Manager or designee will upload this information at the latest 28 calendar days after the certificate decision with a maximum of 2 months of the last day of the audit.	1.8
7/28/2020	Added page 14 Appendix A: FSSC Virtual Audit	1.9
2/16/2021	Complete revision to FSSC 5.1	2.0

Summary

This document describes the procedures to be followed for the achievement of a third-party certification of an organization's management systems regarding food safety (FSMS). It also describes actions required by both PJR and the organization to complete the certification process.

The procedure to be followed for an organization requesting to be certified by PJR during a certification assessment period commenced by a certification body other than PJR is described in PRO-13.

Scope

The scope of this document encompasses the following certification standards:

ISO 22000 (Food safety management systems standard, current revision of)
FSSC 22000 (Certification scheme for food safety systems in compliance with ISO 22000, applicable PRPs and additional FSSC requirements).
ISO/TS 22002-1 (Prerequisite programs on food safety for food manufacturing)
ISO/TS 22002-4 (Prerequisite programs and design requirements for food safety in the manufacture and provision of food packaging)
ISO/TS 22002-6 (Prerequisite programs on food safety for feed and animal food production)

Application for Certification

PJR provides organization with the following form when requested for certification of ISO 22000, FSSC 22000 or combined certification of ISO 22000/ISO 22002-4.

Client Profile / Questionnaire (F-1fsus)

The organization completes PJR standard form F-1fsus (or PJR takes information by phone) to provide PJR with the initial information required to commence the certification process. This document elicits from the organization the following details, among others:

a) Contact name (address, etc.)
b) Description of business and FCC code(s)
c) Description of premises of facility, number of employees, number of work shifts
d) Status of existing food safety management system or GFSI recognized certification schemes
e) Number of HACCP studies

On the basis of the information furnished by organization, PJR provides a quotation to cover the cost of the pre-assessment and certification audits (Stage 1 & 2) and subsequent surveillance visits. The required number of audit-days is determined using the Audit Day Grid (F-114fssc). The Audit Day Grid is based on ISO/TS 22003:2013, and requires the following:
- Time required for evaluating hazard analysis (HACCP study) of the products/services provided by the organization, complexity of manufacturing process, size of factory site (according to the FCC codes, information provided on F-1fsus and interviews); and
- All quotes to be approved by qualified personnel with technical expertise in accordance with the requirements of ISO/TS 22003.

For FSSC 22000 or combined certification of ISO 22000/ ISO/TS 22002-4, required audit days for ISO/TS 22002-1 or ISO/TS 22002-4 audit are added to the above calculation of ISO 22000 audit days. Factors including the size of the organization/factory and the complexity of the processes are taken into account when calculating audit days for sector specific PRP standards. Please note that after Stage 1 of the assessment, the number of audit days required for Stage 2 can increase/decrease depending on the findings of the FSMS Audit Team Leader. The quotation excludes the cost of follow-up visit(s) that may be recommended or required for the successful completion of the entire certification process. It also assumes the accuracy of the information provided by the organization, and is subject to change to cover any additional work by PJR which may be caused by inaccurate or incomplete information.

If an organization certified by a certification body accredited by MLA member of IAF wishes to receive transfer their certification to PJR, then PJR could provide quotation by calculating audit days based on the prior information required for transfer certification.

Should an organization wish to conclude a contract with PJR, PJR provides a copy of the Registration Agreement and Terms and Conditions. Organization then completes, signs, and returns a copy of Registration Agreement bearing an original signature. The receipt by PJR of this document is taken as an instruction to proceed in accordance with Registration Agreement and associated procedures, and the organization is sent a summarized version of certification procedure (F-81fs). After the contract is signed, amendments (agreed on by both parties) can be. At this stage, organization also provides PJR with the following:

a) Written confirmation of preferred dates for the Stage 1 Audit;
b) Payment of the first installment per the Registration Agreement;
c) Documents required for documentation review specified by PJR to be submitted in advance, which should be sent to the Audit Team Leader a minimum of four weeks before the preferred dates for the Stage 1 Assessment.

If the requirements for FSMS certification change at any time, needing retroactive implementation, PJR will ensure organization is notified and these changes are followed / implemented at next surveillance.

The organization may contact PJR to request any reference documents the organization may need such as certification procedure, appeals procedure, etc.

