BRCGSFS009 BRCGS Food Safety 第 9 版审核方案
(BRCGS Food Safety Audit Programme Issue 9)

文件范围 Documentation Scope：适用于中安信（北京）食品安全技术有限公司的 **BRCGS** 食品安全标准第 **9** 版标准的审核方案管理。

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Part I 1 General protocol – audit preparation

1.1 Selection of an audit option

There are three options and processes available for sites to demonstrate their commitment to the Standard.

1.1.1 Announced audit programme (with mandatory unannounced audit every 3 years)

This is available for existing certificated sites and those new to certification. For announced audits, 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. Once every 3 years, the audit will be unannounced; the certification body will notify the site within 3 months of the previous audit due date. This will ensure that the site is aware that an unannounced audit will take place in the coming year. However, the actual date of the unannounced audit will not be communicated to the site in advance.

For an announced audit, successful sites are awarded a certificate with a grade of AA, A, B, C or D, depending on the number and type of non-conformities identified. For a mandatory unannounced audit, successful sites will receive an unannounced 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 Blended announced audit programme (with mandatory unannounced audit every 3 years)

The blended announced audit programme uses information and communication technology (ICT) to remotely audit documented systems and records.

The audit is split into two separate parts: a remote audit followed by an on-site audit. The remote audit (first part) uses ICT to focus predominantly on documented systems and records, while the on-site audit (second part) focuses predominantly on production, storage and other on-site areas.

A blended audit can only be offered by the certification body following a risk assessment which:

- confirms that a robust audit is possible (e.g. remote technology is available at the site)
- assesses the percentage of the audit that can be completed remotely.

More details on the risk assessment can be found in section 3.1.5.

At the time of publication, the blended audit option is available for announced recertification audits only and not for initial audits (i.e. the first BRCGS audit at a site). Successful sites are awarded a certificate with grade AA, A, B, C or D,

depending on the number and type of non-conformities identified.

More details on the blended announced audit protocol can be found in section 3.

1.1.3 Unannounced audit programme

The unannounced audit option is available to all sites although sites which are not currently certificated need to recognise that the audit may not take place for up to 1 year from the date of application. The unannounced audit option provides sites with the opportunity to demonstrate the maturity of their quality 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.

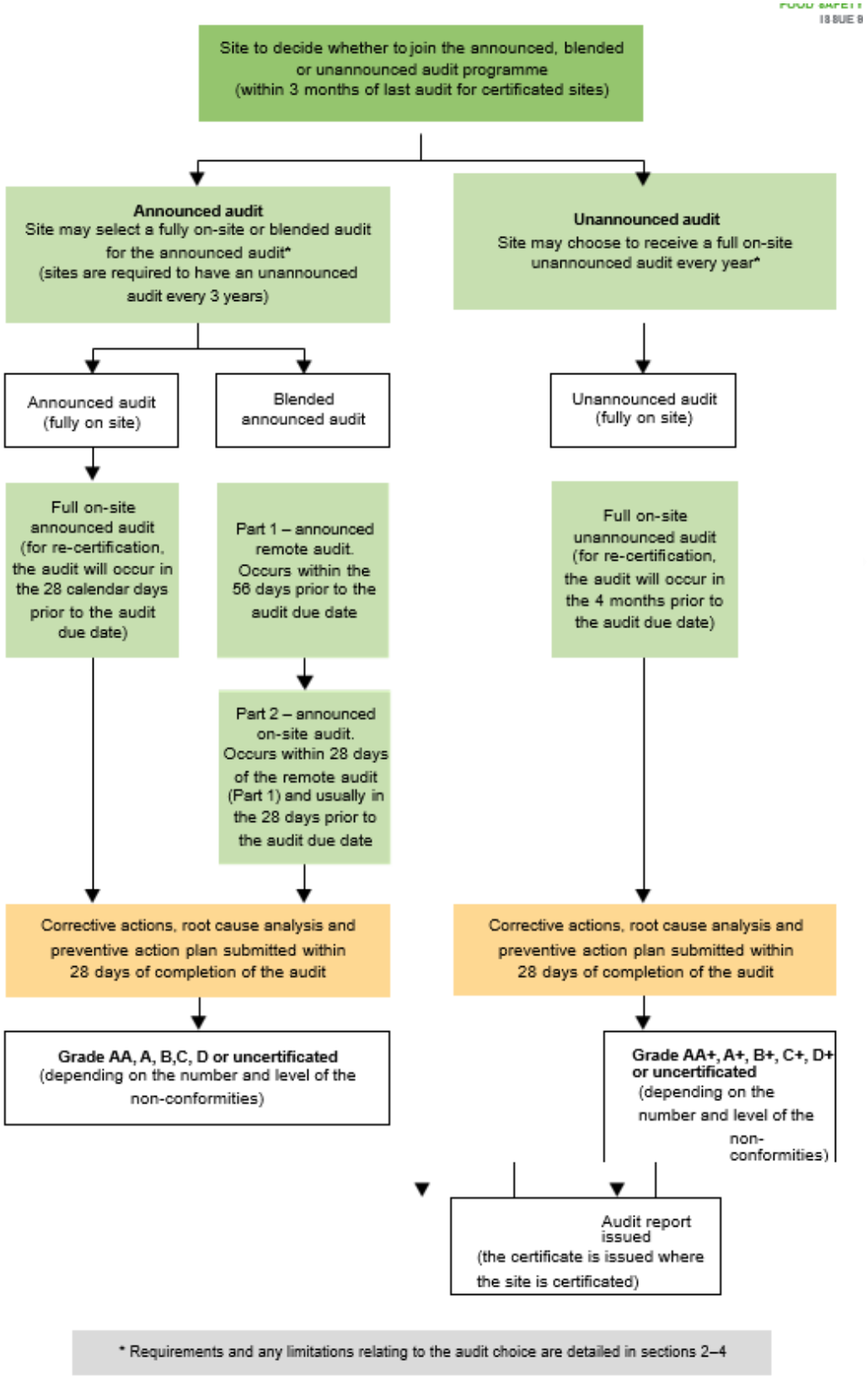

Figure 2 Audit options flow diagram

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 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 4.

1.2 Self-assessment of compliance with the Standard

It is essential that the site is assessed against the current issue of the Standard and any current position statements, all of which are available on the BRCGS website.

The Standard should be read and understood and a preliminary self-assessment should be conducted by the company against the Standard to prepare for the audit. Any areas that need to be improved to meet the requirements should be addressed by the company to prevent a non-conformity being raised at the audit.

Further information, guidance and training to ensure compliance with the Standard, including a downloadable self-assessment tool, are available from the BRCGS website. BRCGS also has a full range of further guidelines and supporting materials available through the website or, for certificated sites, from BRCGS Participate.

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.

Certification bodies shall ensure that any pre-assessment meets the requirements for accreditation. For example,

consultancy cannot be provided by the certification body that will later undertake the certification audit, so the same auditor cannot be used for both the pre-assessment and the certification audit.

Manufacturing units that are newly built or 'commissioned' shall ensure that systems and procedures in place are compliant before an initial audit is undertaken. It is at the discretion of the company when it wishes 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. This is likely to be the situation even where the site for certification uses quality systems developed by other certificated companies in the group. Timescales for audits shall be agreed between the site and the certification body.

