

FSSC 22000 vs. 6 Certification Scheme Requirements for the Certification Process

1. CONTRACT process

The certification bodies have to be licensed by the Foundation FSSC for the food chain categories for that provide certification services.

1.1 Application

1.1.1 CERTIND shall collect and document the information from the applicant organization in an application form which details the minimum information as required in the ISO/IEC 17021-1 and ISO 22003-1, and additional Scheme requirements.

1.1.2 Application forms

CERTIND will require completion of an official application and self- assessment questionnaire forms, signed by an authorized representative of the applicant organization.

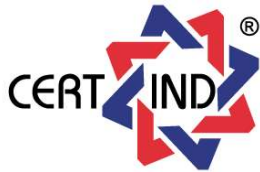
It is the responsibility of the applicant organization to ensure that adequate and accurate information is shared with CERTIND about the details of the applicant organization.

The details shall include at least the following:

- a) The proposed certification scope
- b) The number of workers in management and production
- c) Details of shifts
- d) Number of production lines
- e) Number of HACCP studies
- f) Details of other certified management systems or GFSI recognized certification schemes.
- g) When applicable: information regarding organizations with off-site storage, separate head office and off-site activities
- h) When applicable: details regarding the transfer request from the certification body that granted the current certification
- i) When applicable: details related to a request for a transition audit from ISO 22000 or another GFSI recognized scheme to FSSC 22000
- j) j) Other information such as: products/product groups and product categories included in the certification scope, technological processes, seasonality, additional FSSC requirements

1.2 Scope

CERTIND assess the scope proposed by the organization on the application forms and review it against the requirements in Self- assessment questionnaire for Food chain categories.



The scope of certification must refer to the process/activities, types of products and/or services provided by the organization and shall comply with the requirements of the scope of the FSSC 22000 scheme

1.3 Audit duration

1.3.1 CERTIND shall calculate the audit time based on the information gathered from the organization's application and following the requirements of ISO/IEC 17021-1, ISO 22003-1 and FSSC additional FSSC according to FSSC requirements.

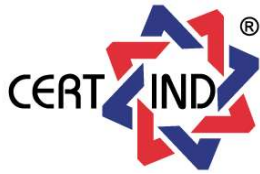
1.4 Contract

1.4.1 The contract includes all stages of the certification process and surveillances.

From CERTIND's side, the contract is signed by the General Director.

This contract shall detail or have reference to the agreements between CERTIND and the organization which shall include but are not limited to:

- 1) ownership of the certificate and the audit report content shall be held by the Certification Body;
- 2) at the request of food safety authorities, information related to the certification and auditing process shall be shared;
- 3) conditions under which the certification contract can be terminated;
- 4) conditions under which the certificate can be used by the certified organization;
- 5) the certified organization allows CERTIND to share information relating to the certification and auditing process with the Foundation, their Accreditation Body, the IAF, GFSI, and governmental authorities when required;
- 6) the certified organization allows CERTIND and Foundation FSSC to share information regarding their certification status with external interested parties
- 7) procedures for nonconformity management;
- 8) procedures for complaints and appeals;
- 9) inclusion of information on the certified status of the organization on the FSSC website and in the FSSC Platform;
- 10) cooperation in allowing witness assessments by the Accreditation Body and/or the Foundation when requested;
- 11) communication obligations of certified organizations to CERTIND within 3 working days related to the following:
 - a) any significant changes that affect the compliance with the Scheme requirements and obtain advice of CERTIND in cases where there is doubt over the significance of a change;



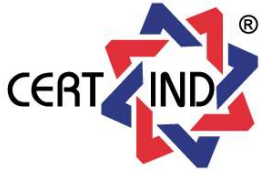
- b) Serious events that impact the FSMS, legality and/or the integrity of the certification including situations that pose a threat to food safety, or certification integrity as a result of a Force majeure, natural or man-made disasters (e.g., war, strike, terrorism, crime, flood, earthquake, malicious computer hacking, etc.);
- c) Serious situations where the integrity of the certification is at risk and/or where the Foundation can be brought into disrepute. These include, but are not limited to:
 - Public food safety events (e.g., public recalls, withdrawals, calamities, food safety outbreaks, etc.);
 - Actions imposed by regulatory authorities as a result of a food safety issue(s), where additional monitoring or forced shutdown of production is required;
 - Legal proceedings, prosecutions, malpractice, and negligence; and
 - Fraudulent activities and corruption
- d) changes to organization name, contact address and site details;
- e) changes to organization (e.g. legal, commercial, organizational status or ownership) and management (e.g. key managerial, decision-making or technical staff);
- f) changes to the management system, scope of operations and product categories covered by the certified management system;
- g) any other change that renders the information on the certificate inaccurate.