FSMS/FSSC Certification Audit

PJR's Food Safety V.P. of Product Safety and Research selects the audit team taking into account the food chain category applicable to the certification scope of the organization and their specific production processes. The qualification and competency detail of the audit team is available upon request. The client has the right to object to the appointment of any particular auditor or technical expert providing justification for the objection is valid (i.e. employee of a competitor, personal differences, etc.). PJR, in accordance with ISO/TS 22003, performs FSMS audits in two stages at the organization's premises. In this procedure, these two steps are described as the Stage 1 audit and the Stage 2 audit. The FSMS Audit Team Leader will create the audit plan for the Stage 1 and Stage 2 audits and provide the organization with a copy. The plan may also include additional requirements deemed necessary to achieve the certification. The key objectives of each, together with the minimum coverage, are described below.

1. Stage 1 Audit

a) In this stage of the audit, PJR will:

i) Will take place on the client premises in order to evaluate the preparedness of the organization for stage 2.
ii) Review documents, plan and allocate resources for further documentation review where required and for the Stage 2 audit, and verify that the necessary competence will be available within the Stage 2 audit team;
ii) Collect necessary information and identify those issues which will need special attention during the Stage 2 audit, including determination of need for a legal or technical expert for Stage 2;
iii) Provide an opportunity for feedback of information to the organization;
iv) Agree on, with the organization, the details for the Stage 2 audit.
v) If areas of concern and/or nonconformities are identified, they must be closed prior to Stage 2.
vi) For FSSC 22000 certification, review the conformity status of ISO/TS 22002-1/ISO/TS 22002-4 and the appropriateness of alternative methods.

b) The objective of the Stage 1 audit is to provide a focus for planning the Stage 2 audit by gaining an understanding of the FSMS in the context of the organization's food hazard

identification, analysis, HACCP plan and pre-requisite programs, policy and objectives and, in particular, of the organization's state of preparedness for audit, by reviewing the extent to which:

i) the organization has identified PRPs that are appropriate to the business e.g. legal requirements;
ii) the FSMS includes an adequate process for identification of the organization's food safety hazards and subsequent determination of their significance;
iii) for the relevant activities of the organization, food safety legislation is in place;
iv) the FSMS is designed to achieve the organization's food safety policy;
v) the FSMS implementation program justifies proceeding to the Stage 2 audit;
vi) the validation, verification and improvement programs conform to the requirements of the FSMS standard;
vii) management reviews are being conducted and cover the continuing suitability, adequacy and effectiveness of the FSMS;
viii) the FSMS documents and arrangements in place to communicate internally and with relevant suppliers and customers interested parties;
ix) additional documentation has to be reviewed and/or what knowledge has to be obtained in advanced.
x) for FSSC 22000 certification, additional requirements of FSSC are included in FSMS of the organization; in addition, implementation and operation of the pre-requisite programs conform with ISO/TS 22002-1/ or ISO/TS 22002-4.

c) The Stage 1 audit includes, but should not be restricted to, the documentation review. PJR and the organization shall agree when and where the documentation review is conducted. In every case the documentation review shall be conducted prior to the commencement of the Stage 2 audit.

d) PJR will obtain, at least, the following information:

i) FSMS documentation including procedures, (and, preferably, a cross-reference list linking the documentation to the related requirements of the standard;
ii) a description of the organization and its on-site processes including the pre-requisite plans;
iii) HACCP Plan
iv) an overview of the applicable regulations (including authorizations, certificates, license(s)/permits), and agreements with Authorities;
v) internal audit programs and reports.

e) PJR will make the organization aware if any of the following are needed for Stage 1 audit and may be required for detailed inspection during the Stage 2 audit:

i) authorization/certificate/license/permit requirements;
ii) records (including records of incidents, breaches of regulation or legislation and relevant correspondence with Authorities) on which the organization based its assessment of compliance with regulatory requirements;
iii) details of any internally identified nonconformities together with details of relevant corrective and preventive action taken in the previous 12 months (or since commencement of the FSMS implementation if this is less that 12 months);
iv) records of management reviews;
v) records of any FSMS related communications received and any actions taken in response to them.

f) When the Stage 1 audit, including documentation review, is not conducted by a single person, PJR will demonstrate how the activities of various team members are coordinated, through an audit plan.

g) Any part of the FSMS that is audited during the Stage 1 audit and determined to be fully implemented, effective, and in conformity with the requirements, may not need to be

re-audited during Stage 2. However, PJR must confirm that the already audited parts of the FSMS continue to conform to the certification requirements. Confirmation will be demonstrated by including these findings in the Stage 2 audit report and clearly stating that conformity was established during the Stage 1 audit.

2. Stage 2 Audit

a) As with the Stage 1 audit, the Stage 2 audit always takes place at the premises of the organization. Typically, the time duration between Stage 1 and Stage 2 audits will be a minimum of 30 calendar days, but not more than 6 months. . The Stage 1 must be repeated if a longer interval is needed.