1.3 Selection of a certification body

Audits against a Global Standard are only recognised if these are undertaken by certification bodies that are recognised and approved by BRCGS.

BRCGS cannot advise on the selection of a specific certification body; however, they

have a comprehensive programme of measurement of certification body performance around specified key performance indicators (KPIs), the results of which are converted to a 5-star rating and published with the listing of all approved certification bodies in the BRCGS Directory. The company should ensure that its selected certification body is accepted by its customers (e.g. only 4- or 5-star-rated certification bodies may be accepted by some customers).

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 their accreditation body. These are essential to ensure confidence in the way in which the scheme is managed and consistency 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 Standard. As a GFSI-benchmarked standard, records may be viewed in conjunction with any GFSI compliance audit.
- Other documents in relation to the audit shall be made available to BRCGS upon request.
- All documents submitted to BRCGS shall be copies of original documents. Documents provided will be treated as confidential.
- Where agreements are in place, BRCGS may make audit reports and certificates available to customers of sites or the authorities for earned recognition purposes. Sharing can be removed by the site at any time through the BRCGS Directory.

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 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, for feedback on certification body performance or for investigation into reported issues.

This publication sets out the requirements against which sites will be audited. Contracts between the certification body and the site shall include a clause acknowledging these obligations. This contract will be formulated by the certification body.

Non-compliance with any of these contractual obligations shall be communicated to BRCGS and may result in additional compliance activities being undertaken. Non-compliance may also affect the certification status of the site.

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 that allows the company to access a suite of BRCGS products, including BRCGS Participate, BRCGS Professional and the BRCGS Directory.

The certificate and audit report shall be uploaded to the BRCGS Directory but 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 manufacturing processes) shall be agreed between the site and the certification body in advance of the audit to ensure the allocation of an auditor (or auditors) with the correct category and product knowledge.

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 and unambiguous both on the audit report and on any certificate issued.

The scope description on reports and certificates shall include:

- the product groups and products manufactured
- a description of the processing activities undertaken at the site that fall within the scope of the Standard
- the packaging format, where applicable (i.e. where the packaging makes a significant difference to the product, e.g. canned products)
- clear identification of products purchased for resale by a site ('traded products')

- clear indication of where the site uses outsourced processing.

The description shall enable a recipient of the report or certificate to clearly identify whether the products supplied have been included in the audit scope.

The wording of the scope will be verified by the auditor during the site audit.

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 food safety 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 shall include an audit of the entire process from raw materials to end-product

dispatch. It is not possible to exclude either parts of the process undertaken at the site or parts of the Standard.

Where exclusions are accepted, the auditor shall assess any hazards presented by excluded areas or products (e.g. the introduction of allergens or foreign-body risks) and will therefore need to audit those processes, products and production areas (see Part II, clause 6.1.7). Non-conformities may be raised relating to the excluded area where this poses a risk to the products within the audit scope.

Traded products can be excluded from the audit scope; in that situation the requirements of section 9 will not be applicable. Where excluded, this will be recorded as an exclusion from scope on the audit report and on the certificate. It should be noted that the BRCGS 'food' logo cannot be used for promoting traded products even when they form part of the certificated scope.

1.6.3 Defining the limits of a site

Audit reports and certificates, and therefore audit scopes, are expected to be site-specific. However, in some circumstances, a company may own additional facilities or

storage at more than one location, all operated under common management as a single operation, and these may be included under a single certification. This will be considered exceptional, but allowable, where all of the following conditions are met:

- All sites are under the same organisation's ownership
- All sites operate within the same documented quality management systems
- The sites manufacture product which is part of the same manufacturing process (i.e. sequential steps in the manufacture are completed at different sites)
- The sites solely supply the other sites, with no additional customers
- The sites are no more than 30 miles/50 km apart.

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

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 cheese at Cheddar Industrial Estate, Wensleydale, Yorkshire, and maturation at Camembert Road, Ripon).

1.6.4 Auditing 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.

The detailed requirements for acceptance and management of such circumstances within the audit protocol are defined in Appendix 4.

1.6.5 Storage facilities – off-site

While 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 also own additional off-site storage facilities. Where additional storage facilities are owned and managed by the company in the vicinity of the production site (i.e. within a radius of 50 km), these shall be identified on the audit report and either audited as part of the site audit or specifically excluded.

1.6.6 Additional modules

In addition to the core Standard, BRCGS has developed a range of additional modules which may be added to the routine audit. These modules are voluntary and designed to enable sites to demonstrate compliance with specific sets of requirements in order to reduce multiple audits or to meet specific geographic or customer requirements.

A list of the modules, the applicable requirements and any specific protocol for a module is available on the BRCGS website, BRCGS Participate and the BRCGS Store.

The modules can be added to any of the full certification audit options (i.e. announced, blended or unannounced).

The general protocol for the modules is set out in section 5.

1.7 Auditor 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 auditor (or audit team) with the required skills to undertake the audit. Auditors must be skilled to audit in the relevant product category, as listed in Appendix 6.

The certification body, auditors and the site shall be aware of the need to avoid a conflict of interest when arranging for auditors 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 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 (with mandatory unannounced audit every 3 years)

This is a full announced audit with one mandatory unannounced audit every 3 years.

All sites shall have at least one unannounced audit every 3 years. For sites with annual (12-month) audits, this will result in at least every third audit being unannounced. Sites that receive a grade C or D at any of their audits will still be expected to undergo an unannounced audit at least every 3 years, but there will be a larger number of announced audits in the interim.

Sites that have opted into the fully unannounced audit programme are not affected by this change; they will continue to follow the unannounced audit protocol outlined in section 4. However, where a site chooses to revert to the announced audit programme, the requirements in this section will apply.

2.1 Audit planning

2.1.1 Preparation by the company

For announced 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 to assess and to have appropriate staff available at all times during the on-site audit.

The site shall ensure that the production programme 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 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 during a different period of the year from the audit, a separate audit will be required to assess that production method.

For the mandatory unannounced audit, the certification body shall notify the site of the year when the unannounced audit will take place. The actual date of the unannounced audit will not be communicated to the site. This discussion shall occur within 3 months of the previous audit to ensure that the site is aware of the year in which the unannounced audit will take place.

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 (or audit team) 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:

- the background and structure of the company
- a summary of the site's HACCP plan (or food safety plan) and 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
- a description of any special handling requirements (e.g. for allergens, claims or other certifications)
- a description of the site and building fabrication
- typical staff shift patterns
- production schedules, to allow audits to cover relevant processes (e.g. night-time manufacture or where production processes are not carried out each day or are only carried out at certain times of the day)
- an outline of any outsourced processes

- any recalls that have occurred since the last BRCGS audit

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

- an outline of operational controls, such as internal audits, testing and traceability
- any significant changes since the last BRCGS audit.

Where the site is contracted with a new certification body, the site shall make the previous audit report and certificate available to the certification body, even if this was more than a year ago.

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 audit report; therefore sites are encouraged to fulfil such requests in a timely manner.

The time needed for the auditor and certification body to assess all the submitted documentation is additional to the duration of the audit.