1.4.2 Multi- site certification contract

- a) The headquarters function must hold the contract with CERTIND and request sampling for the multiple locations they wish to include as part of the certification application process.
- b) It is the responsibility of the central function to ensure management commitment to the FSMS and to have sufficient resources and technical capabilities to support the internal audit system and program. The central function must be impartial to the sites (e.g. have different/dedicated staff, governance, management, etc.).
- c) It may be necessary to follow up certain matters with the central function during or after a site audit, in which case the person(s) responsible from the central function will make the information available.
- d) The central function assumes responsibility for coordinating, addressing and closing the non-conformities that have arisen at the locations together with them. Failure to comply with the requirements of the scheme by the central function or any of the locations could lead to failure to obtain certification by the entire organization, including the central function and all locations. If the certification previously existed, CERTIND could initiate the process to suspend or withdraw the certification

2. Planning and managing audits

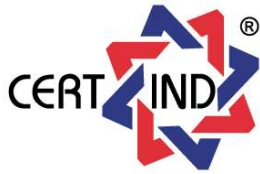
2.1 Genera



- 1) CERTIND performs stage 1 and stage 2 audits for initial certification in accordance with the requirements of ISO / IEC 17021-1 and ISO 22003-1.
- 2) The annual audit is carried out on the organization's site and is a full audit in accordance with all scheme requirements. Surveillance audits will be conducted during the calendar year, in accordance with the requirements of ISO / IEC 17021-1. Each surveillance audit is a full system audit and will cover all FSSC Scheme requirements.
- 3) Audits shall be carried out at the premises of the organization in accordance with the audit duration calculated, and shall be conducted over a continuous number of days (excluding weekends when it is not a working day and public holidays).
- 4) Where the ICT audit approach (partially remote audit) is used, the requirements of the FSSC Certification Scheme for (Fully) remote audits apply.
- 5) CERTIND will act discreetly in the event of an emergency (e.g. fire, major catastrophic event, another ongoing audit).
- 6) The interval between stage 1 and stage 2 audits cannot be more than 6 months. Step 1 is repeated if a longer interval is required.
- 7) Any part of the FSMS that is audited during the Stage 1 audit and is determined to be fully implemented, effective and in accordance with the requirements, does not necessarily need to be re-audited during Stage 2. In this case, the audit report includes these findings and clearly state that compliance was established during stage 1 of the audit.
- 8) CERTIND will grant the certification for a 3-year certification cycle (ISO / IEC 17021-1 §9.1.3).
- 9) Recertification audits shall occur in a timely manner, preferably at least three (3) months prior to the certificate's expiration date, allowing sufficient time for the certification process to be completed prior to the certificate's expiration.
If the certificate expires before the recertification activities are carried out, CERTIND can reinstate the certification within 6 months, provided that the outstanding recertification activities are completed, otherwise a full initial certification audit will be conducted (Stage 1 and Stage 2).
Recertification audits are full system audits against the requirements of the Scheme.
- 10) If a certified organization moves to another location, at least one Stage 2 audit will be conducted, which will result in the start of a new 3-year certification cycle.
- 11) The audit is conducted in a mutually agreed upon language. An interpreter may be added to the team to support the audit team members

2.2 Multiple functions across more than one site

2.2.1 Head Office functions



2.2.1.1 Head office relevant functions

1) In all cases where functions pertinent to the certification of the site (such as procurement, product development, supplier approval, quality assurance etc.) are controlled by a Head Office (part of the same legal entity or part of the same larger organization), the Scheme requires that these functions be audited and included in the certification of the site, including interviewing the personnel described in the FSMS as having the (delegated) authority and responsibility for these functions.

This Head Office audit shall be documented.

2) Where it is not possible to audit these functions and access information during the site audit, a separate head office audit shall be conducted prior to the site audit.

The subsequent audit at the site(s) shall include confirmation that the requirements set out by the Head Office are appropriately incorporated into site specific documents and implemented in practice. It might be necessary to follow up on certain topics with the Head office during the site audit, in which case the Head office shall make the information available.

3) The site audit report shall include which FSMS functions and/or processes have been audited at the Head Office, including the information, and supporting objective evidence gathered relating to the Head office functions.

