Audit programme for BRCGS packaging materials Issue6

Introduction

The Global Standard for Packaging Materials provides companies with a series of options with which to be audited and certificated. This flexible approach is in response to market demand and allows companies to choose an audit option which best suits their customers’ requirements, factory operations and the maturity of their product safety and quality management systems.

The general audit protocol in section 1 of this part describes the requirements for auditing and certification which are applicable to both audit programmes (announced and unannounced). This should be read and fully understood.

Each of the audit options has its own particular characteristics and these are described in detail in sections 2 and 3. Section 4 deals with the audit protocol for any additional modules which are taken, while section 5 sets out the process and marketing opportunities for all sites after certification.

Every effort has been made to ensure that the content of this audit protocol is accurate. However, it may be subject to minor change, and reference should be made to the BRCGS website ([www.brcgs.com](http://www.brcgs.com)), where changes will be published.

Conformance by the company to the requirements of the Standard and its suitability for the awarding and continuing retention of certification will be assessed by an independent audit company – the certification body. Certification will be graded according to the audit option selected and the number and type of non-conformities, which shall also influence the frequency of ongoing audits. This part describes the process to be followed by a company seeking certification.

**1 General protocol – audit preparation**

1.1 Selection of an audit option

There are a number of options and processes available for sites to demonstrate their commitment to the Global Standard for Packaging Materials.

1.1.1 Announced audit programme

This is available for existing certificated sites and those new to certification. The audit date is agreed with the certification body in advance of the audit and all requirements of the Standard are audited within the audit visit.

Successful sites are awarded a certificate with the grade of AA, A, B, C or D depending on the number and type of non-conformities identified.

More details on the announced audit programme can be found in section 2.

1.1.2 Unannounced audit programme

The unannounced audit option is available for existing certificated sites and those new to certification. The unannounced audit option provides sites with the opportunity to demonstrate the maturity of their systems, and successful sites are awarded grades of AA+, A+, B+, C+ or D+ depending upon the type and number of non-conformities identified at the audit.

The conducting of an independent, unannounced review of the production facilities, systems and procedures under this scheme provides a site’s customers with added confidence in the site’s ability to consistently maintain standards.

This may influence the frequency (or even occurrence) of customer audits, where conducted, and other performance measures applied by the customer.

More details on the unannounced audit programme, highlighting the differences between the announced and unannounced protocols, can be found in section 3.

1.2 Self-assessment of compliance with the Standard

An optional on-site pre-assessment may be carried out by the selected certification body in preparation for the audit to provide guidance to the site on the process of certification. It should be noted, however, that under the rules for accredited certification, consultancy cannot be provided during any pre-assessment offered by the certification body that will later undertake the certification audit.

Manufacturing units that are newly built or commissioned must ensure that systems and procedures in place are compliant before an initial BRCGS audit is undertaken. It is at the discretion of the company when they wish to invite a certification body to carry out an audit; however, it is unlikely that full compliance can be satisfactorily demonstrated at an audit undertaken less than 3 months from commencement of operation.

1.3 Selection of a certification body

Audits against Global Standards are only recognised if these are undertaken by certification bodies that are recognised and approved by BRCGS. The team at BRCGS cannot advise on the selection of a specific certification body; however, they have a comprehensive programme of measurement of certification body performance against specified key performance indicators (KPIs), the results of which are converted to a 5-star rating and published with the listing of all BRCGS-approved certification bodies on www.brcgsdirectory.com.

1.4 Company/certification body contractual arrangements

A contract shall exist between the company and the certification body in accordance with the requirements of ISO/IEC 17065, detailing the scope of the audit and the reporting requirements. The contract shall also contain clauses which allow the effective management of the scheme by BRCGS and accreditation of the certification body by a BRCGS-approved accreditation body. These are essential to ensure confidence in the way in which the scheme is managed and consistency is achieved, which benefits all certificated sites. In particular, it is a condition of certification to the scheme that:

• A copy of the audit report and any subsequent certificate or audit result shall be supplied to BRCGS and may be supplied to the accreditation body in the agreed format for the Global Standard used. As a GFSI-benchmarked standard record may be viewed in conjunction with any GFSI compliance audit, other documents relating to the audit shall be made available to BRCGS upon request. All documents submitted to BRCGS shall be copies of original documents. Documents provided to BRCGS will be treated as confidential.

• The auditor(s) may be accompanied by other personnel for training, assessment or calibration purposes. This activity may include:

• training of new auditors by the certification body

• routine certification body shadow audit programmes

• witness audits by accreditation bodies

• witness audits by BRCGS.

BRCGS reserves the right to conduct its own audit or visit to a site once certificated in response to complaints or as part of routine BRCGS compliance activity to ensure the integrity of the scheme. Such visits may be announced or unannounced.

BRCGS may contact the site directly in relation to its certification status or for feedback on certification body performance, or investigation into reported issues.

1.5 Service fee

BRCGS requires a service fee to be collected by the certification body from the company for every audit undertaken.

This covers the service package, allowing the company access to BRCGS support services including BRCGS Participate, BRCGS Professional and the BRCGS Directory. The certificate and audit report shall not be valid until the service fee and the certification body’s audit fees have been received, irrespective of the outcome of the certification process.

1.6 Scope of audit

1.6.1 Defining the audit scope

The scope of the audit – products produced and the manufacturing processes – shall be agreed between the site and the certification body in advance of the audit to ensure the allocation of auditor(s) with the correct product and process knowledge and qualifications, as listed in Appendix 1.

The audit shall include all applicable requirements within the Standard and all production processes undertaken for the products included within the scope at the site seeking certification.

The audit scope and any permitted exclusions shall be clearly defined both on the audit report and on any certificate issued. The wording of the scope will be verified by the auditor during the site audit. The wording of the scope, description of the product and, where applicable, the application of the packaging material, shall enable a recipient of the report or certificate to clearly identify whether the products supplied have been included within the scope.

This shall include a description of the processing activities undertaken at the site that fall within the scope of the Standard where this adds clarity for the user of the report or certificate (e.g. the flexographic printing and slitting of form-fill-seal (FFS) laminate film for fresh produce).

1.6.2 Exclusions from scope

The fulfilment of the certification criteria relies on clear commitment from the site management to adopt the best practice principles outlined within the Standard and to the development of a product safety and quality management culture within the business. It follows therefore that the exclusion of products from the scope of certification shall only be permitted by exception.

The BRCGS logo can only be used by sites that have no exclusions.

The exclusion of products produced at a site will only be acceptable where:

• the excluded products can be clearly differentiated from products within scope **and**

• the products are produced in a physically segregated area of the factory.

Where exclusions are requested these shall be agreed with the certification body in advance of the audit. Exclusions shall be clearly stated on the audit report and certificate and the justification recorded on the audit report.

The certification of products must include an audit of the entire process from raw material intake to end-product dispatch. It is not possible to exclude parts of the process undertaken at the site or parts of the Standard. Where exclusions are accepted, the auditor(s) shall assess any hazards presented by excluded areas or products (e.g. foreign-body risks) and non-conformities may be raised relating to the excluded area where this poses a risk to the products within the audit scope.

The auditor retains the right to refuse the exclusion request where the criteria are not adequately met.

Products purchased for resale by a site (i.e. traded products) can form an agreed exclusion and therefore the requirements of section 7 (Part II) will not be applicable. It should be noted that the BRCGS logo cannot be used for promoting traded products even when they form part of the certificated scope.