On the basis of the findings during the Stage 1 audit, PJR will draft an audit plan for the Stage 2 audit. Any nonconformities issued as part of the Stage 1 audit must be closed prior to conducting the Stage 2 audit.

b) The Stage 2 audit shall cover an examination of the organizations FSMS which addresses at least the following:

i) to confirm that the organization adheres to its own policies, objectives and procedures;
ii) to confirm that the FSMS conforms with all the requirements of the FSMS standard and is achieving the organization's policy objectives;

c) For FSSC a comprehensive site tour will cover the following:
i) Representative number of product lines; categories; and sectors as covered by the scope;
ii) Review of Implementation of all CCPs; Operational PRPs and shall include a representative sampling of the PRPs.
iii) All areas that might influence food safety

d) To achieve this PJR will be focusing on the organization's:

i) information and evidence about conformity to all requirements of the applicable normative document;

ii) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets;
iii) the organization's FSMS and performance as regards legal compliance;
iv) operational control;
v) internal auditing and management review;
vi) management responsibility for the client organization's policies;
vii) links between the normative requirements, policy, performance objectives and targets, any applicable legal requirements, responsibilities, personnel competence, operations, procedures, performance data, and internal audit results.
vii) FSSC: Where comparable activities/processes take place it is allowed to sample

Components of the Certification Audits

A. The FSMS Audit Team carries out an FSMS audit of the organization's FSMS to assess its conformity to the Standard. Both of the Stages of the Initial Certification Audit and subsequent Surveillance audits are conducted as follows:

a) Opening Meeting with the organization's senior management to confirm the scope of certification, review the audit plan and reporting procedures, introduce the FSMS Audit Team and to confirm all relevant details for the FSMS Audit.

b) Detailed verification of the FSMS itself, via observation, documentation review, and interviews of personnel. During this examination, any observed nonconformities are discussed and reported

using the Nonconformity Report.

c) Closing meeting, during which the FSMS Audit Team's findings are reported to the organization's senior management. Specifically, the FSMS Audit Team:

1) Presents to the organization copies of Nonconformity Reports.
2) Reports on the effectiveness of the FSMS

B. The organization is obligated to assist the FSMS Audit Team in the following ways:

a) Provide the FSMS Audit Team with FSMS documentation sufficient enough to lead the audit team to conclude that the FSMS is fully and effectively implemented in accordance with the Standard;

b) Provide the FSMS Audit Team with access to facilities, personnel, and records, so the team is able to verify that the organization's FSMS has in fact been established, is being effectively operated and maintained, and is in conformance to the organization's documentation as well as to the Standard;

c) Cooperate in all ways requested by the FSMS Audit Team, including access to all functions unless previously arranged with PJR;

d) Fully resolve all nonconformities.

C. Upon completion of all activities of both audits (Stage 1 or Stage 2), PJR will provide the organization with a written FSMS Audit Report as needed. PJR retains the original copy of the Audit Final Report. The Audit Final Report of FSSC certification is the property of PJR.

Resolution of Corrective Action(s)

Types of ISO 22000 and FSSC 22000 Nonconformities:

a) **Major:**
FSMS (ISO 22000) non-conformity corresponding to a requirement of the FSMS standard not met (totally or partly), with a potential impact on the safety of the products and must be resolved within 30 days. PJR will determine whether verification of resolution, based on objective evidence, will require an on-site visit or can be satisfied by documentation.

FSSC 22000: A failure to fulfil one or more requirements of the management system that raises doubt about the capability of the management system to achieve the expected food safety outcomes in the food chain or to effectively control the process for which it is intended. A major shall be issued when the finding affects the capability of the management system to achieve the intended results. If a major NC is identified in an audit, client must provide evidence of a root cause analysis and proposed corrective action plan agreed by the CB.

The major non-conformity shall be closed by PJR within 28 calendar days after closing meeting of the audit. The organization shall submit objective evidence of implementation to PJR. PJR shall review the corrective action plan and related objective evidence of implementation, challenge it if necessary and determine its effectiveness and approve the CAP and CA through recording his/her name and date of review on the CAP.

PJR shall conduct a follow-up audit to verify the implementation of the CA to close the major nonconformity within 28 calendar days after closing meeting of the audit. In cases where documentary evidence is sufficient to close out the major nonconformity, PJR may decide to perform a desk review.

The completion of corrective actions might take more time depending on the potential severity of the major nonconformity and the amount of work necessary to eliminate the causative factors. In such cases the CAP shall include any temporary measures or controls necessary to mitigate the risk

until the permanent corrective action is implemented. A follow-up audit shall be conducted to verify the permanent corrective action and to close the major nonconformity.