2.2.1.2 Head office linked to more than one site

4) Where the same Head office is linked to **more than one site**, the following applies:

a. The Head office audit is conducted before the site audits within a time frame of 12 months from the site audits, but typically as close to the site audits as possible.

b. A separate audit report is generated for the Head office that shall be uploaded to the FSSC Assurance Platform together with each site audit report;

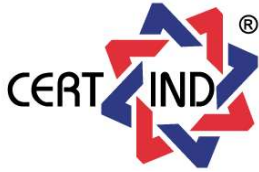
5) Every site linked to the head office shall have a separate audit, audit report and certificate.

6) The Head office functions shall be audited at every audit type (initial, surveillance, recertification). The audit may be conducted onsite, or remotely based on a feasibility assessment.

7) The Head Office cannot receive a separate certificate as the functions/process audited are part of the site's audit. The Head Office is referenced on the site certificate, regardless of whether assessed as part of the site audit or as a separate audit, and shall indicate which FSMS functions and/or processes have been managed at the Head office.

2.2.2 Off- site activities

1) Where one manufacturing, processing or service process is split across more than one physical address, these locations may be covered in one audit provided that the different addresses are part of the same legal entity and under the same FSMS. This is limited to two sites (main site and satellite site) or to



organizations with a campus style set-up (multiple facilities at one location that is part of the same organization). These sites are required to be in the same country and the audit must be delivered in a continuous manner that is in accordance with the audit duration calculated.

2) Storage facilities at another location shall also be included in the same audit provided they are part of the same legal entity and under the same FSMS. Storage facilities are limited to those only used for, and directly linked to the storage of the site's products. Where activities or services are provided for other customers (including sister companies), separate certification will be required for these off-site storage facilities.

3) The certificate shall include the audited locations with activities per location (on the certificate or as an Annex to the certificate)

4) The audit report shall clearly reflect what was audited at each location included in the certification, include a sufficient level of detail (objective evidence) in the summary sections, and allow audit findings to be identified as site specific.

2.2.3 Multi- site certification

A. A multi-site organization is an organization having an identified central function at which certain FSMS activities are planned, controlled or managed, and a network of sites at which such activities are fully or partially carried out, as per ISO 22003-1.

B. A multi-site organization does not need to be a unique legal entity, in which case all sites shall have a legal or contractual link with the central function of the organization and be subject to a single management system, which is laid down, established and subject to continuous oversight, surveillance and internal audits by the central function.

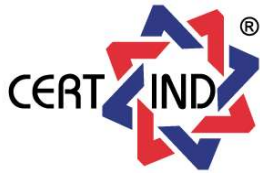
c) Multi-site certification (including sampling) **is only allowed** for the following food chain (sub)categories: E, FI, FII, G.

The locations will be audited within a maximum of 12 months from the audit of the headquarters, the functions of the headquarters being audited before the locations.

The central function will be audited at least annually and prior to the CERTIND audit of (sampled) sites. If necessary, a small number of sampled sites may be audited prior to the central function audit

The audit report for the multi-site organization can be a report that includes information about the central function, specific information about each audited site and that complies with the content requirements of the FSSC certification scheme. The summary sections of the audit report will clearly reflect what was audited at each location, with objective evidence to support it. Alternatively, separate reports can be written for the central function and for each site respectively.

The issued certificate will be a group certificate, which will contain the Annex to the certificate.



Sampling methodology

- a) For multi-site certification, the requirements of ISO 22003-1, regarding the sampling regime, apply.
- b) where sampling is permitted, all sites will be audited during the initial certification cycle (initial, surveillance, surveillance) and subsequent certification cycle (recertification, surveillance, surveillance) respectively.
- c) Sampling requirements are the basis for determining the sample size. In addition, the risk categories, complexity and performance of the locations must be taken into account and could lead to an increase in the sample size.
- d) If locations are added to the group, an audit is required before adding them to the certificate - either as a special audit or as part of the scheduled audit.
- e) Once every 3 years, the scheduled audit will be carried out completely unannounced, including the central function and the audits of the sampled locations.

2.2.4 Unannounced audits

2.2.4.1 Frequency

After the (re)certification decision is made, the client will be informed by CERTIND that one of the two surveillance audits will be replaced with an unannounced audit.

The client organization will be advised to inform CERTIND about the period in which it does not carry out production activity for justified business reasons (blackout days).