Additional information will be required for the unannounced audit (see section 4.1.3).

2.1.3 Scheduling the mandatory unannounced audit

The certification body is responsible for managing the audit process and ensuring that within the 3-year period, all certificated sites receive at least one unannounced audit. The certification body shall notify the site of the year when the unannounced audit will take place, without communicating the actual date of the unannounced audit. This discussion shall occur within 3 months of the previous audit to ensure that the site is aware of the year in which the unannounced audit will take place.

The unannounced audit will replace the normal scheduled (announced) audit. It can occur at any stage within the last 4 months of the audit cycle, including the last 28 calendar days before the date that the announced audit is due (i.e. the unannounced audit must occur within the 4 months leading up to the audit due date). The audit must take place during normal site operation, unless other arrangements have been agreed with the site.

The site shall not be notified of the proposed audit date in advance.

2.1.4 Nominating non-audit days for the mandatory unannounced audit

Applicable only to the mandatory unannounced audit.

Compliance with the Standard is expected to be maintained at all times, so the site should always be 'audit ready'. However, there may be dates when an audit genuinely cannot take place, such as when there is a planned customer visit. Therefore, a site may nominate up to 10 days when it is not available for an audit. Sites on a 6-month audit schedule (e.g. sites certificated to the Standard with

grade C or D) may nominate up to 5 days.

Days when the site is not operating (e.g. public holidays and site shutdowns) are not included with the nominated 10 days (or 5 days). The certification body must be notified of any such non-operational days, including the dates and reasons, at least 4 weeks in advance. The certification body may challenge the reason where this does not appear appropriate, and at its discretion accept these nominated dates. Certification bodies are expected to operate discretion in the case of emergencies.

It is a condition of the unannounced audit that the auditor shall be granted access to the site for the audit on arrival (see section 2.7.4).

2.1.5 Duration of the audit

Before the audit takes place, the certification body shall indicate the approximate duration of the audit. The typical duration of an audit is 2–3 days (typically 8–9 hours/day, but never in excess of 10 hours/day) at the site. Announced audits are usually on consecutive days, although there may be circumstances when this is not the case. 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.

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 on-site storage facilities
- the number of HACCP plans (or food safety plans) included within the scope. For the purpose of the calculator, a plan corresponds to a family of products with similar hazards and similar production technology.

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

- whether it is an initial certification audit
- shortfalls in the 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 the impact on material flow

- the labour intensity of the processes
- communication difficulties (e.g. language)
- the number of non-conformities recorded in the previous audit (requiring additional time to review the relevant systems and confirm implementation of effective preventive action)
- difficulties experienced during the audit requiring further investigation
- the quality of site preparation (e.g. documentation, HACCP, quality management systems).

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

In the event that the audit against the Standard includes 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 amount of time the audit is expected to take 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 (e.g. site, production and storage)** To review practical implementation of the systems, including, for example, auditing good manufacturing practices, accuracy of process flow diagrams, product changeover and line start-up procedures, and observing product changeover procedures
- **Discussions with site staff and managers** For example, to confirm on-site procedures and the implementation of product safety and quality culture plans
- **Document review** To review the documented HACCP and quality management systems
- **Vertical audit, traceability challenge and mass balance** Including a review of all relevant records of production (e.g. raw material intake, production records, finished product checks and specifications)

- **Verification of the product safety management system** Including the HACCP plan (e.g. CCPs and CCP monitoring)

- **Label review** Including a review of examples of product labels to check against specifications, the site's label development processes, and legislation

- **Review of production facility inspection** To verify and conduct further documentation checks

- **Final review of findings** Conducted by the auditor in preparation for the closing meeting

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

The site shall fully assist the auditor 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, attend the opening and closing meetings, and be available for a discussion on food safety and quality culture (see Part II, clause 1.1.11).

The audit process gives emphasis to the practical implementation of food safety procedures and general good

manufacturing practices. It is expected that approximately 50% of the audit 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 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 discuss this with the accompanying manager at the time.

At the closing meeting, the auditor 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 any 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 of completion of the audit.

After completion of the certification process, BRCGS will email the site contact with instructions on how to manage the site's entry in the BRCGS Directory and the BRCGS compliance programme, and how to register for service package benefits. The BRCGS Directory allows both the client and its nominated customers secure access

to audit data, and the BRCGS compliance programme provides feedback systems enabling sites to communicate with the certification body and the BRCGS team.

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 (including non-conformities) and confirmation of the site's post-audit actions, including:

- closing out of any non-conformities
- completion of root cause analysis
- development of a preventive action plan.

All site actions shall be completed within the appropriate timescale.

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 level and risk. It 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 food safety or legal issue.
- **Major** Where there is a substantial failure to meet the requirements of a 'statement of intent' or any clause of the Standard, or a situation is identified which would, on the basis of available objective evidence, raise significant doubt as to the conformity of the product being supplied
- **Minor** Where a clause 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 one or no major non-conformities are given. This shall be detailed on the audit report.

2.3.2 Procedures for handling non-conformities and corrective action，audit confirmation.

Following identification of any non-conformities during the audit, the site shall undertake corrective action to remedy the immediate issue, analyse the underlying cause of the non-conformity (root cause), and develop a preventive action plan to address the root cause and prevent 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 shown in Table 2.

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-calendar-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 immediately withdrawn.

It is a requirement of some customers that they shall be informed when their suppliers have a critical non-conformity identified or 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 underlying cause (root cause) of the non-conformity. The root cause shall be identified and a preventive action plan to correct it, including timescale, shall be provided to the certification body. A summary of the root cause and proposed preventive action shall be included in the audit report.

Close-out of non-conformities can be achieved in any of the following ways:

- objective evidence being submitted to the certification body, such as updated procedures, records, photographs or invoices for work undertaken
- remote audit techniques being used to assess corrective actions
- the certification body undertaking a further on-site visit.

An example of evidence submitted for the correction of a non-conformity is given in Appendix 8.

Where the audit would result in a grade of C or C+ with two major non-conformities, or a D or D+ grade being awarded, the closure of non-conformities shall be by means of a further site visit or remote assessment (see section 2.4.1) to review the action taken. This visit shall be within 28 calendar days of the audit if a certificate is to be issued.

If satisfactory evidence of corrective action, the root cause analysis and a preventive action plan are not provided within the 28-calendar-day period allowed for submission following the audit, certification will not be granted. The site will then require a further full audit in order to be considered for certification.

Non-conformities from the previous certification audit shall also be checked during the next site audit to verify effective close-out. For each non-conformity at the last audit, the auditor will therefore expect to see the following:

- **Corrective actions** The site is required to implement corrective actions and report them to the certification body within 28 calendar days of the audit. The auditor shall therefore expect to see the corrective actions from the

previous audit in operation (e.g. that the updated procedure submitted to the certification body as evidence of corrective action following the last audit is in use).

- **Root cause analysis** After being completed by the site following the last audit, the root cause analysis will have been submitted to the certification body, and full details should be available if the auditor requires them.

- **Preventive action** At the time of the previous certification decision, the site will have submitted a preventive action plan to the certification body but might not have completed the actual preventive action. The auditor will therefore expect to see evidence that the site has been effective in preventing recurrence of the

non-conformity.