1.6.3 Additional manufacturing locations and head office assessments

The audit scope is expected to be site-specific. There are, however, exceptional circumstances where the activities are undertaken at more than one location and where these can be included within a single report and certificate.

This includes:

• the audit of a head office to review procedures controlled from that office

• the audit of more than one location where a single production process is carried out across two or more sites.

The detailed requirements for acceptance and management of such circumstances within the audit protocol are provided in Appendix 3.

1.6.4 Storage facilities – off-site

While the storage facilities on the same site as the production facility shall always be included within the audit of the site, it is not uncommon for sites to own additional off-site storage facilities. Where the company owns or manages additional storage facilities in the vicinity of the production site (i.e. within a radius of 50 km), these shall be identified on the audit report and audited as part of the site audit or against a GFSI-recognised storage and distribution standard.

1.6.5 Additional modules

In addition to the core Standard, BRCGS will develop a range of additional modules which may apply only to particular types of operation or may look in greater depth at a particular market concern. Where such additional modules are undertaken these will be listed on the scope of the report and certificate. If an additional module that is applicable to a site is not selected, this shall be identified as an exclusion to ensure this is clear to the reader of the report or certificate.

A list of additional modules for the Packaging Standard is available on the BRCGS website ([www.brcgs.com](http://www.brcgs.com)).

1.7 Auditor(s) selection

It is the responsibility of the site to ensure that adequate and accurate information is given to the certification body, detailing the products it manufactures and the process technologies it uses, to enable the certification body to select an appropriate audit team with the required skills to undertake the audit. Auditors must be skilled to audit in the relevant products and manufacturing categories, as listed in Appendix 2.

The certification body, auditors and the site must be aware of the need to avoid conflict of interest when arranging for an auditor to visit the site. The site may decline the services of a particular auditor offered by the certification body. The same auditor is not permitted to undertake audits on more than three consecutive occasions at the same site.

Where the audit is not being carried out by the auditor(s) in the native language of the site, an appropriate translator shall be provided who has knowledge of the technical terms used during the audit.

**2 Announced audit protocol**

**2.1 Audit planning**

2.1.1 Preparation by the company

For initial audits the site shall agree a mutually convenient date, with due consideration given to the amount of work required to meet the requirements of the Standard. There is a requirement on the site to be prepared for the audit, to have appropriate documentation for the auditor(s) to assess, and to have appropriate staff available at all times during the on-site audit.

The site shall ensure that the production schedule at the time of the audit covers products for the intended scope

of the certification. Where possible, the widest range of these products shall be in production for the auditor(s)

to assess. Where the product range is large or diverse, the auditor has the discretion to continue the audit until

sufficiently satisfied that the intended scope of the certification has been assessed. Where a significant production

process is undertaken only during a different period of the year from the audit, a separate audit may be required to

assess that production method. The need for an additional audit will depend on the nature of the additional process

and products and how they vary from the process and products in the audit scope.

2.1.2 Information to be provided to the certification body for audit preparation

The site shall supply the certification body with background information prior to the audit day to ensure the auditor is fully prepared and to provide the best opportunity for the audit to be completed efficiently. The information will be requested by the certification body and may include (but is not limited to):

• background and structure of the company

• a summary of the site’s hazard analysis and risk assessment and any critical control points (CCPs)

• the process flow diagram

• a simple site plan

• the management organisational chart

• the list of products or product groups included within the audit scope

• typical shift patterns

• production schedules, to allow audits to cover relevant processes

• recent significant quality issues, recalls, withdrawals or customer complaints and any other relevant performance data

• any requested exclusions from the scope of the audit.

The site shall make the previous year’s audit report and certificate available to the certification body where this is a new contract.

Submitting detailed information prior to the audit, and in the format requested by the certification body, may reduce the duration of the on-site audit and the time required to produce the final report; therefore, the sites are encouraged to fulfil such requests in a timely manner.

2.1.3 Audit duration

Before the audit takes place, the certification body shall indicate the approximate duration of the audit. The typical duration of an audit is 1–3 days (8–9 hours per day) at the site. A calculator has been developed to assess the expected time required to undertake an audit of any site to ensure consistency, and this shall be used as the basis for calculating the total audit duration. The calculator is available on the BRCGS website (www.brcgs.com).

The calculation for the audit duration is based on:

• the number of employees – as full-time equivalent employees per main shift, including seasonal workers

• the size of the manufacturing facility – including storage facilities on site

• the number of hazard analysis and risk assessment (HARA) studies included within scope – a HARA study corresponds to a family of products with similar hazards and similar production technology for the purpose of the calculator.

It is recognised that other factors may also influence the calculation, but they are considered to be less significant and therefore shall not influence the audit duration by more than 30% from the total calculated audit time. These factors include:

• whether it is an initial certification audit

• whether it is an unannounced audit

• a lack of information provided prior to the audit, as specified in section 2.1.2

• the complexity of the manufacturing process

• the number of product lines

• the age of the site and its impact on material flow

• the labour-intensity of processes

• the audit not being carried out in the first language of the auditor or the company

• the number of non-conformities recorded in the previous audit

• difficulties experienced during the audit requiring further investigation

• the quality of site preparation (e.g. documentation, hazard analysis, safety and quality management systems).

If additional storage facilities, locations or head office assessments are included within the audit process, then additional time shall be allocated for this over and above that indicated in the audit calculator.

In the event that the audit against the Standard includes additional BRCGS modules or is intended to be combined with other audit standards, the total audit time will need to be appropriately extended. Details of combined audits shall be specified on the audit report.

The calculation for audit duration shall determine the expected amount of time needed to undertake the audit at the site. Additional time will be required for the review of any documentary evidence provided and completion of the final audit report.

Deviation from the calculated audit timeframe must be justified and specified on the audit report.

2.2 The on-site audit

The on-site audit consists of the following stages:

• Opening meeting – to confirm the scope and process of the audit.

• Production facility inspection – to review the practical implementation of the systems, including observing product changeover procedures and interviews of personnel.

• Document review – a review of the documented HARA and quality management systems.

• Traceability challenge – including a review of all relevant records of production (e.g. raw material intake,

production records, finished product checks and specifications). This is a vertical audit – as specified within the BRCGS guidance document on audit techniques.

• Review of the production facility inspection – to verify and conduct further documentation checks.

• Final review of findings by the auditor(s) – preparation for the closing meeting.

• Closing meeting – to review audit findings with the site. (Note that non-conformities are subject to subsequent independent verification by the certification body management.)

There is no requirement for the auditor to carry out the audit in the order listed, apart from the opening and closing meetings, but the audit must include all elements.

The site shall fully assist the auditor(s) at all times. It is expected that at the opening and closing meetings, those attending on behalf of the site will be senior managers who have the appropriate authority to ensure that corrective action can be progressed if non-conformities are found. The most senior operations manager on site at the time of the audit, or their nominated deputy, shall be available at the audit and attend the opening and closing meetings (see clause 1.1.8).

The audit process gives emphasis to the practical implementation of product safety and quality management procedures and general good manufacturing practices. It is expected that approximately 30–50% of the audit duration will be spent auditing production and site facilities, interviewing staff, observing processes, and reviewing documentation in production areas with the relevant staff.