The period requested by the organization and in which the unannounced audit will not be carried out will be agreed between CERTIND and the client so as to avoid inappropriate situations of planning this type of audit when the relevant functions are not fully available for the audit and/or the organization does not carry out production activity.

CERTIND will ask the FSSC 22000 certified client to justify the blackout period.

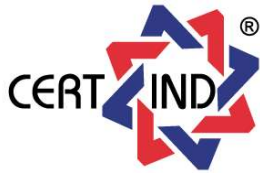
No minimum or maximum limit is imposed for the blackout period justified by the certified customer. This period can include both the seasonality of the activity and the secondary locations included in the certification field.

It is recommended that unannounced audits be carried out within 12 months after:

- Making the (re)certification decision
- The last day of the previously scheduled surveillance audit

2.2.4.2 Execution of unannounced audit

CERTIND will nominate as chief auditor an auditor who has previously evaluated the client organization and is familiar with the FSMS of the FSSC 22000 certified organization and where the unannounced audit will be performed.



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The auditors will identify themselves as auditors for the unannounced audit.

The client organization can contact CERTIND to verify the identity of the auditors before allowing their access to perform the unannounced audit. In exceptional cases where specific visa or security restrictions apply, contact with the certified organization may be required as part of the visa application process. However, the exact dates of the unannounced audit will not be confirmed, only a time frame which is usually 30 days.

CERTIND will choose after the initial certification/re-certification audit, at the time of drawing up the Audit Program, which of the two surveillance audits will be unannounced, taking into account the requirement that unannounced audits be carried out at least once every 3 years and respecting the requirement for a calendar year.

The unannounced audit is a full surveillance audit during which the auditor will spend at least 50% evaluating the operational processes of the management system.

The certification audits (stage 1 and stage 2) will be carried out in an announced manner.

The unannounced audit takes place during normal business hours, including all shifts where applicable. For optimal planning of unannounced audits, the organization can declare the time periods in which, in normal situations, the production activity is stopped (blackout-days).

The audit will begin with the inspection of the production facilities in no more than 1 hour after the auditor's arrival at the audited location.

In the situation where there are multiple buildings in the audited location, the auditor must, based on risk, decide which buildings and in which order they will be inspected.

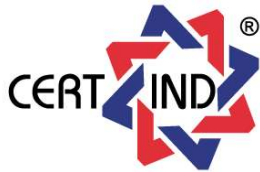
The auditor must audit the way the organization operates for a representative number of product lines that are subject to certification.

If the certified organization refuses to participate in unannounced audits, the certificate will be suspended in the next 3 working days and CERTIND will withdraw the certificate if the unannounced audit cannot be carried out within 6 months of the suspension.

If an auditor is denied access to the location to be audited, the client organization will bear all the costs. Head offices that control certain relevant functions related to certification and that are separate from the audited location will not be audited during the unannounced audit, but are audited in an announced manner.

All the requirements of the Scheme will be assessed, including the manufacturing or service processes in operation. If parts of the audit plan cannot be audited, a follow-up (announced) audit will be scheduled within 28 calendar days, while adhering to the calendar year requirements.

The audit of the central function will be carried out in an announced manner. If headquarters activities are part of a location audit, it will be unannounced.



Unannounced surveillance audits will be carried out within a maximum of 12 months from the previous scheduled audit (maximum 12 months from the decision on (re)certification or maximum 12 months from the end of the previous announced surveillance audit).

The secondary locations where off-site activities are carried out and the spaces of storage activities outside the audited location, transport and storage will also be audited during the unannounced audit period.

2.2.5 Information and Communication Technology (ICT) can be used as a remote audit tool during scheduled FSSC 22000 audits with the fulfillment of the applicable requirements of IAF MD4

2.2.5.1 Use of information and communication technology. Applications

- 1) To conduct interviews and review policies, procedures or records as part of the on-site audit, as well as head office functions where applicable;
- 2) For full remote audits in case of a serious event
- 3) When using the ICT Audit Approach.
- 4) For the FII category, scheduled surveillance audits can be conducted as full remote audits.

2.2.6 Transfer of certification

CERTIND follows the requirements of IAF MD2 for transfer of certified organizations from another Certification Body.

Transfer of certification is defined as the recognition of an existing and valid management system certification granted by an accredited certification body, (the "issuing certification body"), by another accredited certification body, (the "accepting certification body") for the purpose of issuing your own certification.