Where the corrective action or preventive action has been ineffective, a non-conformity shall be raised against clause 1.1.12 in Part II.

The certification body shall review objective evidence of corrective action completed prior to awarding a certificate.

2.3.3 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 at this stage.

2.4 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.

Table 2 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	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	6 months
C	C+		1	11–16		
C	C+		2	10 or fewer	Revisit required within 28 calendar days	6 months
D	D+			25–30		
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.

2.4.1 Revisits

Where a revisit is required to review the action taken in response to the non-conformities identified at the audit (i.e. some sites with grade C and all sites with grade D), this will be scheduled to be completed within 28 calendar days.

The certification body shall assess whether a physical revisit is required or whether a remote audit will provide an effective assessment of the actions taken to close out the non-conformities. Where a remote assessment is considered effective, the certification body can offer this option to the site.

The primary focus of the revisit (whether physical or remote) will be on reviewing the effectiveness of the corrective actions taken. However, if any new non-conformities are identified then these must also be satisfactorily resolved before a certificate can be issued, although they will not affect the grading. The action taken to correct the non- conformity shall be recorded in the final audit report.

2.4.2 Documentary evidence and remote auditing

Where a revisit is not required, suitable evidence of corrective action shall be provided to the certification body within 28 calendar days. The evidence shall clearly demonstrate that adequate corrective actions have been taken and implemented. There are two options for submitting this evidence:

- **A remote audit of the corrective action** To confirm that effective corrective action has been implemented (e.g. a review of documents, discussions with site staff, using webcams)

- **Provision of suitable documentary evidence** For example, updated procedures, records, photographs, and invoices for work completed.

If satisfactory corrective action cannot be effectively demonstrated to the satisfaction of the certification body, a revisit may be required before a certificate can be issued.

2.5 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 always be reported in English in addition to the other language.

The audit report shall provide the company and 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 food safety 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 (preventive actions).

The report shall accurately reflect the findings of the auditor during the audit. Reports shall be prepared and issued so that the certification decision is confirmed within 42 calendar days of the completion of the full audit. Subsequently, the audit report shall be uploaded to and available from the BRCGS Directory within 49 days of the final day of the audit.

The BRCGS Directory is the source of accurate, authenticated and up-to-date certification status information. It enables a one-click audit report sharing option. Audit reports shall remain the property of the company commissioning the audit and shall not be released, whole or in part, to a third party unless the company has given prior consent or the release is otherwise required by law.

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 BRCGS Directory.

The audit report and associated documentation including auditor's notes shall be stored safely and securely for a period of 5 years by the certification body.

2.6 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 7.

Logos used on certificates (e.g. the 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.

2.7 Ongoing audit frequency and recertification

2.7.1 Scheduling re-audit dates

The re-audit due date shall be calculated from the date of the first day of the initial audit (irrespective of whether further site visits were made to verify corrective actions arising from the initial audit) and not from the certificate issue date.

Subsequent audits of certificated sites shall be carried out either 6 or 12 months after the previous audit due date, depending on the number and type of non-conformities identified at that audit (see Table 2). If it is an announced audit, it shall be scheduled to occur within a 28-calendar-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.

Table 3 provides worked examples in accordance with the announced and mandatory unannounced recertification audits.

It is the responsibility of the site to maintain certification, and the BRCGS Directory sends automatic reminders. Where an audit is delayed beyond the due date, except in justifiable circumstances (see section 2.7.3), this shall result in a major non-conformity being awarded at the next audit. Justifiable circumstances shall be documented in the audit report.

For details on scheduling the mandatory unannounced audit, see section 2.1.3. The unannounced audit shall take place during normal site operations unless other arrangements have been agreed in advance with the site. However, the site must not be notified of the proposed audit date in advance.

The unannounced audit certificate will supersede the existing certificate. It will be issued within 42 days of the audit, assuming that certification is achieved (based on the number and severity of non-conformities and completion of corrective actions). The certificate will have an expiry date based on the expiry date of the previous certificate, plus 6 or 12 months (depending on the grade achieved).

The site shall be responsible for maintaining valid certification, while the certification body shall assume responsibility for maintaining the ongoing audit programme.

Where a site cannot be certificated because of the number or level of non-conformities identified during the audit, the site will require a further full audit before certification can be considered. Once the site has addressed the non-conformities that were raised, the new audit can be arranged. The reaudit shall not take place any sooner than 28 calendar days from the audit date. If the audit was a mandatory unannounced audit, the re-audit may be announced. The re-audit shall be completed by the same certification body unless a concession is granted by BRCGS for a change of certification body during this period.

It should be noted that the site must have at least one unannounced audit every 3

years, and this frequency is not expected to change as a result of a failed audit.

Table 3 Worked examples of an initial audit followed by announced and unannounced recertification audits

Announced/unannounced	Audit date	Next audit due date
Initial audit at site (announced)	1–2 June 2020	1 June 2021
Re-audit (announced)	20–21 May 2021 (audit within 28 calendar days prior to the audit due date)	1 June 2022
Re-audit (1 in 3 unannounced)	1–2 March 2022 (audit within 4 months prior to the audit due date)	1 June 2023
Re-audit (announced)	20–21 May 2023 (audit within 28 calendar days prior to the audit due date)	1 June 2024
Re-audit (announced)	20–21 May 2024 (audit within 28 calendar days prior to the audit due date)	1 June 2025
Re-audit (1 in 3 unannounced)	10–11 March 2025 (audit within 4 months prior to the audit due date)	1 June 2026

If the site chooses to change certification body or GFSI-benchmarked scheme, this does not change the requirement for the site to receive an unannounced audit. Therefore, the site must ensure that the new certification body is aware that the site is already certificated and provide the date of its last unannounced audit. The certification body will also require evidence of the site's audit history (e.g. a copy of the most recent audit report) so that the 3-year cycle can be maintained.

Sharing the last audit report is a mandatory requirement of the BRCGS audit protocol (see section 2.1.2). Where a site fails to share its last report in a timely manner, the new certification body will have access to the last audit report through the BRCGS Directory. If a site fails to have an unannounced audit within the 3-year period, its final audit may be refused by BRCGS and the site will become uncertificated until an unannounced audit has been completed.

2.7.2 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 (Part II, clause 1.1.12), are applicable when the site is:

- situated in a specific country or an area within a specific country where there is government advice not to visit and there is no suitable local auditor
- within a statutory exclusion zone that could compromise food safety or animal welfare
- 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)

- producing seasonal products where production is delayed by a late start to the season (e.g. due to weather or product availability).

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 products are being manufactured.

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

2.7.3 Audits undertaken prior to due dates

The due date of a renewal audit occurs within a 28-calendar-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 the due date; for example, to reset the audit dates to allow combined audits with another scheme, or to include a product that is produced during a different season. 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 next audit due date will be 'reset' to the 12 months (or 6 months, depending on grade) from this 'new' audit date
- The certificate (should it be issued) shall have an expiry date of 12 months (or 6 months, depending on grade) plus 42 calendar days from the new audit date.

2.7.4 Refusal of a company to undertake the unannounced audit

Sites are obliged to accommodate the auditor and allow the audit to commence upon the auditor's arrival at the site. Sites can nominate days when the audit cannot take place; however, they must do so in advance (see section 2.1.4).