During the audit, detailed notes shall be made by the auditor regarding the site’s conformities and non-conformities against the Standard and these will be used as the basis for the audit report. The auditor shall assess the nature and severity of any non-conformity and shall discuss this with the accompanying site representative at the time.

At the closing meeting, the auditor(s) shall present their findings and reconfirm all non-conformities that have been identified during the audit but shall not make comment on the likely outcome of the certification process.

Information on the process and timescales for the site to provide evidence to the auditor of the corrective action to close non-conformities must be given. A written summary of the non-conformities discussed at the closing meeting will be documented by the auditor either at the closing meeting or within 1 working day after completion of the audit.

At the closing meeting the auditor(s) shall provide the site with an explanation of the BRCGS Directory, which allows secure access to audit data to both the client and its nominated customers, together with the feedback systems available to communicate with the certification body and with BRCGS.

The decision to award certification and the grade of the certificate will be determined independently by the certification body management following a technical review of the audit report and the closing of non-conformities in the appropriate timeframe.

The company will be informed of the certification decision following this review.

2.3 Non-conformities and corrective action

The level of non-conformity assigned by an auditor against a requirement of the Standard is an objective judgement with respect to severity and risk and is based on evidence collected and observations made during the audit. This is verified by the certification body management.

2.3.1 Non-conformities

There are three levels of non-conformity:

• **Critical** Where there is a critical failure to comply with a product safety or legal requirement.

• **Major** Where there is a substantial failure to comply with the statement of intent of a clause or any requirement of the Standard, or where a situation is identified which would, on the basis of available objective evidence, raise significant doubt as to the conformity of the product being manufactured.

• **Minor** Where a requirement has not been fully met but, on the basis of objective evidence, the conformity of the product is not in doubt.

The objective of the audit is to provide a true reflection of the standard of the operation and level of conformity against the Standard. Consideration should therefore be given to awarding a single major non-conformity where minor non-conformities are repeatedly raised against a particular clause of the Standard. Clustering of a significant number of minor non-conformities against a clause and recording this as a single minor non-conformity is not permitted.

The certification body shall justify a high number (more than 20) of minor non-conformities where no more than one major non-conformity is given. This shall be detailed on the audit report.

Any non-conformities from the previous audit shall be checked during the current audit to confirm that corrective action has been taken and is operating effectively. Any repetition of these same non-conformities in the current audit shall be noted and raising the status of repeated minor non-conformities to a major non-conformity shall be considered.

2.3.2 Procedures for handling non-conformities and corrective action

Following identification of any non-conformities during the audit, the site must undertake corrective action to remedy the immediate issue (correction) and undertake an analysis of the underlying cause of the non-conformity (root cause) to develop a preventive action plan addressing the root cause and preventing recurrence.

The process for closing out non-conformities depends upon the level of non-conformity and the number of non-conformities identified.

Critical non-conformities or a combination of non-conformities resulting in non-certification

In some circumstances the number or severity of non-conformities raised at the audit prevents the site from being certificated following that audit. This will be the case where:

• a critical non-conformity is raised and/or

• a major non-conformity against the statement of intent of a fundamental clause is raised and/or

• the number or type of non-conformities exceeds the limits for certification, as per Table 1.

The grading of non-conformities will be reviewed by the independent certification process of the certification body as soon as possible after the audit. Where the review confirms that a certificate cannot be awarded, the site will be required to undertake another full audit before assessment for certification.

Due to the nature and number of non-conformities, it is unlikely that these non-conformities can be addressed, and fully effective improvements implemented and established within a 28-day period – although there may be some

exceptions. Therefore, the re-audit shall not take place any earlier than 28 calendar days from the audit date.

Where this occurs at a certificated site, certification must be withdrawn immediately.

It is a requirement of some customers that they shall be informed when their suppliers have a critical non-conformity identified or when they fail to gain certification. In such circumstances the company shall immediately inform its customers and make them fully aware of the circumstances. Information on the corrective actions to be taken in order to address the non-conformities will also be provided to customers where required.

**Major and minor non-conformities**

No certificate shall be issued until major and minor non-conformities have been demonstrated as having been corrected, either permanently or via a temporary solution that is acceptable to the certification body.

For each non-conformity raised, the site shall, in addition to undertaking the necessary immediate corrective action, undertake a review of the root cause of the non-conformity. The root cause shall be identified and an action plan to correct this, including timescale, provided to the certification body. The proposed preventive action shall be included in the audit report.

Close-out of non-conformities can be achieved either by objective evidence being submitted to the certification body, such as updated procedures, records, photographs or invoices for work undertaken, or by the certification body undertaking a further on-site visit.

Where the number and level of non-conformities identified at the audit would result in a grade of D (or D+ if unannounced) being awarded, the closure of non-conformities shall be by means of a further site visit to review the action taken. This visit shall be within 28 calendar days of the audit if a certificate is to be issued.

For initial audits only, if there is no temporary solution or if there is a justifiable delay to implementing a permanent solution (e.g. lead time on capital expenditure) for a major non-conformity, then provided that an acceptable statement of explanation is received by the certification body within 28 calendar days, the company may remain in the certification programme for up to 90 calendar days. It will, however, remain uncertificated and will only be certificated following verification of the corrective action being implemented.

For all minor non-conformities and major non-conformities raised at recertification audits, if satisfactory evidence is not provided within the 28 calendar-day period allowed for submission following the audit, certification will not be granted.

In both instances, if the site cannot close out the non-conformity within the time period, the site will require a further full audit in order to be considered for certification.

Non-conformities from the audit shall also be checked during the next site audit to verify effective close-out of the non-conformities and their root cause. Where the correction has been ineffective then a non-conformity shall be raised against clause 1.1.9.

The certification body will review the objective evidence of corrective action having been completed prior to awarding a certificate.

2.4 Audit confirmation

Following each audit, confirmation of completion shall be available on the BRCGS Directory within 10 calendar days. Details shall include the date of the audit, the audit scope and the non-conformity found. No audit grade will be included since the certification details, including the details of the non-conformity, will be under independent technical review prior to confirmation.

2.5 Grading of the audit

The purpose of the certification grading system is to indicate to the user of the report the commitment of the site

to continual compliance and will dictate the future audit frequency. The grade is dependent on the number and

severity of the non-conformities identified at the time of the audit. Non-conformities are verified by a technical

review process by the certification body management. If the review results in a change in the number and/or severity

of non-conformities, the site shall be notified.

2.6 Audit reporting

Following each audit, a full written report shall be prepared in the agreed format. The report shall be produced in English or in another language dependent upon user needs. Where the report is produced in a language other than English, the audit summary sections shall, in addition, always be reported in English.

The audit report shall provide the company and users of the report, such as customers or prospective customers, with a profile of the company and an accurate summary of the performance of the site against the requirements of the Standard.

The audit report must assist the reader to be informed of:

• the product safety and quality controls in place and improvements since the last audit

• ‘best practice’ systems, procedures, equipment or fabrication in place

• non-conformities, the corrective action taken, and plans to correct the root cause.

The report shall accurately reflect the findings of the auditor during the audit. Reports shall be prepared and issued within 42 calendar days of the completion of the full audit.

The audit report shall be uploaded to the BRCGS Directory in a timely manner irrespective of whether a certificate is issued. The owner of the audit report may allocate access to the audit report to customers or other parties in the directory. The audit report and associated documentation, including the auditor’s notes, shall be stored safely and securely for a period of 5 years by the certification body.