A critical nonconformity is raised in the event of non-completion of the approved corrective action.

b) **Minor**:
FSMS (ISO 22000) non-conformity corresponding to a requirement of the FSMS standard not met (totally or partly), without impact on the safety of the products. Completion effective or effectively planned within 60 days. PJR will determine whether verification of resolution, based on objective evidence, will require an on-site visit or can be satisfied by documentation.

FSSC 22000: A failure in a requirement of the management system which does not affect the capability of the management system to achieve the intended results. If a minor NC is identified in an audit, client must provide evidence of correction and a corrective action plan within 28 days of the audit. Corrective action (CA) shall be implemented by the organization within 12 months of the audit. PJR shall review the evidence of correction and the design of the corrective action plan, challenge it and approve it when acceptable. Implementation of corrective action plan shall be reviewed, at the latest, at the next scheduled on-site audit. PJR shall review the corrective action plan and determine its effectiveness of implementation through recording auditor name and date of review on the CAP. A Major nonconformity is raised (on management responsibility and resource allocation) in the event of non-completion of the approved action plan at the next scheduled on-site audit.

c) **Critical:**
FSSC 22000: A critical nonconformity is issued when a direct food safety impact without appropriate action by the organization is observed during the audit or when legality and/or certification integrity are at stake.

When a critical nonconformity is issued at a certified site the certificate shall be suspended within three days after issuance for a maximum period of six (6) months. When a critical nonconformity is issued during an audit, the organization must provide PJR with objective evidence of an investigation into causative factors, exposed risks and the proposed CAP. This shall be provided to the CB within 14 calendar days after the audit.

A follow-up audit shall be conducted by the CB between the six (6) weeks and six (6) month timeframe to verify the closure of the critical nonconformity. The certificate shall be withdrawn when the critical nonconformity is not effectively solved within the six (6) month timeframe. In case of a certification audit, the full certification audit shall be repeated.

Types of corrective actions are:

a) Those involving document or minor changes. These may be implemented without requiring a subsequent Follow-Up Audit. The completed master Nonconformity Reports must be submitted to PJR, and re-evaluation will occur during the first surveillance audit.
b) Those requiring "significant changes" that can be resolved and verified only by means of a subsequent Follow-Up Audit. In these cases, Follow-Up Audits are arranged between PJR and the organization after organization submits to PJR the completed master Nonconformity Reports. The Follow-Up Audit will be limited to the area that was found to be nonconforming.

Corrective Actions (both Major and Minor) must be identified and implemented within specific timeframe above after the closing meeting. Thereafter, PJR may at its discretion repeat the Certification Audit, chargeable at the prevailing PJR Daily Rate (per Schedule of Fees). Note: <u>All</u> nonconformities must be closed prior to granting certification. Furthermore, nonconformities issued during Stage 1 <u>must</u> be closed prior to Stage 2.

FSMS/FSSC Certification Decision

Upon completion of both Stage 1 and Stage 2 of the Certification Audit, and resolution of any nonconformities as set forth, the PJR FSMS Audit Team submits all related materials including Audit Final Report to the PJR Executive Committee Member. The Executive Committee Member retains veto power over any certification decision. The certificate will be issued 30 days after the certification decision.

The organization may display the PJR Certification Mark ("Logo") in paper and electronic promotional media. PJR provides the organization with camera-ready artwork together with its procedure covering the reproduction and use of the certificate and logo (PRO-3), and the rules from each appropriate accreditation body under which it is certified.

PJR is the sole institution which provides the PJR certificates. The certificates are deemed as the property of PJR.

PJR maintains a list of certified organizations and their scopes of certification (PJR database). PJR makes this list available to PJR's accreditation bodies and the general public, at no charge, upon request. PJR also notifies a number of publications regarding the certification of organizations for inclusion in their publicly available certification lists.

For FSSC certification, information of the organizations (name of the company, location, country, certification scope, effective date and expiry date of the certification) is available on the FSSC website (http://www.fssc22000.com/en/) after determination of the certification. The website also contains the information regarding certification status (maintenance, suspension and withdrawal of certification). The Food Safety Accreditation Manager or designee will upload this information at the latest 28 calendar days after the certificate decision with a maximum of 2 months of the last day of the audit.

Transition to FSSC 22000

When transitioning from Dutch HACCP, ISO 22000 or a GFSI recognized certification scheme to FSSC 22000 certification, a full stage 1 and 2 audit is not required to confirm compliance of the food safety management system with all Scheme requirements. The transition audit is based on the recertification Scheme requirements. In this case, the audit report shall:

a) clearly specify the audit type i.e. “transition audit from Dutch HACCP, ISO 22000 or a GFSI recognized scheme to FSSC 22000”,
b) provide details of the previous audit related to nonconformities,
c) confirm the validity of the existing certificate,
d) confirm compliance with all Scheme requirements.