Therefore, if the auditor arrives for the audit and is denied access, the site's certification will be suspended. The site shall remain suspended until a new unannounced audit can be completed. Since the new audit will be unannounced, the site shall not be told the new audit date, which may occur at any time within the 4 months following the refused audit. The audit shall be completed by the same certification body unless a concession is granted by BRCGS for a change of certification body during this period.

Liability for the auditor's time shall be covered by the certification body's contract with the site. Therefore, if access is denied, the site may also be liable for the auditor's costs.

2.7.5 Non-availability of key staff at the opening and closing meetings or during the audit

The Standard requires the most senior production or operation manager (i.e. the person who is responsible for the 'hands on' running of the site) to be present at the opening and closing meetings (see Part II, clause 1.1.11) and for relevant staff to be available during the audit.

Where a key member of staff (e.g. the senior production manager, senior operation manager or technical manager) is genuinely absent on the day of the audit due to other commitments, a nominated deputy must be available (see Part II, clause 1.2.1).

Therefore, the absence of a key member of staff shall not be accepted as a reason to prevent an audit going ahead.

2.7.6 No production activity on the day of the unannounced audit

As part of the audit planning, the site must notify the certification body of any days or times when operations are not undertaken. If the unannounced audit takes place on a date when the site is supposed to be operational, but on arrival the auditor finds that there is either no production or the only products being handled are outside the scope of the audit, then the audit cannot go ahead. A further unannounced audit will need to be arranged.

Liability for the auditor's time shall be covered within the certification body's contract with the site (see section 2.7.4).

2.7.7 Changing the certification body for an early re-audit

In addition to the situations described in section 2.7.3, an early re-audit may occasionally be requested by a site – usually shortly after the previous audit or following a failure to be certificated. This often occurs because the site wants to improve its audit grade. In this situation, the early re-audit must be completed by the certification body that issued the current certificate.

However, in exceptional circumstances and if agreed in advance by BRCGS, a site may be permitted to change the certification body for this early reaudit. Justification for changing the certification body in this situation shall be provided in writing to the certification body, who in turn shall submit it to BRCGS for consideration through the formal concession process. Where a change in certification body in this instance has not been agreed in advance, a re-audit by the new certification body will be null and void and will not be accepted in the BRCGS Directory.

This requirement applies only when an early re-audit has been requested; it does not change the process for re-audits completed to the normal 6- or 12-month schedule.

2.7.8 Seasonal production sites

The glossary defines a seasonal production site as 'a site that is opened for a short duration (typically 12 weeks or less) during a 12-month cycle. For example, to specifically harvest and process a product.'

For seasonal sites, the scheduling of audits needs to be carefully planned so that:

- certification does not lapse: where the product harvest is dictated by weather and this affects the actual audit date (e.g. the season is later than expected), there is no penalty for a delay to the audit, although justification for this delay must be included in the audit report
- the site is in production, so that all of the requirements of the Standard can be assessed
- there is a minimum of 1 week's production records for the auditor to review.

Corrective actions can be closed out within 28 calendar days and therefore within the current season. In the event that the harvest is unavoidably early (e.g. due to weather conditions) and, as a consequence, there are fewer than 28 calendar days before the end of the season, it may not be possible to close out identified non-conformities within the season. In this situation, the same rules apply as for sites with very short seasons (see below).

The scope of the certification may include a variety of products where these can be 'grouped' because they use the same processing systems.

For example, the audit may be undertaken during the harvest of apricots, but certification could include other stone fruits that are known to be packed at the site at the time of the audit. Where products are packed during different seasons, the audit will take place during one season so that the auditor can assess the good manufacturing practice requirements of the Standard. During the audit, the auditor will also review documentation and/or traceability associated with both the product currently in production and those produced in different seasons.

For very short seasons (i.e. less than 4 weeks), it may not be possible to close out identified non-conformities within the season. However, where major non-conformities are identified, these must be resolved before the end of the season or within 28 calendar days of the audit if the site is to gain certification.

Where minor non-conformities cannot be closed out within the season, they may be accepted by the certification body if a suitable action plan is provided. These actions will be assessed prior to the beginning of the next season and verified at

the next audit.

Any non-conformities that are not adequately closed out by the next audit will have the potential to be raised as non-conformities against management commitment (see section 2.3.2). This will apply whether the certificate has lapsed or not.

Where a site is awarded a grade C, C+, D or D+, it is likely that the site will not be in production when the next audit would normally fall 6 months later. In such circumstances, the next audit shall take place as soon as production has started in the new season. In this situation, the site may be required to agree a course of action with its customers, since it will not be certificated at the beginning of the season, until the scheduled re-audit has taken place. Under no circumstances will the validity of the certificate be extended to accommodate this situation.

For true seasonal production sites there may be circumstances where the frequency of audits is reduced, occurring at intervals of more than 12 months. The on-site audit date will be dictated by product harvest, which may be

affected by the weather. The certificate expiry dates in these circumstances will be controlled by the actual audit date rather than the anniversary of the initial audit date. Justification needs to be included on the audit report.

It is particularly important that seasonal sites are well organised to ensure that systems are in place prior to start- up; for example, pest control must be effective from day 1 of operations. The systems shall include internal audits completed prior to start-up.

For seasonal sites it is assumed that the site is not operational 'out of season' and therefore the requirements of the Standard concerning specified meetings or audits which would normally occur at monthly or quarterly intervals throughout the year would not be appropriate during the out-of-season period. However, as a general principle, the site must be able to demonstrate that these activities have taken place in a timely manner (i.e. before the start of the season and at appropriate regular intervals during the season). Sites will need to consider the timing of these activities so that actions, targets or objectives can be completed within meaningful timescales. A schedule must be in place and records available to demonstrate the outcomes.

A site that is open for 12 months of the year may process different products or complete different processes in different seasons, but it would not be classed as a seasonal production site because it operates all the year round. Wherever possible the audit date shall be selected to include the higher-risk or more complex production processes. For example, in a winery the audit date is organised so that the bottling or packing operations are running at the time of the audit. Where the processes are significantly different and there are different product risks, it may

be necessary for both products or processes to be audited. However, where the product safety risks are low, the higher-risk process shall be audited as normal and the other processes or products shall be audited by using historical records, with the auditor seeing sufficient objective evidence to confirm compliance with requirements that occurred at other times of the year.

3 Blended announced audit protocol – two-part announced audit

This is a two-part audit consisting of a remote audit followed by an on-site audit.

The blended announced audit scheme allows the certification body to consider which requirements of the Standard may be audited using ICT to conduct an off-site remote assessment. This divides the audit requirements into two separate audits, comprising:

- **the off-site remote audit** – predominantly based on a review of documents and records, and may be planned to ensure that the appropriate staff are available to retrieve and discuss the records
- **the subsequent on-site audit** – mainly focused on the site's operating practices, such as hygiene, production, storage and product handling.

The certification body shall have a documented process for undertaking blended audits that ensure compliance with IAF MD4:2018.

Additional information on the processes for blended audits is available in BRCGS080: Blended Audits – Remote Auditing Using ICT (available from the BRCGS website).