Upon acceptance of a certification transfer, CERTIND will determine the certification's eligibility for transfer. Only existing, valid and accredited FSSC 22000 certificates can be transferred.

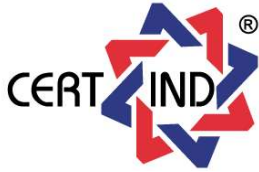
It is not possible to transfer expired or suspended certificates.

CERTIND performs a pre-transfer assessment to determine if the certificate can be transferred. This review is conducted through a documentation review and, if identified as necessary, a pre-transfer visit may be conducted to confirm the validity of the certification.

The pre-transfer visit is not an audit.

The pre-transfer assessment will be uploaded to the FSSC Platform as part of the transfer.

The transfer process, including the issuance of the certificate, will be completed before the current certificate expires.



2.2.7 Upgrade audits, transition to a new version of the FSSC scheme

The Foundation will issue instructions when upgrade audits are required. This typically occurs when there is a significant change to the Scheme requirements.

CERTIND shall:

- 1) follow the upgrade requirements as issued by the Foundation;
- 2) ensure all staff and auditors are familiar with the upgrade process;
- 3) additional audit time shall be recalculated and advised to the clients where applicable;
- 4) following the successful upgrade audit (including closure of nonconformities the certificate will be re-issued).

2.2.8 Transition Audits to FSSC 22000 certification scheme

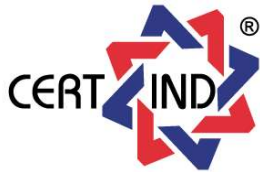
- a) Transition audits are allowed by the recognized certification schemes Dutch HACCP, ISO 22000 and GFSI with equivalent fields.
- b) Transition audits represent the start of a new certification cycle and must therefore be a stage 2 audit (a stage 1 may be performed at CERTIND's option).
- c) The calculation of the audit time for the transition is based on the requirements of the recertification scheme.
- d) The transition audit must result in a new FSSC 22000 certificate with a validity of 3 years.

2.2.9 Designation of audit team

- 1) All members of the audit team must meet the competency requirements of the FSSC Foundation.
- 2) The audit team must have the combined competence for the subcategories of the food chain that support the scope of the audit and comply with the requirements of ISO/IEC 17021-1 and ISO 22003-1.
- 3) An auditor is not allowed to perform more than two 3-year certification cycles at the same certified site, either as lead auditor or co-auditor. If an auditor starts auditing within a certification cycle, he will be rotated after six (6) years for at least one year.

2.2.10 Management of serious events

- 1) CERTIND shall have a process to review planned audits when a serious event affects a certified organization and the audit cannot be performed as planned.
- 2) CERTIND assesses the risks of continued certification and has established a documented policy and process outlining the steps it will take if a certified organization is affected by a serious event to ensure the integrity of the certification is maintained. The minimum content of the risk assessment covers the aspects listed in IAF ID3.



3) The outcome of the Risk Assessment and planned actions shall be recorded. Deviations from the audit program and their justification for changes shall be recorded. Certification Bodies shall establish in consultation with certified organizations a reasonable planned course of action.

4) In cases where the annual surveillance audit cannot take place during the calendar year as a result of a serious event, a derogation is requested from the Foundation or the certificate will be suspended.

5) In the event of a serious event, a full remote audit may be performed if the conditions for a full remote audit are met.

If a full remote delivery audit has been carried out, the method of carrying out the audit will be mentioned on the certificate (Full remote delivery audit).

3. Audit Report

3.1 Written report

CERTIND provides a written report for each audit.

a) The audit report is to be treated confidentially by the CB but shall be made available to the relevant Authorities when requested and after approval of the organization.

b) The audit report shall confirm that all Scheme requirements are assessed, reported on and a statement of (non) conformity given. Furthermore, it shall conform to all relevant requirements of ISO/IEC 17021-1.

c) The mandatory audit reports issued by the Foundation shall be used.

d) Both the procedural and operational conditions of the FSMS shall be verified to assess the effectiveness of the FSMS meeting the Scheme requirements and reported.

e) If a requirement is considered to be N/A, then appropriate justification is recorded in the relevant section of the audit report. This applies only to those clauses in the audit report that have the option to select N/A; all other clauses will be fully evaluated.