The transition audit time calculation is based on the recertification Scheme requirements, as specified in Part IV, Annex II. The transition audit shall result in a new FSSC 22000 certificate with a regular validity of three (3) years.

Surveillance Audits and Recertification Audits

The Certificate is valid for a period of three years, subject to continued conformance to the standard. PJR monitors this conformance via regular Surveillance Audits carried out at least once per year. The first surveillance audit after the initial certification audit shall not exceed 12 months after the last day of the Stage 2 audit.

The primary purpose of a surveillance audit is to verify the continuing effectiveness and continual improvement of the client’s FSMS. For this reason, the primary focus of a surveillance audit will include a review of process performance (key performance indicator data) and associated corrective actions, customer complaints, internal audits, management review and preventive actions/continual improvement. Maintenance of operational control is sampled throughout the surveillance cycle.

For FSSC: Surveillance audits shall assess and report on conformity with all Scheme requirements (from ISO 22000, relevant PRP documents and FSSC 22000 shall be reviewed including the use of marks and references to certification. At least one of the two annual surveillance audits shall be unannounced. The audit program shall also consider the results of any previous audits including unannounced audit(s). If not all objectives are fulfilled during an unannounced audit, an additional audit shall be performed of which the nature shall be determined by PJR.

For both 6-month) and 12-month surveillances, a recertification audit is necessary. A recertification audit should typically require 2/3 of the time spent for the initial audit (Stage 1 and Stage 2).

Recertification audit verifies the conformity and effectiveness of FSMS/FSSC during the certification cycle and if approved for recertification, a certificate will be issued by renewing the original expiry date. The recertification shall include a full assessment and reporting of all requirements.

PJR reserves the right to conduct special or short notice audits during the course of the certification period. Circumstances that may trigger special or short notice audits include, but are not limited to:

a) Requests for extension of scope – Requests for extension of scope often require that the organization complete a new application (F-1series). PJR calculates audit days required for the extension of certification scope. PJR then determines if a special/short notice audit is necessary or if the change can be assessed at the next regular surveillance audit or recertification audit
b) Significant changes at the organization, including changes in ownership, address or key personnel. In response to changes of this nature, a recertification audit is almost always required. (Note that per the PJR contract, the organization is required to notify PJR in writing about any significant change.)
c) Complaints from customers or interested parties of certified organizations
d) Suspension situations
e) Evidence or suspicion of nonconformity within the certified organization

FSSC: In the event of significant change which could affect the following, the safety of product; changes to the requirement of the certification scheme standard; change of ownership or, Management of the supplier or; the certification body has reason to believe there could be compliance issues in relation to certification. PJR shall re-evaluate the supplier(s) to assess compliance with the certification scheme standard. PJR shall notify the Foundation in a timely manner in such events.

The onus is on the client to communicate these changes, major or minor, to PJR prior to the auditor arriving onsite. Failure to notify PJR may result in the client having to undergo a full audit process again.

FSSC Unannounced Audits

Frequency

- The CB shall ensure that for each certified organization at least one unannounced audit is undertaken after the initial certification audit and within each 3-year period thereafter.

- The certified organization can voluntary choose to replace all surveillance audits by unannounced annual surveillance audits. Neither the initial certification audit (stage 1 and stage 2) nor the recertification audit can be replaced by an unannounced audit.

Execution

- PJR sets the date of the unannounced audit. The site shall not be notified in advance, by PJR, of the date of the unannounced audit. The unannounced audit takes place during operational working hours including night shifts.

- When there are legitimate business reasons, blackout days may be agreed in advance between the CB and the certified organization to avoid periods of extreme inconvenience during which the client would find it difficult to participate fully and/or there is no production.

- The unannounced audit is a full surveillance audit during which the auditor shall spend at least 50% of the time in production area (shop floor) assessing the implementation of the applicable CCPs, PRPs and OPRPs. The audit will start with an inspection of the production facilities commencing within 1 hour after the auditor has arrived on site.

- In case of multiple buildings at the site the auditor shall, based on the risks, decide which buildings/facilities shall be inspected in which order. The auditor shall audit the organization operating on a representative number of product lines covered by the scope of certification.

- PJR decides which of the scheduled surveillance audits shall be chosen for the unannounced audit. If the certified organization refuses to participate in the unannounced audit, the certificate shall be suspended immediately, and the CB shall withdraw the certificate, if the unannounced audit is not conducted within a six-month timeframe.