Sites opting for the blended announced audit option are also required to have an unannounced audit at least once every 3 years (see section 2).

3.1 Audit planning

3.1.1 Selection of the blended audit option

This option is available for recertification audits only, not for the first BRCGS audit at a site or for audits at sites not holding a current BRCGS certificate.

The blended audit can be used irrespective of the site's previous grade (i.e. all grades from AA to D are eligible); however, the grade will be taken into account during the pre-audit risk assessment (see section 3.1.5).

The certification body can decide whether to offer and/or accept the blended audit option following the risk assessment.

Before planning the remote audit element of the audit, the certification body shall consider the willingness of the site to consent to the use of remote auditing by ICT. The availability of ICT is also a factor in the effective completion of this audit. It is important that both parties mutually agree to this option.

3.1.2 Preparation by the company

The preparation by the company is mainly the same as for the announced audit scheme (see section 2.1.1).

However, additional consideration is needed for the remote part of the audit. Examples include ensuring the availability of appropriate IT systems, agreement on any confidentiality, security and data protection (CSDP) requirements (see section 3.1.6), and the need to facilitate the audit in a quiet environment to avoid background noises and interference (e.g. considering the availability of office space and the use of noise-cancelling technology such as 'mufflers on microphones' or headsets).

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

The information to be provided to the certification body is same as for the announced audit scheme (see section 2.1.2).

3.1.4 Scheduling the mandatory unannounced audit

Sites opting for the blended announced audit option are required to have an unannounced audit at least once every 3 years. Details of the protocol for the mandatory unannounced audit are given in section 2, especially sections 2.1.3 and 2.1.4.

3.1.5 Pre-audit risk assessment

The certification body shall undertake a full risk assessment to determine whether audit objectives can be achieved remotely. The risk assessment shall include the ability of the company to receive a remote audit, including the:

- historical audit performance of the site, including the risks from complaints and recalls
- availability of documentation and records in electronic form, and the site's willingness to share these remotely (including any limitations)
- capability of the certification body to conduct the remote audit (e.g. trained auditors, access to an IT system that both the certification body and the company will be able to use)
- capability of the site staff to utilise technologies used in remote audit techniques, including on-site video. Any limitations on document-sharing and record-sharing shall be understood before the audit.

The pre-audit risk assessment is not included in the calculation of the audit duration.

3.1.6 Confidentiality, security and data protection

The certification body shall consider local data protection and privacy laws (as

stated in IAF MD4:2018, clause 4.1). It is important that, if ICT (such as video) is utilised, the relevant consents have been sought from the individuals involved to ensure compliance with local privacy regulations.

To prepare for the use of ICT, all requirements (certification, legal and customer) related to confidentiality, security and data protection shall be identified, and actions taken to ensure their effective implementation. Evidence of

agreements related to confidentiality, security and data protection (CSDP) must be available. The CSDP criteria shall be acknowledged by all participants, and measures to ensure confidentiality and security shall be confirmed during the opening meeting.

Where documented information is analysed, it shall be shared in a secure and agreed system, such as a cloud-based, virtual private network or other file-sharing system utilising CSDP guidelines. Once the audit is complete, the auditor shall delete from their system, or remove access to, any documented information and records that are not required to be retained as objective evidence.

Auditors must not take screenshots or record videos of auditees as audit evidence. Any screenshots of documents, records or other kinds of evidence must be authorised in advance by the site being audited. In the case of non- fulfilment of these measures or non-agreement of information security and data protection measures, the certification body shall not use the blended audit option.

3.1.7 Selection of clauses for remote and on-site audits

As a minimum, the on-site audit shall include inspection/physical verification of good manufacturing practices and implementation of the food safety management system, including HACCP activities (e.g. the effective operation of prerequisite programmes, verification of the process flow diagram, CCP monitoring and verification) and the traceability challenge.

In addition, the requirements in the Standard are colour-coded to indicate which requirements may be audited remotely and which requirements must be audited during the on-site audit (see Table 4).

Table 4 Key for colour-coding of requirements

Audit of records, systems and documentation	Remote permitted	
Audit of production facilities and good manufacturing practice	On site	
Requirements assessed in both		

Clauses that are dual-coloured must be audited during both parts of the audit.

It is important to note that although the colour-coding indicates the clauses that

may be audited remotely, the certification body's pre-audit risk assessment (see section 3.1.5) may identify clauses that require on-site assessment, even though they relate to documents or records.

3.1.8 Duration of the blended audit

The total audit duration is the same regardless of whether the audit is completed fully on site (announced or unannounced) or as a blended audit using both remote and on-site auditing (see section 2.1.5).

The duration does not include time spent on audit planning, the risk assessment or report writing.

The remote part of the audit shall not exceed 50% of the total audit duration. It should be noted that 50% represents the maximum proportion of the audit that may be completed remotely. The actual duration of the remote audit will be dependent on the certification body assessment (i.e. the risk assessment in section 3.1.5). Therefore, it may be significantly less than the maximum permitted in some circumstances; for example, if:

- additional risks are identified
- specific documents are not available for the remote audit
- the nature or volume of complaints or recalls is a concern
- the historical performance of the site has been a concern
- the certification body identifies clauses that need to be audited on site, even when they relate to documents or records.

If additional storage facilities, locations or head office assessments are included within the audit process (see sections 1.6.3–1.6.5 and Appendix 4) then additional time shall be allocated for this.

The time allocated for the on-site audit may also be adjusted based on the findings from the remote audit; for instance, more time may be required if a large number of non-conformities require an on-site review of corrective actions.

For the head office or central function, the remote audit can be completed using the colour-coding of the relevant clauses of the Standard. In some situations, this may mean that the auditor does not need to visit the head office as all the clauses are appropriate for remote audits. If the head office contains a mixture of clauses (i.e. some that require on-site audit and others that may be audited remotely), the site may elect to have either:

- a full on-site head office audit or
- a remote head office audit with the remaining on-site elements being assessed at each of the site audits.

The expected audit duration shall be notified to the site by the certification body in advance of the audit. Deviation from the expected audit duration must be justified and specified in the audit report.

3.1.9 Auditor selection

The auditor conducting the blended audit shall be fully competent and qualified in the appropriate product categories (i.e. the same auditor category requirements apply to both the remote and on-site audits).

Where audit teams are used, the audit report shall indicate whether each auditor has completed remote and/or on- site activities.

If a technical expert is used during the audit, the documents shared by the site shall also be made accessible to the expert.

Where different auditors are used for the remote and on-site audits, there shall be a clear handover process prior to the on-site audit to ensure that the auditor has all the necessary information to complete the audit in full and that all the requirements of the Standard are fully covered, either remotely or on site.

3.2 The site audit

3.2.1 The off-site remote audit

Scheduling the remote audit

The audit shall be announced, and the site shall agree a mutually convenient date with the certification body.

The remote audit shall be conducted first (i.e. before the on-site audit). However, where the BRCGS audit is combined with the audit for another GFSI-benchmarked standard, the sequence of the two parts of the audit may be reversed (i.e. the on-site audit would be completed first, followed by the remote audit).