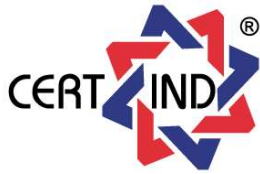
f) Exclusions from scope shall be assessed and justified in the audit report.

g) Deviations from the audit plan shall be justified and documented accordingly in the audit report.

h) The audit duration calculation shall be uploaded in the FSSC Assurance Platform as a separate document for each audit, including the formula and the calculation details for all audits (initial certification, surveillance and recertification). Where off-site activities are applicable, this shall be specifically indicated and included in the audit duration calculation.

Multisite certification shall include the calculation for the Central Function and each of the sites.

i) Auditors report all nonconformances (NCs) on all audits. For each non-conformity (NC), a clear concise statement of the requirement, the description of the non-conformity (NC), the scope of the NC and the objective evidence shall be written. A copy of the non-compliance report will be provided to the organization at the closing meeting.



Corrective action plans and non-conformities will be documented.

j) The non-conformity reports (PAC/ CAP) will be uploaded to the FSSC Platform as a separate document for each audit.

k) A Head Office report shall contain as a minimum a summary of the functions performed, objective evidence of documents reviewed, interviews conducted, and the NCs found at the Head Office. This report shall be uploaded to each site on the Assurance Platform that this Head Office is linked to. At each site audit the implementation of the corrective actions shall be verified and reported.

l) The full FSSC 22000 audit report shall be sent to the (certified) organization within 2 weeks of the certification decision for all audits conducted.

m) It is the Foundation's requirement that audit reports are written in English. Where an organization requests the report to be written in the language the audit was conducted in (if other than English), this is allowed based on mutual agreement between the CB and the organization. However, the mandatory fields for upload in the Assurance Platform shall always be completed in English. In all instances where CBs are translating audit reports, the CB shall have verification procedures in place to ensure the translations are accurate.

3.2 Nonconformities

In accordance with the definitions in the Scheme and as defined below, CERTIND is required to apply these criteria as a reference against which to determine the level of nonconformities for findings. There are three nonconformity grading levels:

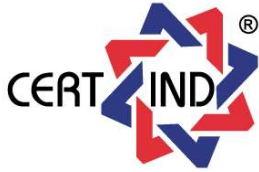
- a) minor nonconformity (shorted NC)
- b) major nonconformity (shorted MNC)
- c) critical nonconformity (shorted CNC)

In case of non-conformities noticed in a Head Office audit, these are assumed to have impact on the equivalent procedures applicable to all sites. Corrective actions shall therefore address issues of communication across the certified sites and appropriate actions for impacted sites. Such nonconformities and corrective actions shall be clearly identified in the relevant section of the site audit report and shall be cleared in accordance with CERTIND procedures before issuing the site certificate.

3.2.1 MINOR NONCONFORMITY (NC)

A minor nonconformity shall be issued when the finding does not affect the capability of the management system to achieve the intended results:

- 1) The organization shall provide the CB with objective evidence of the correction, evidence of an investigation into causative factors, exposed risks, and the proposed corrective action plan (CAP);

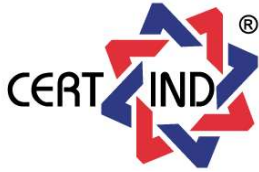


- 2) The CB shall review the corrective action plan and the evidence of correction and approve it when acceptable. The CB approval shall be completed within 28 calendar days after the last day of the audit. Exceeding this timeframe shall result in a suspension of the certificate, or in the case of an initial audit, the Stage 2 audit shall be repeated within maximum 6 months of the last day of the previous Stage 2 audit;
- 3) Corrective action(s) (CA) shall be implemented by the organization within the timeframe agreed with the CB;
- 4) The effectiveness of implementation of the corrective action plan shall be reviewed, at the latest, at the next scheduled audit. Failure to address a minor nonconformity from the previous audit could lead to a major nonconformity being raised at the next scheduled audit.