- If access is denied to the auditor the certified organization will be liable for all costs.

- Head offices controlling certain functions pertinent to certification separate to the site(s) (see 7.2.3) are not audited during the unannounced audit but are audited in an announced manner.

- Secondary sites (off-site activities) and off-site storage, warehouses and distribution facilities are also audited during the unannounced audit.

- The CB is expected to operate discretely in case of emergencies (e.g. fire, major catastrophic event, another audit on-going).

Suspension, Withdrawal or Cancellation of Certification

PJR reserves the right to suspend, withdraw, or cancel the certification at any time during the three year certification period, in accordance with PJR procedure PRO-11, available upon request.

Generally, such actions are considered in the following instances:

a) organization fails to complete corrective actions during the agreed time frame;
b) organization persistently fails to conform to Standard;
c) organization, in PJR's judgment, misuses PJR's Certification Mark, Certificate, the Accreditation Marks of PJR's accreditation bodies, etc.;
d) organization becomes delinquent in its financial obligations to PJR;
e) organization becomes subject to bankruptcy laws or makes any arrangements or composition with its creditors; enters into liquidation, whether compulsory or voluntary;
f) organization is convicted of an offense tending to discredit the Facility's reputation and goodwill, or
g) organization commits acts that, in PJR's sole judgment, impugn PJR's goodwill, valuable name and reputation.
h) organization improperly quotes the accreditation and/or certification system in its literature, including advertisements, catalogs and brochures.
i) organization fails to adjust schedule. PJR contract will be applied in this case.
j) organization refuses unannounced audit on that very day (suspension)
k) unannounced audit was not implemented within 6 months after the organization’s refusal of the scheduled, unannounced audit (withdrawal)
l) for FSSC 22000 certification, annual surveillance audit was not performed due to significant incident such as disaster and pandemic (however, when FSSC Foundation approves the incident as an exception, certification is not suspended)

PJR will provide organization with adequate opportunity to implement appropriate corrective actions within a reasonable time frame before withdrawing, canceling, or suspending certification.

PJR reserves the right to publicize any actions it may take with respect to withdrawal, cancellation or suspension of an organization’s certification. PJR will also cancel certification upon the formal written request of organization. In cases of suspension or withdrawal of its certification (however determined), PJR mandates that the organization discontinues use of all advertising matter that contains any reference to its certification, and returns any certification documents to PJR headquarters.

Certificate suspension, withdrawal or scope reduction the following three (3) criteria apply;

a) The CB shall suspend a certification when there is evidence that their client is either unable or unwilling to establish and maintain conformity with Scheme requirements within the time frames applicable to the clearance of major nonconformities (see Annex III for applicable timeframes).

b) The CB shall withdraw a certification when there is evidence that their client is either unable or unwilling to establish and maintain conformity with Scheme requirements, within the timeframes applicable to the clearance of critical nonconformities (see Annex III for applicable timeframes).

c) When the CB has evidence that their client holds a certificate whose scope exceeds their capability or capacity to meet, the CB shall reduce the certification scope accordingly.

Examples include:

a) The organization’s certified management system has persistently or seriously failed to meet the Scheme

requirements, including requirements for the effectiveness of the management system.
b) Immediate risk to the safety of the product impacting consumer health.
c) The certified organization does not allow surveillance or recertification audits to be conducted at the required frequencies.
d) The certified organization has voluntarily requested a suspension.

Action upon suspension, withdrawal and scope reduction In case of withdrawal or suspension, the organizations' management system certification is invalid. The CB shall:

a) immediately change the status of the certified organization in the FSSC 22000 database and its own Register of Certified Organizations and shall take any other measures it deems appropriate;
b) inform the organization in writing of the withdrawal or suspension decision within three (3) days after the decision was made and confirm the decision;
c) instruct the organization to take appropriate steps in order to inform its clients through various forms of communication such as advertising and product labelling where applicable.

In case of scope reduction the organizations' management system certification is invalid beyond the revised certification scope statement. The CB shall:

a) immediately change the scope of the certified organization in the FSSC 22000 database and its own Register of Certified Organizations and shall take any other measures it deems appropriate.
b) inform the organization in writing of the scope change within three (3) days after the last day of the audit or any other intervention and confirm the decision.
c) instruct the organization to take appropriate steps in order to inform its clients through various forms of communication such as advertising and product labelling where applicable.

Witness Assessment

Any organization being audited for the purpose of being issued a certificate containing any Accreditation Body's Seal must permit PJR's audit team to be accompanied by any Accreditation Body's, or PJR's auditors for the purpose of witnessing PJR's audit team. Any organization being audited for FSSC 22000 certification must permit FSSC scheme owner to accompany the audit. Also the organization must permit the auditors to be accompanied when PJR conducts onsite review on the audit team for evaluation of competence.