The remote audit shall take place within the 56 calendar days before the audit due date. This is to ensure that:

- there is sufficient time to complete the on-site audit before the audit due date (and within 28 calendar days of the remote audit, although it is recommended that the remote and on-site audits are as close to each other as possible)
- the site has sufficient time (28 calendar days) to close out any non-conformities raised (see section 3.3)
- the certification body has sufficient time (42 calendar days) to make a certification decision after the on-site audit and before the site's current certificate expires.

Preparation for the remote audit

Preparation for the audit can be summarised in the following steps:

• The certification body shall prepare a clear audit plan which highlights the documents that will be needed remotely. This plan shall be shared with the site prior to the audit.

• The certification body shall set up the technical requirements for the remote audit – for example, internet access, meeting software that is usable by both site and auditor, and hardware (including webcams/cameras and microphones).

• BRCGS recommends that the certification body tests the compatibility of the ICT platform with the site, especially prior to the first blended audit at the site or when new ICT platforms will be used. If testing reveals issues that cannot be rectified then the audit shall be completed as a full on-site audit.

• Use of webcams/cameras shall be agreed.

• When assigning work to audit team members, including technical experts, this should take into consideration their ability to utilise the remote technologies.

• The remote audit shall be facilitated in a quiet environment wherever possible to avoid background noise and interference. The use of noise-cancelling technology (e.g. 'mufflers on microphones' or headsets) should be considered.

• When no agreement is reached for the use of ICT for a remote audit, the audit will revert to a full on-site audit.

If it is not possible to maintain satisfactory conditions during the scheduled time of the remote audit, the auditor may decide to terminate it. This shall be recorded in the report. The remote audit may continue at a later date agreed between the two parties within the period described above.

In the event of the technology failing during the remote audit, the certification body and the site can reschedule, providing this occurs within the 28-calendar-day window. The site may be liable to pay for the lost audit day where the failure is a site issue, and this should be covered in the contract between the certification body and the site.

Ultimately, if the audit cannot be completed remotely then the auditor will need to complete the audit on site. This on-site audit will follow the protocol for the announced audit option (see section 2) and shall be completed prior to the audit due date.

Completing the remote audit

The remote audit consists of the following stages:

• **Opening meeting** To confirm the scope and process of the audit

• **Document review** The documents will have been confirmed by the certification body; for example, verification of the product safety management system (e.g. HACCP plan, CCPS and CCP monitoring)

- **Interviews/discussions with personnel** For example, to discuss the document, policy or record being audited

- **Label review** Including a review of examples of product labels to check against specifications, the site's label development processes, and legislation

- **Final review of findings** Conducted by the auditor in preparation for the closing meeting

- **Closing meeting** To review the audit findings with the site and confirm any non-conformities.

Good practice is to include sufficient breaks in the audit plan, so that site personnel and auditors are not continuously using a computer screen for a prolonged period.

The remote audit may also include a live video if required. Any live video shall not be recorded, but a record shall be kept of its duration and what was covered. This information is to be recorded in the audit report.

The site shall fully assist the auditor at all times. It is expected that the opening and closing meetings will be attended by the site's senior managers or their nominated deputies (see Part II, clause 1.1.11) who have the appropriate authority to ensure that corrective actions can be progressed if any non-conformities are found.

A closing meeting at the end of the remote audit shall conclude the audit findings, confirm any non-conformities and discuss the next steps. Information shall be given on the process of providing evidence for closing out any non- conformities and the timescale within which the company must provide it.

A written summary of the non-conformities discussed will be documented by the auditor either at the closing meeting or within 1 working day after completing the audit. Any non-conformities are subject to subsequent independent verification by the certification body management.

If a critical non-conformity or the number and level of non-conformities would result in failure to achieve a certificate, the existing certificate for the site shall be immediately withdrawn. A new audit shall be arranged, which shall be fully on-site. (This process is identical to the protocol for on-site audits, which is documented in section 2.)

3.2.2 The on-site audit

Planning for the on-site audit

This is the same as for the announced audit option (see section 2.1).

The on-site audit shall be conducted within 28 calendar days of the remote audit and during the audit due window of the current certificate (i.e.during the 28 calendar days prior to the audit due date). It is recommended that the time between the remote and

on-site audits is as short as practicable. In exceptional (but justifiable) circumstances, the certification body may ask BRCGS for an extension of up to 90 days.

Completing the on-site audit

In order to have consistency, it is strongly recommended that the on-site audit should be carried out by the same auditor who carried out the remote audit. If this cannot be arranged, a clear handover process shall be in place prior to the on-site audit to ensure that the auditor has all the necessary information to fully complete the audit and that all the requirements of the Standard are covered, either remotely or on site. All auditors shall be qualified in the appropriate product categories (i.e. the same auditor category requirements apply to the remote audit and the on- site audit).

The on-site audit consists of the following stages:

- **Opening meeting** To confirm the scope and process of the audit
- **Audit of site and storage facilities** To audit practical implementation of systems, including, for example, auditing good manufacturing practices, accuracy of process flow diagram, product changeover and line start-up procedures
- **Any requirements identified** For on-site audit during the risk assessment and remote audits
- **Discussions with site staff and managers** For example, to confirm on-site procedures, the implementation of product safety and quality culture plans, and the site's label review mechanisms
- **Vertical audit, traceability challenge and mass balance** Including a review of all relevant records of production (e.g. raw material intake, production records, finished product checks and specifications)
- **Verification of the product safety management system** Including the HACCP plan (e.g. CCPs and CCP monitoring)
- **Review of production facility inspection** To verify and conduct any further comparison of documentation with actual practice
- **Final review of findings by the auditor** Preparation for the closing meeting
- **Closing meeting** To review the audit findings with the site (note that non-conformities are subject to subsequent independent verification by the certification body management).

The site shall fully assist the auditor at all times. It is expected that the opening and closing meetings will be attended by the site's senior managers or their nominated deputies (see Part II, clause 1.1.11) who have the appropriate authority to ensure that corrective actions can be progressed if any non-conformities are found.

At the closing meeting, the auditor shall present their findings and reconfirm all the

non-conformities that have been identified during the audit; however, they 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 needed to close any 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 will also provide the site with an explanation of the BRCGS Directory (which allows both the client and its nominated customers secure access to audit data) and the BRCGS compliance programme (including the feedback systems available to communicate with the certification body and the BRCGS team).

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 identified in both audits in the appropriate timeframe. The company will be informed of the certification decision following this review.

3.3 Non-conformities and corrective action

Any non-conformities identified during the remote and on-site audits shall follow the existing requirements of the scheme (see section 2.3). Evidence of the action taken to correct any non-conformities shall be submitted to the certification body within 28 calendar days of the on-site audit (i.e. within 28 calendar days of the completion of the blended audit).

Verification of the preventive action plan and implementation of the corrective actions may take various forms (including further on-site assessment or the scrutiny of evidence submitted through ICT). Verification must be carried out by the certification body's technically competent personnel, who must use appropriate methods.

If a critical non-conformity or the number and level of other non-conformities identified at the remote audit (i.e. the first part of the audit) or the on-site audit (i.e. the second part of the audit), or as a result of the sum of both parts of the audit, would result in failure to achieve a certificate, the existing certificate for the site shall be immediately withdrawn. Where the critical non-conformity and/or number of non-conformities occurs during the remote (first) part of the audit, the existing certificate shall still be withdrawn immediately (i.e. after the remote audit) and not delayed until the second part of the audit has been completed.