3.2.2 MAJOR NONCONFORMITY (MNC)

A major nonconformity shall be issued when the finding affects the capability of the management system to achieve the intended results, or a legislative noncompliance linked to quality:

- 1) The organization shall provide the Certification Body with objective evidence of an investigation into causative factors, exposed risks, and evidence of effective implementation;
- 2) The Certification Body shall review the corrective action plan and conduct an on-site follow-up audit to verify the implementation of the Corrective Actions (CA) to close the major nonconformity. In cases where documentary evidence is sufficient to close out the major nonconformity, the Certification Body may decide to perform a desk review. This follow-up shall be done within 28 calendar days from the last day of the audit;
- 3) The major nonconformity shall be closed by the Certification Body within 28 calendar days from the last day of the audit. When the major cannot be closed in this timeframe, the certificate shall be suspended;
- 4) Where completion of corrective actions might take more time in specific instances, the Corrective Actions Plan (CAP) shall include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented. Supporting evidence of the temporary measures or controls shall be submitted to the Certification Body for review and acceptance within 28 calendar days from the last day of the audit.
- 5) If a major non-conformity is raised at the Stage 2 audit, the nonconformity shall be closed by the Certification Body within 28 calendar days from the last day of the audit. Where completion of corrective actions might take more time, the Corrective Action Plan (CAP) shall include the temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented. Evidence of these temporary measures shall be submitted and accepted by the Certification Body within 28 calendar days from the last day of the audit.



Based on this information, a certification decision shall be taken. In addition, where temporary measures are accepted, the Certification Body shall agree a suitable timeframe with the organization, to verify the effective implementation of the permanent corrective action, but not later than 6 months after the last day of the audit. In any event, where the 28 calendar days after the last day of the audit is exceeded e.g., not closing the major nonconformity or non-acceptance of the evidence of the temporary measures, the full Stage 2 audit shall be repeated.

3.2.3 CRITICAL NONCONFORMITY (CNC)

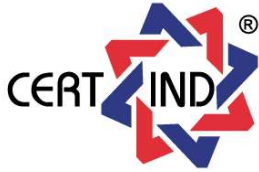
A critical nonconformity is issued when there is a significant failure in the management system, a situation with direct adverse food safety impact and no appropriate action is being observed or when food safety legality and/or certification integrity is at stake:

- 1) When a critical nonconformity is raised at a certified organization the certificate shall be suspended within 3 working days of being issued, for a maximum period of six (6) months;
- 2) When a critical nonconformity is issued during an audit, the organization shall provide the CB 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;
- 3) A separate audit shall be conducted by the CB between six (6) weeks to six (6) months after the regular audit to verify the effective implementation of the corrective actions. This audit shall be a full on-site audit (with a minimum on-site duration of one day). After a successful follow-up audit, the certificate and the current audit cycle will be restored, and the next audit shall take place as originally planned (the follow-up audit is additional and does not replace an annual audit). This follow-up audit shall be documented, and the report uploaded as part of the audit documentation linked to the audit where the critical NC was raised;
- 4) The certificate shall be withdrawn when the critical nonconformity is not effectively resolved within the six (6) month timeframe;
- 5) When a critical NC is raised at an initial certification audit, the audit is failed, and the full certification audit shall be repeated.

3.2.4 NONCONFORMITY MANAGEMENT FOR MULTI-SITE CERTIFICATION

Nonconformities raised at multi-site organizations shall follow the requirements of the Scheme (refer Part 3, section 6.2) as well as those in IAF MD1, section 7.7 and ISO 22003-1, with the following specific requirements in addition:

- a) Where a critical nonconformity is identified, the certificate of the multi-site organization shall be suspended within 3 working days of issuing the critical nonconformity, regardless of whether the central function audit or site audits have been completed.



b) Where a major nonconformity is identified and the audit takes more than 28 calendar days to complete (central function and site audits), the organization shall provide a corrective action plan including any temporary measures or controls necessary to mitigate the risk until the nonconformity can be closed.

If no corrective action plan is provided within 28 days, the certificate shall be suspended.

c) The timeline for closure of nonconformities starts at the end of the audit – after completion of the central function audit and all the site audits.

4 Certification decision process

4.1 GENERAL

1) CERTIND shall conduct a technical review for all audits to agree with the audit reports content and outcome, NC's (objective evidence and grading) and effectiveness of corrections and corrective action plans. Following each technical review, CERTIND shall make a decision on the certification status of the organization (e.g. certify, continue certification, suspend, withdraw).

2) CERTIND shall keep documented information of decisions on certification status that have been considered and by whom. This information shall include: the names of those making each decision, and the date the decision was made.

Note: not all decisions may lead to issuing a new certificate.

4.2 CERTIFICATE DESIGN AND CONTENT

1) CERTIND issues FSSC 22000 certificates in English and in accordance with the requirements of ISO/IEC 17021-1, ISO 22003-1, having the scope of certification and the certificate models established by the FSSC Foundation.