Disputes

Appellant may implement the dispute by following PJR's Dispute Procedure (PRO-10), available upon request.

Confidentiality

Except where required by law, statute, or the regulations of accreditation bodies, and FSSC provision if required for FSSC certification, PJR treats as strictly confidential any information that comes into its possession in the course of assessment or certification of the organizations. PJR, including all auditors, administrative staff, Executive Committee, and any other employee or sub-contractor, promises not to disclose such information to any third party without prior written consent of organization except when required by law or statute. In the event that law or statute requires such disclosure, PJR will disclose the information as required and inform the organization of such disclosure in writing in a timely fashion.

Duty of the Organization

PJR has arrangements in place with certified organizations for the timely notification in the following circumstances:

a) At any time during Organization's certification, Organization must notify PJR in a timely manner in the event that the Organization is involved in a food/product safety incident/recall and/or any legal proceedings with respect to food/product safety or legality. Upon identification that the Organization initiates a food safety event that requires public notification (such as a Class I or Class II recall), the Organization shall notify PJR and any applicable Standard Licensing Body in writing within 24 hours of the event.

b) Intended or actual changes to the design, specifications, and/or manufacturing processes of products which may affect the conformity of the product and/or the scope of Organization's certification. PJR shall determine whether the announced changes require further investigations.

c) The Organization shall report serious event to PJR immediately and these include at a minimum: legal proceedings, prosecutions and the outcomes of these related to food safety or legality; public food safety events (such as public recalls, calamities etc.); extraordinary events which pose major threats to food safety or certification integrity such as war, strike, riot, political instability, geopolitical tension, terrorism, crime, pandemic, flood, earthquake, malicious computer hacking, or other natural or man-made disasters.

d) Organization must notify PJR within three (3) working days of material changes in its: legal status; commercial status; legal ownership; key managerial, decision-making or technical staff; organizational name, contract address and site details; number of employees; changes in location or number of sites; significant damage to the site, e.g., damage by fire or natural disaster such as a flood; changes to the physical building(s) and/or processing operations and equipment; changes in the scope of operations or product categories under the certified management system or major changes to the management system and processes; any other factors influencing the Organization's Management System; or any other change that renders the information on the certificate inaccurate.

e) The organization shall seek the advice of PJR in cases where there is doubt over the significance of a change.

Failure to notify PJR of such material changes and/or incidents, recalls or legal proceedings as set forth above may result in the suspension or withdrawal of the Organization's Registration Certificate of Approval. Where Organization fails to notify PJR of material changes and/or incidents, recalls or legal proceedings, as set forth above, PJR reserves the right to retroactively invalidate the Registration Certificate of Approval to be effective at the time of the change, incident, recall, legal proceeding, or otherwise.

Contingency Management

A "special" situation, is defined by the Federal Emergency Management Administration (FEMA) as "any unplanned event that can cause deaths or significant injuries to employees, customers, or the public; or that can shut down business, disrupt operations between and stakeholders (accreditation bodies, food safety audit licensing bodies, buyers or sellers)…or threaten stakeholders' financial standing and or public image."

The FDA requires notification via the Reportable Food Registry within 24 hours of substantiating a Class I recallable issue. When news of an unplanned, "special" event is received by PJR, the following steps shall be taken:

The receiver shall notify the Food Safety Accreditation Manager or if unavailable, their alternate, the President, regarding the nature of the "special" situation. The President will be notified of the recall via email by the Food Safety Program Accreditation Manager.

The Food Safety Accreditation Manager will contact the client over phone to collect initial information about the recall and also ensure the client informs the license owner within 24 hours when there is a food safety event requires public notification.

The Food Safety Accreditation Manager will also arrange to record full details about the recall on Contingency Management Report Form (F-123) within a week from the date of notification.

The Food Safety Accreditation Manager or an immediate conference call. The initial call will discuss the following:

1.1.1 Can the problem be contained?

1.1.2 Who else needs to be notified and/or drawn in to PJR's Contingency Management Team?

1.1.3 Who else needs to be notified and/or drawn in within the larger stakeholder community?

1.1.4 What are the known facts regarding the situation?

1.1.5 What are the next steps and who is/are the party/parties responsible for:

1. Information gathering
2. Communications
3. Documentation

1.1.6 The team will designate:

1. Priority Actions
2. Deadlines for each action

3. An exact time for a follow-up call.

After receiving and reviewing the Contingency Management Report Form (F-123) within a week from the notification date, the Food Safety Accreditation Manager or designee will schedule an onsite visit (if required) to assess the extent of the issue. It will be the responsibility of the Food Safety Accreditation Manager to decide if the certificate is to be suspended or withdrawn. In that case, the suspension or withdrawal procedures will be followed (PRO-1). The Food Safety Accreditation Manager will keep the Contingency Management Team informed about the decisions.