Table 1 Summary of grading criteria, action required and audit frequency

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Grade | | Critical | Major | Minor | Corrective  action | Audit  frequency |
| Announced | Unannounced |
| AA | AA+ |  |  | 5 or fewer | Objective evidence within 28 calendar days (90 days at initial audits) | 12 months |
| A | A+ |  |  | 6-10 |
| B | B+ |  |  | 11-16 |
| B | B+ |  | 1 | 10 or fewer |
| C | C+ |  |  | 17–24 | Objective evidence within 28 calendar days (90 days at initial audits) | 6 months |
| C | C+ |  | 1 | 11-16 |
| C | C+ |  | 2 | 10 or fewer |
| D | D+ |  |  | 25-30 | Revisit required within 28 calendar days | 6 months |
| D | D+ |  | 1 | 17-24 |
| D | D+ |  | 2 | 11-16 |
| Not certificated | | 1 or more |  |  | Certificate not granted. Re-audit required | |
|  |  |  |  | 31 or more |
|  |  |  | 1 | 25 or more |
|  |  |  | 2 | 17 or more |
|  |  |  | 3 or more |  |

Note that shaded cells indicate zero non-conformities.

2.7 Certification

After a review of the audit report and documentary evidence provided in relation to the non-conformities identified, a certification decision shall be made by the designated independent certification manager. Where a certificate is granted, this shall be issued by the certification body within 42 calendar days of the audit. The certificate shall conform to the format shown in Appendix 4.

Logos used on certificates (e.g. BRCGS and accreditation body logos) shall comply with their respective usage rules.

The certificate will detail:

• the scope of the audit and any accepted exclusions from scope

• the audit option chosen (i.e. announced or unannounced) or whether the certificate is a reissue for an extension to scope

• the six-digit auditor registration number of the lead auditor.

The date of the audit specified on the certificate shall be the date of the audit relating to the granting of that certificate, irrespective of whether later visits were made to verify corrective action arising from the audit.

While the certificate is issued to the site, it remains the property of the certification body, and that body controls its ownership, use and display.

2.8 Ongoing audit frequency and recertification

2.8.1 Scheduling re-audit dates

The ongoing audit schedule and choice of audit programme shall be agreed between the site and the certification body. The frequency of announced audits will be 6 or 12 months and is dependent upon the performance of the site at an audit as reflected by the grade (see Table 1).

The due date of the subsequent audit shall be calculated from the date of the initial audit, irrespective of whether further site visits were made to verify corrective action arising from the initial audit, and not from the certificate issue date.

The subsequent announced audit shall be scheduled to occur within a 28-day time period up to the next audit due date. This allows sufficient time for corrective action to take place in the event of any non-conformities being raised, without jeopardising continued certification.

It is the responsibility of the site to maintain certification. Where an audit is delayed beyond the due date, except in justifiable circumstances, this shall result in a major non-conformity being awarded at the next audit. Justifiable circumstances shall be documented in the audit report.

2.8.2 Certificate expiry – justifiable circumstances

There will be some circumstances where the certificate cannot be renewed on the 6-month or 12-month basis due to the inability of the certification body to conduct an audit. These justifiable circumstances, which would not result in the assigning of a major non-conformity (clause 1.1.7), can include when the site is:

• situated in a specific country or an area within a specific country where there is government advice to not visit and there is no suitable local auditor

• within a statutory exclusion zone

• in an area that has suffered a natural or unnatural disaster, rendering the site unable to produce or the auditor unable to visit

• affected by conditions that do not allow access to the site or restrict travel (e.g. heavy snow).

Moving the audit date to a more ‘acceptable’ later date for reasons of combining audits, lack of personnel or undertaking building work are not acceptable reasons for missing the due date.

It is not a justifiable reason to delay audits where sites are not in full production; however, audits must be undertaken while there are products being manufactured. There may be periods in the year where a manufacturing site has an operational ‘shutdown’ (i.e. the site is not producing any products and a small staff may be on site for maintenance, installation of new equipment and other activities). Where a re-audit due date falls within this period, the audit may only be brought forward, and the site shall ensure that all requirements are complied with during the shutdown and upon restarting production.

If the renewal of the certificate is prevented due to these exceptional circumstances, the customer may decide to continue to take products from that site for an agreed time, as customers may still be able to demonstrate legal compliance by other means, such as risk assessment and complaints records, to show that the site remains competent to continue production until another audit can be arranged.

2.8.3 Audits undertaken prior to due dates

The due dates of renewal audits occur within a 28-day window prior to the 6-month or 12-month anniversary of the initial audit.

In some circumstances it is possible to undertake the audit earlier than these due dates; for example, to reset the audit dates to allow combined audits with another scheme. Where an audit date is brought forward the following rules shall apply:

• The audit report will detail the reasons why an audit has been brought forward.

• The audit due date will be ‘reset’ to be 12 or 6 months, depending on grade, from this audit date.

• The certificate should be issued with an expiry date of 12 months (or 6 months, depending on grade) + 42 calendar days from the ‘new’ audit date.

• Under no circumstances should a certificate have a validity of more than 12 months.

**3 Unannounced audit protocol**

The protocol of an unannounced audit generally follows that of an announced audit (see above); where it differs is outlined as follows. This option requires that the date of the audit shall not be notified to the site in advance of the audit. Although the audit may occur at any point from 9 months before the audit due date, it shall typically be within the last 4 months of the certification cycle.

**3.1 Audit planning**

3.1.1 Selection of the unannounced audit programme

Where the site is currently certificated, it shall notify its certification body within 3 months of the last audit date of its intention to join or remain within the unannounced audit programme. This allows the site to select an alternative certification body if required and enough time for the certification body to choose when to conduct the audit. Non-certificated sites may opt into the unannounced audit programme on the understanding that the audit may not occur for up to 12 months from the request.

3.1.2 Preparation by the company

The actual audit date will not be provided by the certification body and it is therefore important that the site has arrangements in place to receive an audit and facilitate the audit process.

Success at an unannounced audit relies upon the ability of the site to share information and knowledge within the site, to have effective deputies to cover in the absence of a particular manager, and a shared responsibility within the management team for product safety and compliance with the Standard.

3.1.3 Information to be provided to the certification body for audit preparation

The site shall supply the certification body with background information when it opts into the unannounced audit programme to ensure the auditor is fully prepared and to provide the best opportunity for the audit to be completed efficiently. Where any changes occur on site (as those listed in sections 5.1 and 5.2 below), the site shall inform the certification body of these immediately once it has opted into the unannounced audit programme. The information will be requested by the certification body and may include (but is not limited to):

• a summary of the site’s hazard analysis and risk assessment and any critical control points (CCPs)

• the process flow diagram

• a simple site plan

• the management organisational chart

• the list of products or product groups included within the audit scope

• any requested exclusions from the audit scope

• typical shift patterns

• production schedules, to allow audits to cover relevant processes

• recent significant quality issues, withdrawals or customer complaints and any other relevant performance data.

The site shall make the previous year’s audit report and certificate available to the certification body where this is a new contract.

As the audit will be unannounced it is likely that the certification body will also require additional information to plan for the logistics of the audit process. This may include:

• recommended local hotels

• specific site directions, site entrance requirements, car parking

• a list of contacts when first arriving on site

• specific protective clothing arrangements

• any specific security arrangements to follow to gain access to the site.