2) The certificate is issued in English and must correspond to the certificate in the FSSC Platform and the details in the public register of FSSC certified organizations. It is possible to include on the certificate a translation of the certification domain after the certification domain in English on the certificate.

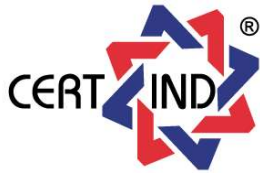
It is possible to translate the certificate into other languages, respecting the accuracy of the information in the original certificate.

3) The FSSC 22000 logo is used by CERTIND on its certificates.

4) Headquarters data is included where applicable.

5) If applicable, off-site locations and multiple locations will be listed (including name, address and activities); details may be provided in an attachment to the certificate.

6) The Certified Organization Identification Code (COID) and QR code provided through the FSSC Platform will be included.



7) Dates on the certificates shall be as follows:

- **last unannounced audit date** (At least one (1) surveillance audit is required to be conducted unannounced after the initial certification audit and every three (3) year period thereafter)

- **certification decision date**: the date a new decision is made after a certification or recertification audit (excluding regular surveillance audits). New certificate decision data is also required in situations such as schema version changes and/or certification scope extensions/reductions. In these cases, the term "**valid until date**" remains unchanged;

- **the initial date of certification** - that is, the date of the certification decision after the initial audit;

This is a fixed date that is maintained as long as the organization is linked to the certification body and holds a valid FSSC 22000 certificate.

In the case of a transfer, the initial certification date is the date of the decision to accept the transfer. In addition, the certification body accepting the transfer may state the organization's initial certification date on the certification documents indicating that the organization was originally certified by another certification body

- **date of issue**: - the date on which the certificate is issued to the client; **or reissuance** - the date on which issues a new certificate (for example, due to version change, scope extension, etc.);

- "**valid until**" – certificate expiration date (for example, the date of the initial certification decision plus 3 years minus 1 day for the initial cycle).

4.3 CERTIFICATE SUSPENSION, WITHDRAWAL OR SCOPE REDUCTION

1) Suspension: CERTIND shall immediately suspend certification when a critical nonconformity is issued and/or there is evidence that their client is either unable or unwilling to establish and maintain conformity with Scheme requirements

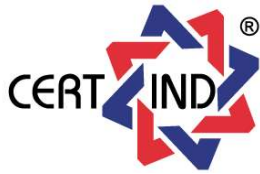
2) Withdrawal: CERTIND shall withdraw a certificate when:

a) the status of suspension cannot be lifted within six (6) months;

b) the organization ceases its FSSC 22000 certification activities;

c) any other situation where the integrity of the certificate or audit process is severely compromised.

3) Scope reduction: When CERTIND has evidence that their client holds a certificate whose scope exceeds their capability or capacity to meet scheme requirements, CERTIND shall reduce the certification scope accordingly. CERTIND shall not exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification.



4.3.1 ACTION UPON SUSPENSION, WITHDRAWAL AND SCOPE REDUCTION

1) In case of suspension or withdrawal, the organizations' management system certification is invalid.

CERTIND shall:

- a) immediately change the status of the certified organization in the Portal and its own Register of certified organizations and shall take any other measures it deems appropriate;
- b) inform the organization in writing of the suspension or withdrawal decision within three (3) days after the decision was made;
- c) instruct the organization to take appropriate steps in order to inform its interested parties.

2) In case of scope reduction, the organizations' management system certification is invalid beyond the revised certification scope statement. CERTIND 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 decision of change;
- c) instruct the organization to take appropriate steps in order to inform its interested parties.

5 FSSC ASSURANCE PLATFORM DATA AND DOCUMENTATION

5.1 DATA UPLOAD REQUIREMENTS IN THE FSSC PLATFORM

For all audit types, the required data and documentation shall be entered in the Portal at the latest 28 calendar days after the certification decision with a maximum of 4 months after the last day of the audit.

Mandatory data in the FSSC Platform will be entered in English

5.2 DATA QUALITY CONTROL

CERTIND must have a data quality control process in place to ensure the quality of the CERTIND portal data. Quality parameters include at least the following:

- a) Completeness: All mandatory data have been registered in the FSSC Platform;
- b) Promptness: All data were registered in the FSSC Platform within the requested terms;
- c) Validity: the recorded data values meet the requirements of the scheme;
- d) Accuracy: the data is a true representation of the actual facts related to the full audit and certification process;
- e) Consistency: The data recorded in the Portal is a real representation of the data stored in CERTIND's internal system.