The Food Safety Program Accreditation Manager will create an alert in PJView under the client's profile to indicate any special instructions and a reminder to provide the details of the recall/withdrawal to the auditor assigned to do the next audit, so that this can be reviewed as part of the auditor preparation.

Appendix A: FSSC Virtual Audits

1. Remote Audit (Step 1)

For FSSC 22000 certification, partial stage 1, surveillance, and recertification audits may be conducted virtually. Virtual audit may not be applied to stage 2 audit. Audit time for partial virtual audit is decided by the Program Manager of its designee based on FSSC scheme. The remote audit includes a document review and interviews with key personnel.

a. The remote audit shall at least include a review of the following key FSMS elements:
   i. Document/procedure reviews;
   ii. HACCP plans and key changes since the last audit (where applicable);
   iii. Product recalls and significant complaints;
   iv. Status with regard to FSMS objectives and key process performance, management review and internal audits;
   v. Interviews with management and key personnel;
b. The audit plan and the audit program shall clearly reflect what was covered during the remote audit and the subsequent onsite audit.
c. Any nonconformities identified as part of the remote audit shall be addressed in line with the Scheme requirements including grading and timelines and be verified as part of the onsite audit. In the case of a critical nonconformity, the certificate shall be suspended, and a full new onsite audit will be required to lift the suspension within 6 months. Where nonconformities are raised, a copy of the nonconformity report shall be left with the certified organization at the end of the remote audit.

2. On-Site Audit (Step 2)

a. The V5 onsite audit shall be conducted by the same FSSC 22000 approved auditor who conducted the remote audit to ensure continuity. In exceptional cases, a different auditor may be used, and the CB shall ensure that a proper handover process is in place.
b. The onsite audit serves as the verification audit with a focus on the production environment and processes as well as the remainder of the clauses not covered during the remote audit. It might be necessary to review parts of the remote audit again to ensure implementation of requirements. All the requirements of the Scheme shall be covered between the remote audit and the onsite audit and be clearly reflected in the audit plans, audit program and the final audit report.
c. Any nonconformities identified at the remote audit, shall be verified during the onsite audit and could be signed off at the onsite audit if not already closed out. As the audit process is not closed yet, a CB may upgrade a NC raised at the remote audit to a higher level i.e. a major, should more evidence be found to support it or if a systemic issue is identified.
d. Any nonconformities identified during the onsite audit shall follow the existing requirements of the scheme.

3. Closing of Nonconformities

a. ICT tools may be used to close out minor and/or major nonconformities, depending on the nature of the nonconformity and the reliability of the ICT. The CB needs to be able to demonstrate that the

methods used are suitable for the resulting action. Critical nonconformities require an onsite follow-up audit in all instances. Any nonconformities raised at either the remote or the onsite audit, shall be recorded on the NC record aligned to Annex 2 of the Scheme requirements with the timeline for addressing nonconformities starting from the last day of the remote and the onsite audit respectively.

4. Audit Report
   a. Following the remote audit, an interim audit report shall be compiled with summaries and objective evidence of the clauses audited during the remote audit and as a minimum the requirements listed in 3.3.1, as well as indicating the extent to which the ICT was used and the objectives achieved. The interim audit report is for CB use and not intended to be supplied to the certified organization, except for Stage 1 reports and Head Office reports where the corporate functions are controlled separately. The interim audit report is to be completed using the normal CB audit report template as input for the onsite audit, ultimately resulting in a complete FSSC 22000 audit report (meeting the requirements as set out in Annex 2 of the Scheme requirements) covering all Scheme normative requirements.
   b. Following the onsite audit, the interim audit report shall be updated to produce the full certification audit report. The latter shall include all summarized information, findings and nonconformity details of the remote audit and onsite audit (as required in Scheme Annex 2) that covers all the Scheme requirements.
   c. The full audit pack, consisting of the remote audit documentation and the onsite audit documentation shall be uploaded to the Portal within 2 months of the last day of the onsite audit. Instructions will be provided by FSSC on the process and requirements for uploading the remote and onsite audit documentation and nonconformities in the portal.
   d. The certification audit is only concluded once both the remote audit and the onsite audit have been successfully completed. Following completion of the full audit (step 1 & 2) and a positive certification decision by the CB, the audit process is complete and where applicable a new certificate may be issued.