3.1.4 Nominating non-audit days

The unannounced audit programme allows sites the opportunity to nominate 15 days when the site is not available for an audit.

The dates must be provided at least 4 weeks in advance and the reason must be provided (e.g. a planned customer visit). The certification body may challenge the reason where this does not appear appropriate and at its discretion accept these nominated dates.

Days when the factory is not operating, such as weekends, public holidays or planned shutdowns for site holidays or maintenance, are not included in the 15 days. Any such non-production days shall be notified to the certification body when opting into the unannounced scheme.

Certification bodies are expected to operate discretion in the case of emergencies.

It is a condition of electing to join the unannounced scheme that the auditor shall be granted access to the site for the audit on arrival. If access is denied the site will be liable for the auditor’s costs and will revert to the announced audit scheme. At the discretion of the certification body, the existing certificate may also be suspended or withdrawn.

3.1.5 Audit duration

The typical duration of an audit does not differ from that of an announced audit, subject to the variance described in section 2.1.3 .

**3.2 The on-site audit**

Sites opting for the unannounced scheme shall be obliged to accommodate the auditor and allow the audit to start immediately upon arrival at the site. The audit process will follow the same procedures as outlined for an announced audit. A short opening meeting will precede the site production facility inspection, which will be expected to commence within 30 minutes of the auditor arriving on site.

**3.3 Non-conformities and corrective action**

Non-conformities and corrective actions are the same as for the announced audit scheme (see section 2.3).

**3.4 Audit confirmation**

Confirmation of completion of the audit shall be available on the BRCGS Directory within 10 calendar days, as required for announced audits (see section 2.4).

**3.5 Grading of the audit**

The process for grading is the same as for the announced audit scheme (see section 2.5). The grade awarded following certification shall be based on the number and level of non-conformities, as outlined in Table 1. Note that the grade will have the addition of a plus symbol after the grade (i.e. AA+, A+, B+, C+ or D+).

**3.6 Audit reporting**

The audit reporting requirements are the same as for the announced audit scheme (see section 2.6).However, the report shall state ‘unannounced option’.

**3.7 Certification**

The certification requirements are the same as for the announced audit scheme (see section 2.7). However,the certificate shall state ‘unannounced option’.

This certificate will supersede the existing certificate. The certificate shall be issued within 42 calendar days of the audit and will have an expiry date based on the expiry date of the previous certificate plus 6 or 12 months (depending on the grade), providing the site remains within the unannounced audit scheme. This ensures that where the audit occurs before the expiry of the current certificate and the site remains within the unannounced scheme, it is not disadvantaged by a shorter certificate life and increased frequency of audits.

If the site decides to return to the announced audit programme, the certificate expiry date will be based 6 or 12 months from the date of the unannounced audit.

**3.8 Ongoing audit frequency and recertification**

3.8.1 Scheduling re-audit dates

The site can choose whether to:

• remain within the unannounced programme

• revert to the announced audit programme.

If the site wishes to remain in the unannounced programme, the next audit will be unannounced. The audit may occur at any stage from 3 months after the last audit date to 42 calendar days prior to the certificate expiry date; however, this shall typically be within the last 4 months of the certification cycle. This allows sufficient time for corrective action to take place, in the event of any non-conformities being raised, without jeopardising continued certification.

It is the responsibility of the certification body to ensure that the audit is undertaken within the certification window and the late audit non-conformity clause (1.1.7) shall not apply.

If the site wishes to withdraw from the unannounced audit programme, the next audit will be scheduled to occur within the 28 calendar days up to and including the anniversary of the last audit date; this ensures that the maximum time between audits is not more than a year.

**4 Additional modules**

The Standard has been designed to enable additional modules to be included with the routine audit. The additional modules will enable sites to demonstrate compliance with specific sets of requirements in order to meet specific market or customer requirements.

It is expected that modules will be developed and become available for use throughout the life of this issue of the Standard. A list of the modules, the applicable requirements and any specific protocol issues for a module will be available on the BRCGS website (www.brcgs.com) and on BRCGS Participate (www.brcgsparticipate.com).

The additional modules can be included with either of the full certification audit options.

The general protocol for the additional modules broadly follows the principles of the Standard; however, details will be given with each module.

The site should inform the certification body that an additional module is to be included within the scope of the audit. This ensures that sufficient extra time can be scheduled and that an auditor with the appropriate qualifications for the additional module is selected.

The site shall ensure that the production programme at the time of the announced audit covers products for the intended additional module where this is applicable. Where the site has opted into the unannounced audit programme, detailed information shall be given to the certification body regarding production planning so that an appropriate audit date can be selected. At its discretion, where there is a lack of information or potential for choice of audit dates, the certification body may be unable to accommodate the request for the additional module at the unannounced audit.

There will be no grading of the additional modules. The modules will either be certificated or not. Any non-conformities identified when assessing a module shall not be taken into account when deciding the grade for certification against the Standard.

Note that the modules are certificated separately from the Standard; however, where certification to the Standard is not achieved, certification for the module cannot be awarded, irrespective of whether the requirements of the module have been met.

**5 General protocol – post audit**

**5.1 Communication with certification bodies**

In the event that any circumstances change within the site that may affect the validity of continuing certification, the site must immediately notify the certification body. This may include:

• legal proceedings with respect to product safety or legality

• product recall

• significant damage to the site (e.g. natural disaster such as flood or damage by fire)

• change of ownership

• significant change to the operation or scope.

The certification body in turn shall take appropriate steps to assess the situation and any implications for the certification, and shall take any appropriate action.

Information shall be provided to the certification body by the site on request so that an assessment can be made as to the effect on the validity of the current certificate.

The certification body may, as appropriate:

• confirm the validity of certification

• suspend certification pending further investigation

• require further details of corrective action taken by the site

• undertake a site visit to verify the control of processes and confirm continued certification

• withdraw certification

• issue a new certificate with the new owner’s details.

Changes to certification status of a site shall be recorded in the BRCGS Directory.

**5.2 Extension to scope**

Once certification has been granted, any additional significant products manufactured or processes undertaken by the site, which are required to be included in the scope of certification, must be communicated to the certification body. The certification body shall assess the significance of the new products or processes and decide whether to conduct a site visit to examine the aspects of the required extension to scope.

A revisit is required before granting a scope extension when the following are included:

• manufacturing facilities not taken into account in the original audit

• any new processing technology (e.g. printing by lithographic technology where formerly only flexographic printing was within scope)

• any new products which introduce a significant new risk to the facility.

A revisit is less likely, for example, where:

• new products are added to the existing ranges produced on existing equipment

• a new polymer is added to the portfolio of a thermoformer but the process does not change

• a simple additional process is included in the activities of the site.

Where an extension to scope is required shortly before the certificate is due to expire, it may be more appropriate to undertake a full audit and issue a new certificate. This option should be agreed between the certification body and its client prior to undertaking the extension-to-scope audit.

When a revisit is considered necessary, the duration of this visit will vary depending on the aspects to be examined for the required extension to scope. The site visit should be conducted along the same principles as the original audit (i.e. including an opening meeting, inspection of the operation of the process, documentation trails and closing meeting). The revisit should be announced, irrespective of whether the site is certificated to the announced or unannounced scheme.

Identified non-conformities should be documented and actioned within the normal protocol of the Standard; in other words, the company has 28 (or 90) calendar days to provide appropriate evidence of close-out and the certification body should review the information and confirm the certification decision in the normal manner. The additional non-conformities raised at the site visit will affect neither the current certificated grade nor continued certification. However, if practices are seen that give the certification body cause to doubt continued certification (e.g. the identification of a critical non-conformity) then the certification body shall arrange a full re-audit of the site.

In these circumstances the current certificate shall be withdrawn.

A visit report should be documented, but shall not be in the format of a standard BRCGS audit report. A short explanation of the nature of the visit, what was audited and the conclusions should be given. The visit report should document what controls are in place and confirm the effectiveness of these controls. It should be clear in the report what aspects were looked at and what was excluded.

The site’s current certificate shall be superseded by any new certificate issued. The certificate must use the same expiry date as detailed on the original certificate. The due date of the next full audit will therefore remain the same and this should be made clear to the supplier by the certification body when arranging extension-to-scope visits. The grade shall also remain the same.

The certificate should include identification that it was a scope extension and the date of the visit.

**5.3 Certification withdrawal**

The certificate may be withdrawn by the certification body in a number of circumstances where the site may no longer comply with the requirements of the BRCGS certification scheme and ISO/IEC 17065 requirement. Examples of these instances are:

• evidence that the site no longer complies with the requirements of the Standard, raising significant doubt of the conformity of the products produced

• failure to implement adequate corrective action plans within appropriate timescales

• evidence of falsification of records.

**5.4 Appeals**

The company has the right to appeal the certification decision made by the certification body and any appeal should be made in writing to the certification body within 7 calendar days of receipt of the certification decision.

The certification body shall have a documented procedure for the consideration and resolution of appeals against the certification decision. These investigative procedures shall be independent of the individual auditor and certification manager.

The documented appeals procedures of individual certification bodies will be made available to the site on request. Appeals will be finalised within 30 calendar days of receipt. A full written response will be given after the completion of a full and thorough investigation into the appeal.

In the event of an unsuccessful appeal, the certification body has the right to charge costs for conducting the appeal.

**5.5 Surveillance of certificated companies**

For certificated companies, where appropriate, the certification body or BRCGS may carry out further audits or question activities to validate continued certification at any time. These audits form part of the BRCGS compliance programme with random visits to certificated sites. These visits may take the form of announced or unannounced visits to undertake either a full or partial audit. Refusal of access to the site may affect certification status.

Any non-conformities identified at a visit must be corrected and closed out within the normal protocol (i.e. within 28 calendar days of the visit), and reviewed and accepted by the certification body. If there is no intention on behalf of the site to take appropriate corrective actions or the corrective actions are deemed inappropriate, certification shall be withdrawn. The ultimate decision to suspend or withdraw certification remains with the certification body.

Any change in certification status shall be notified to BRCGS by the certification body and the status in the BRCGS Directory amended accordingly.

In the event that certification is withdrawn or suspended by the certification body, the company shall immediately inform its customers and make them fully aware of the circumstances relating to the withdrawal or suspension.

Information on the corrective actions to be taken in order to reinstate certification status should also be provided to customers.

**5.6 BRCGS logos**

Achieving BRCGS certification is something of which to be proud. Companies that achieve certification and have no exclusions from their scope are qualified to use the BRCGS logo on site stationery and other marketing materials.

Information and conditions relating to the use of the BRCGS logo are available at www.brcgs.com.

If a site is no longer certificated because of certificate expiry, withdrawal or suspension, it shall no longer use the logo or certificate claiming certification.

The BRCGS logo is not a product certification mark and shall not be used on products or product packaging. Any certificated site found to be misusing the mark will be subject to the BRCGS complaints/referral process and may risk suspension or removal of its certification.

The BRCGS logo may not be used by companies that do not include all products within the audit scope.

**5.7 The BRCGS Directory**

The BRCGS Directory (www.brcgsdirectory.com) is the database of all audits conducted against a Global Standard, all certification bodies, and all auditors and their recognised audit categories.

The directory holds full copies of all audit reports in read-only PDF.

Certification bodies are responsible for maintaining site names, addresses, audit content and certificate status. All certification bodies are assessed and graded by BRCGS on how quickly and accurately they update audit data.

Audit reports can only be accessed following secure sign-in.

The directory also features a publicly accessible search function which displays certification data only. The public directory lists only currently certificated sites, not those whose certification status has expired or been withdrawn.

Sites wishing to be excluded from public listing should contact their certification bodies.

5.7.1 Site code

Each audited site is allocated a unique seven-digit reference number known as a site code. This can be used to authenticate the validity of any certificate.

A site code is created when a site is audited for the first time and remains unchanged regardless of subsequent auditing certification bodies or audit status. Site codes are located on the top right-hand corner of the first page of the audit report and on the corresponding certificate.

The listing for any certificated site can be located in the public directory by inserting the site code in the search field. If no results are returned for a search, contact BRCGS to confirm certification authenticity.

5.7.2 Audit-sharing

The BRCGS Directory allows audit owners to share their audit reports with customers, including retailers, manufacturers, suppliers and other specifiers.

When audit-sharing is set up, customers can access full current, archived and future audit documents as they become available without any further administration.

An audit owner can cancel sharing at any time. All sharing changes take immediate effect.

Audit documents shared in the directory cannot be edited or doctored by the audit owner. As such, audits obtained via the directory can be considered as complete and authenticated.

5.7.3 Notification emails

The BRCGS Directory notifies audit owners, and anybody who has shared access to the audit, if a site’s certification is suspended, withdrawn or expires without replacement.

Notifications are via automated email and can be turned off if not required.

**6 Requirements for certification bodies**

The Global Standard for Packaging Materials is a process and product certification scheme. In this scheme, businesses are certificated upon completion of a satisfactory audit by an auditor employed by an independent third party – the certification body. The certification body in turn shall have been assessed and judged as competent by a national accreditation body.

In order for a business to receive a valid certificate on completion of a satisfactory audit, the organisation must select a BRCGS-approved certification body. BRCGS lays down detailed requirements that a certification body must satisfy in order to gain approval.

As a minimum, the certification body must be accredited to ISO/IEC 17065 by a national accreditation body affiliated to the International Accreditation Forum and recognised by BRCGS. Further details are available in the document Requirements for organisations offering certification against the criteria of BRCGS’, which is available from BRCGS on request.

BRCGS recognises that in certain circumstances, such as when new certification bodies wish to commence auditing against the Standard, accreditation may not yet have been achieved. This is because the accreditation process itself requires some audits to have been completed which will then be reviewed as part of the accreditation audit of the certification body. The certification body must be able to conduct audits as part of the process of achieving accreditation and so some unaccredited audits will be performed. This will be permitted where the organisation can demonstrate:

• an active application for accreditation against ISO/IEC 17065 from an approved national accreditation body

• that accreditation will be achieved within 12 months of the date of application and that the experience and qualifications of the auditors in the relevant product and process technology are consistent with those specified by BRCGS

• a contract is in place with BRCGS and all other contracted requirements have been met.

The acceptability of audit reports generated by certification bodies awaiting accreditation but meeting the above criteria is at the discretion of individual specifiers.

6.1 Calibrating auditors

A key component of the scheme is the calibration of the auditors to ensure a consistent understanding and application of the requirements. All certification bodies are required to have processes to calibrate their own auditors. An essential element of the training and calibration of auditors is the witnessed audit programme. Auditors are observed during an audit and provided with feedback on the performance of the audit. In order to ensure consistency between certification bodies and for the purposes of accreditation, an audit may be witnessed by a BRCGS representative or accreditation body auditor. Guidelines apply to these activities to ensure that sites are not disadvantaged by the presence of two auditors. This process forms an essential part of the scheme and sites are obliged to permit witnessed audits as part of the conditions for certification.

Appendix 1

Registration, qualifications, training and experience requirements for auditors

All auditors conducting audits against the Global Standard for Packaging Materials are required to be registered with BRCGS. The registration process identifies auditors who have undergone the required training and the categories of packaging in which they have expertise. Evidence of an auditor’s qualifications, experience and training has to be submitted to BRCGS prior to their carrying out audits. All registered auditors receive a unique registration number,

which is included on the audit report and is automatically cross-checked against their competence before the certification is accepted onto the BRCGS Directory.

The verification of competence to carry out a specific audit shall be carried out by the certification body.

It is the responsibility of the certification body to ensure that processes are in place to monitor and maintain the competence of the auditor to the level required by the Standard.

BRCGS publishes a detailed guide to registered certification bodies on auditor competency requirements, expectations of the initial assessment of auditor competence, ongoing training, and assessment procedures. This is reviewed and updated periodically by the technical advisory committee. The requirements of auditors who may be registered to audit against the Standard are as follows.

Education

Generally, auditors will be drawn from two distinct disciplines: those with expertise and a qualification in food or biosciences, and those with expertise and a qualification in packaging technology. This main qualification will be supported by a minimum secondary qualification in the other disciplines as appropriate. Where equivalence of qualification is unclear, this shall be referred to BRCGS for review.

The auditor shall have:

• a degree or diploma in packaging and have successfully completed a food safety/hygiene qualification at least equivalent to a UK level 3 qualification (see www.brcgs.com for information), or

• a degree or diploma in a food or bioscience-related discipline and have successfully completed the PIABC EQIPT or equivalent examination in packaging.

Work experience

The auditor shall have a minimum of 5 years’ post-qualification experience related to their main qualification discipline. This shall involve work in quality assurance, technical management or risk management functions within manufacturing, retailing, inspection or enforcement, and the auditor shall be able to demonstrate an understanding and knowledge of specific categories of packaging for which they are approved. The verification to carry out work within specific categories of packaging will be carried out by the certification body.

Professional qualifications

The auditor must have:

• passed a registered management system lead assessor course (e.g. IRCA) or the BRCGS third-party auditor course delivered by a BRCGS-approved trainer

• completed a training course in hazard analysis and critical control points (HACCP), based on the principles of Codex Alimentarius, of at least 2 days’ duration, or be able to demonstrate competence in the understanding and application of HACCP principles. It is essential that the HACCP course is recognised by the industry as being appropriate and relevant.

Audit training

Auditors must have successfully completed a period of supervised training in practical assessment, including witnessed assessments of a minimum of three audits against the Standard at a variety of organisations.

Certification bodies must be able to demonstrate that every auditor has appropriate training and experience for the particular categories for which they are considered competent. Auditor competence shall be recorded at the level of each category of audit as indicated in Appendix 2.

Certification bodies must establish a training programme for new auditors, which will incorporate:

• a Global Standard for Packaging Materials awareness course delivered by a BRCGS-approved trainer

• a period of initial training covering product safety, hazard and risk management, and prerequisite programmes that will include access to relevant laws and regulations

• a period of supervised training to cover management systems, audit techniques and specific categories of audit knowledge

• an assessment of knowledge and skills for each packaging category

• documented sign-off on the satisfactory completion of the training programme.

Each auditor’s training programme shall be managed and approved by an assessor who can demonstrate that they are technically competent in the packaging categories in which training is given.

Full and detailed training records of the individual must be maintained by the certification body throughout the term of employment, and retained for a minimum period of 5 years after leaving the employment of the certification body.

Appendix 2

Manufacturing categories

Manufacturing categories are used to categorise the sites and ensure that auditors selected to conduct the audit are sufficiently competent to understand the processes carried out at the site.

|  |  |
| --- | --- |
| Manufacturing category | Scope of manufacturing category and typical key processes |
| Glass manufacture and  forming | Key processes include:  • raw materials to finished product of glass containers from one furnace through independent section machines to cold end lacquer(s)  • further processes for extra furnaces. Any print/decoration is an additional key process  Typical manufacturing techniques include:  • blow and blow  • press and blow  • extrusion of ampoules  • forming and firing of ceramic bottles, jars or decanters |
| Paper-making and conversion | Pulp to sheet or web, or conversion of sheet or web-fed paper where **no printing** operations take place (printing activities are additional key processes). Any print/decoration is a further key process.  Key processes include:  • manufacture of paper from raw materials (e.g. tree/pulp) to sheet or web (e.g. board, liner, cartonboard)  • die-cutting, folding and gluing (erecting), and corrugating (from pulp) to corrugated sheet/reel  • conversion of paper sheet into bags or sacks (including stitching)  • manufacture of self-adhesive label stock (label and carrier/substrate)  • die-cutting of sheet or web (including corrugated) to pads or fitments  • moulding of pulp (of any source) into trays or fitments  • manufacture of spirally wound tubes (including trimming and cutting) |
| Metal-forming | Smelting of raw materials into aluminium, steel or tin, and conversion of those materials into packaging containers/materials. Any print/decoration is an additional key process.  Key processes include:  • smelting with output to sheet or reel  • rolling/pressing of aluminium foil  • slitting or trimming of aluminium foil  • pressing of foil trays or containers  • impact extrusion  • manufacture of three-piece can bodies  • manufacture of two-piece can bodies (steel or aluminium)  • manufacture of can-ends  • stamping/punching of closures (compounds or wads are a raw material for metal closures and a second manufacturing category is not required) |
| Rigid plastics forming | Forming of resin into rigid plastic packaging materials. Any print/decoration is an additional key process.  Key processes include:  • injection moulding  • in-mould labelling (additional key process if labels are not applied in other processes on site)  • blow-moulding (extrusion/injection/press)  • thermoforming |
| Flexible plastics manufacture | Forming of resin into flexible plastic packaging materials, and laminating of multi-material layers into one layer. Any print/decoration is an additional key process.  Key processes include:  • extrusion (cast/blown) (addition of shoulder for flexible tubes can be included as part of first key process)  • laminating (of any material)  • laminating and seaming of flexible tubes, addition of shoulder  • construction of plastic bags, pouches and sachets  • vacuum metallising  • blow-moulding  • winding/rewinding films; slitting, scoring, perforating  • coating (e.g. wax) |
| Other manufacturing | This category will encapsulate the manufacture of those materials not able to be classified into other categories.  Key processes include:  • construction of pallets, boxes and crates, decorative wooden boxes  • processing of wood for food and cosmetic use, wooden utensils (e.g. for lollipops)  • processing of natural cork, rubber  • construction of hessian sacks, jute products, woven string (plastic or cotton)  • processing of strings for tea bags or meat-packing |
| Print processes | Any packaging material which is printed using any of the following print processes (each constitutes one key process) in addition to any manufacturing process:  • flexographic, lithographic, gravure, letterpress (and offset)  • screen, tampo or digital print  • decoration by hot or cold stamping/blocking  Any post-printing conversion, such as cutting/creasing and gluing of folded cartons, is considered part of the print process, as printed packaging materials are typically converted further once printed. Specify printing technologies used  at the site. |
| Chemical processes | Essentially, the manufacture of raw materials used in the printing and conversion of other packaging materials. This includes the manufacture of:  • resins  • adhesives  • inks, varnishes and coatings |

The assembly of aerosol valves, actuators and dispensing systems shall be categorised according to the majority material. Where additional materials are used (e.g. metal springs), the next material category shall also be considered.

Appendix 3

Multiple sites audit protocol

Scope of audit

The scope of a BRCGS audit needs to be agreed between the site and the certification body prior to the audit.

The audit, report and certificate shall be site-specific. However, in some exceptional circumstances more than one site may be included under a single certification.

Audits may cover multiple site addresses where all of the following rules apply:

• all sites are under the same organisation ownership

• all sites are operated against the same documented quality management system

• sites manufacture product which is part of the same manufacturing process

• the sites solely supply the other sites with no additional customers

• the sites are no more than 30 miles/50 km apart.

Audit planning

All sites must be visited as part of the same audit schedule (i.e. within the same timeframe).

The certification body’s audit plan needs to clearly show the sites that shall be audited.

It must be clearly stated on the report and certificate that the audit has consisted of visits to more than one site address (e.g. the manufacture of PET parisons and preforms at The Total Bottle Company, Bottlehampton, and blow-moulding at The Total Bottle Company, Bottle End, Hampshire).

Auditing of activities where the head office is located separately

When undertaking audits of sites which are part of a larger manufacturing group, it is not uncommon for some of the requirements within the scope of the Standard to be undertaken by a central or head office. Typically, this may apply to activities such as purchasing, supplier approval, product development product recall and, occasionally, document control and procedures (where there is a group-shared quality management system).

All requirements within the scope of the Standard must be assessed as satisfactory before a certificate can be issued. This requires that any centrally managed systems are included within the audit process; however, there are alternative processes for achieving this.

There are two approaches to auditing the requirements which are managed at a central office:

• Request and review information while at the manufacturing site as part of the site audit (one-stage audit)

• Undertake a separate audit of the centrally managed processes at the group/head office location (two-stage audit).

Approach 1: Requesting and reviewing information at the manufacturing site (one-stage audit)

This is recommended only where:

• satisfactory links can be established with the central office (telephone or video conferencing links to allow interview of relevant personnel; fax or email links to allow documents to be requested and viewed) and arrangements can be put in place to ensure availability of relevant personnel

• the amount and type of information can be effectively reviewed and challenged remotely.

Note: where a site elects for the information to be assessed during the manufacturing site audit and satisfactory information cannot be provided during the audit, unsubstantiated requirements shall be recorded as non-conformities on the site audit report.

*Reporting*

The audit report shall make it clear where a requirement is managed by a central office together with a comment on how the company complies with the requirement.

*Non-conformities*

Non-conformities raised against a centrally operated requirement shall be recorded on the audit report and included within the count of non-conformities contributing to the site grade.

Corrective action shall be assessed in the same way as for non-conformities raised at the manufacturing site and must be satisfactorily corrected before a certificate can be issued to the site.

*Subsequent manufacturing site audits*

The central system requirements shall be challenged and evidence of compliance be provided at each manufacturing site audit.

Approach 2: Separate central system and manufacturing site audits (two-stage audit)

This approach is recommended where it is not practical to effectively assess requirements from the manufacturing site. For example where:

• practical arrangements to allow assessment cannot be provided

• there are too many centrally managed requirements to effectively review remotely.

This shall be offered to the site being audited and undertaken when requested.

*Stage 1 – Central system audit*

The audit of the central system shall be completed before undertaking the manufacturing site audit.

The audit shall assess both how the central system complies with the relevant requirements of the Standard and how well the central system interacts with the manufacturing site operation.

*Reports for the central system audit*

The certification body may produce a report of the central system audit for the benefit of the company. However, as this audit will only include some of the requirements of the Standard:

• no grade may be allocated

• no certificate may be issued

• the report must be in a format which is clearly different from the full BRCGS audit report.

The central system report shall not be uploaded to the BRCGS Directory but the findings of the central system audit

shall be incorporated into the final audit report of each of the associated manufacturing sites.

*Recording non-conformities identified at the central system audit*

All non-conformities identified at the central system audit shall be recorded on the audit report of the first manufacturing site audited after that audit, irrespective of whether they have been closed out before the manufacturing site audit.

However, only those non-conformities raised at the central system audit which have not been closed out to the satisfaction of the certification body at the time of the manufacturing site audit shall be counted when calculating the grade for the manufacturing site.

Any non-conformities identified at the central system audit which are still outstanding at the time of further manufacturing site audits (second, third etc.) shall be included on that manufacturing site report and be included when calculating the grade for the site.

*Closure of central system’s corrective actions*

Corrective actions required following the central system audit shall be assessed in the same way as corrective actions raised at the manufacturing site and must be satisfactorily corrected before a certificate can be issued to the manufacturing sites. This may be documentary evidence or a revisit, as appropriate.

*Stage 2 – Manufacturing site audits*

Information from the central system audit, including any evidence of corrective actions taken, shall be made available to the auditors of the associated manufacturing sites by the certification body.

The auditor shall establish that the central system components assessed are the same as those operating at the manufacturing site. The auditor shall verify any corrective actions already taken following the central system audit.

*Audit duration*

It may be possible to reduce the duration of the manufacturing site audit to take account of systems already audited at a central office.

*BRCGS audit report*

The final audit report shall be applicable to the manufacturing site.

The central system audit shall be commented upon in the company profile; for example: ‘An audit was carried out at the central office at ……………. on the ……… to assess requirements as indicated in the report’.

The key personnel may include the names of key staff present at the central system audit.

The manufacturing site audit report shall include information about how both the site and the central system comply with the requirements of the Standard. The report shall indicate where a requirement is managed by a central office and provide an explanation of how that requirement is satisfied.

*Corrective action*

The 28 calendar days allowed for evidence of corrective action to be provided starts from the date of the manufacturing site audit.

It is the responsibility of the site to ensure that evidence of the central system’s corrective actions has been provided to the certification body to allow the site to become certificated. This will require effective communication with the central system’s office.

Where the central system’s corrective actions have been accepted prior to the first manufacturing site audit, this shall be indicated on the first manufacturing site audit report and the date of acceptance of the action indicated in the ‘action taken’ section of the non-compliance report.

*Certificate*

The certificate, where awarded, is issued to the manufacturing site. The re-audit date for the manufacturing site is based on the grade achieved and shall be 6 or 12 months from the initial audit date.

The central system audit shall be carried out every 12 months and shall occur before the anniversary of the audit of the first manufacturing site.

*Audits of other manufacturing sites associated with the central system*

Usually there will be several manufacturing sites associated with a central system. The information from the annual central system audit shall be used for each subsequent manufacturing site audit.

Non-conformities originally raised at the central system and effectively corrected before the audit of a manufacturing site shall not be recorded as non-conformities on the site audit report. Any outstanding non-conformities at the time of the manufacturing site audit shall, however, be included within that site’s report and calculation for grading purposes.

BRCGS shall be contacted for advice before carrying out audit programmes for more complex arrangements of sites and centralised systems.