3.4 Grading of the audit

The process for grading is the same as for the announced audit scheme (see section 2.4).

However, the grade awarded is based on the combination of non-conformities identified at the two audits (i.e. the sum of the non-conformities identified at the remote audit and the on-site audit).

Any non-conformities identified during the remote audit that were closed out and corrected before the on-site audit are still counted when calculating the grade.

3.5 Audit reporting

The audit reporting requirements are the same as for the announced audit scheme (see section 2.5). However, the report shall state 'Blended announced audit'.

The audit report shall clearly identify the extent to which any ICT has been used in carrying out the audit and the effectiveness of ICT in achieving the audit objectives. The audit report shall include all the summarized information and findings of the remote audit and the on-site audit so that a single report can be uploaded to the BRCGS Directory.

The report shall also reference the dates and the duration of the two audits, including the records of the people who attended them. The requirements assessed during the remote audit shall be identified by an asterisk placed at the beginning of the information.

The final report will not be produced until the on-site audit has been completed·

3.6 Certification

The certification requirements are the same as for the announced audit scheme (see Part III, section 2.6).

The design and information on the certificate are the same as for all audits of the Standard, except that the certificate shall state: 'Blended announced audit'. The dates of both audits (remote and on-site) shall be included on the certificate.

This certificate will supersede any existing certificate. It shall be issued within 42 days of the on-site 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 achieved.

3.7 Ongoing audit frequency and recertification

This is the same as for the announced audit option (see section 2.7).

Sites that have opted into the blended announced audit option are required to complete a mandatory unannounced audit every 3 years (see section 2.1.3).

3.7.1 Scheduling re-audit dates

Subsequent announced audits can remain in the blended announced audit programme, irrespective of the site's previous grade (i.e. sites graded from AA to D can receive a remote audit). However, the certification body will include the previous

grade within the pre-audit risk assessment (see section 3.1.5).

4 Unannounced audit protocol

This is a fully on-site unannounced audit.

The protocol of unannounced audits generally follows that of announced audits above; where it differs, this is outlined as follows.

This audit option involves a single unannounced audit against all the relevant requirements of the Standard.

The date of the audit shall not be notified to the site in advance of the audit. The audit will be unannounced and replace the normal scheduled audit. It can occur at any stage within the last 4 months of the audit cycle, including the 28 calendar days before the audit due date (i.e. at any point from 4 months before the audit due date).

4.1 Audit planning

4.1.1 Selection of the unannounced audit programme

The site 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 while allowing the audit to be undertaken at a time of the certification body's choosing.

Non-certificated sites may opt into the unannounced audit programme on the understanding that the initial audit may not occur for up to 12 months from the request.

4.1.2 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 food safety and compliance with the Standard.

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

In addition to the information specified in section 2.1.2, the certification body will require 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
- any health and safety or other company information that needs to be reviewed by the auditor on arrival (e.g. health and safety video) to avoid unnecessary delays before entering production.

4.1.4 Nominating non-audit days

Compliance with the Standard is expected to be maintained at all times and the site should therefore always be 'audit ready'. However, there may be dates when an audit genuinely cannot take place, such as a planned customer visit. The unannounced audit programme therefore allows sites to nominate up to 10 days when they are genuinely not available for an audit. Sites on a 6-month audit schedule (e.g. sites certificated to the Standard with grades C or D) may nominate a maximum of 5 days.

The dates and the reasons must be provided to the certification body within 3 months of opting into the programme. At the discretion of the certification body, other unavailable dates may be accepted when provided at least 4 weeks in advance of the next unavailable date.

The certification body may challenge the reason where this does not appear appropriate and at its discretion accept these nominated dates.

Days when a site is not operating (e.g. weekends,public holidays and planned shutdowns for site holidays or maintenance) are not included within the 10 days (or 5 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 audit programme 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.

4.1.5 Audit duration

The typical duration of an audit does not differ from that of an announced audit, subject to the variances described in section 2.1.5.

4.2 The on-site audit

Sites opting for the unannounced audit programme shall be obliged to accommodate the auditor and allow the audit to start immediately on arrival at the

site. The audit process will follow the same procedures as outlined for an announced audit. There will be a short opening meeting, after which the site production facility inspection will be expected to commence within 30 minutes of the auditor arriving on site.

The on-site audit will follow the same stages as an announced audit (see section 2.2).

4.3 Non-conformities and corrective action, audit confirmation

4.3.1 Non-conformities and corrective action

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

4.3.2 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 at this stage.

4.4 Grading of the audit

The process for grading is the same as for the announced audit (see section 2.4). The grade awarded following certification shall be based on the number and severity of the non-conformities, as outlined in Table 2. Note that the grade will have the addition of a plus symbol after the grade (i.e. AA+, A+, B+, C+ or D+) to indicate that the audit was unannounced.

4.5 Audit reporting

The audit reporting requirements are the same as for the announced audit; however, the report shall state 'unannounced option' (see section 2.5).

4.6 Certification

The certification requirements are the same as for the announced audit (see section 2.6). However, the certificate shall state 'unannounced option'.

This certificate will supersede the existing certificate. The certificate shall have an expiry date based on that of the previous certificate plus 6 or 12 months, depending on the grade, provided that the site remains within the unannounced audit programme. If the site decides to return to the announced audit programme, the certificate expiry date will be 6 or 12 months from the date of the unannounced audit.

This ensures that where the audit occurs before the expiry of the current certificate and the site remains within the unannounced programme, it is not disadvantaged by a shorter certificate life and increased frequency of audits.

4.7 Ongoing audit frequency and recertification

4.7.1 Scheduling re-audit dates

The site can choose whether to:

- remain within the unannounced programmes (fully on site)
- revert to the announced audit programme (fully on site or blended)

If the site wishes to remain in an unannounced programme, the next audit will be unannounced. The audit may occur at any stage within the last 4 months of the audit cycle, including the 28 calendar days before the 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 certification body to ensure that the audit is undertaken within the certification window so that the late audit non-conformity clause (Part II, clause 1.1.10) shall not apply.

If the site wishes to withdraw from an 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. Where the site received a grade of C+ or D+ at the last audit and wishes to withdraw from an unannounced audit programme, the next audit due date will be 6 months after the last audit date, and the audit will occur within the 28 calendar days prior to this date.

4.7.2 Seasonal production sites

The unannounced audit programme may be applied to seasonal production sites (see the glossary for the definition of seasonal production sites). The following rules, however, shall apply:

• The expected seasonal production dates shall be notified to the certification body at the time of choosing the unannounced programme

- No dates may be excluded within the production season.

The audit due dates for some sites producing seasonal products may occur towards the beginning of the product's season and this could limit the dates available to carry out unannounced audits before the end of the re-audit window. Therefore, in the first year that the site is within the unannounced programme, the audit window will be extended to allow the unannounced audit to be carried out up to 6 weeks after the audit due date. There will be no penalty for late audits.

The subsequent audit due date and certificate expiry date (42 calendar days later) shall be based on the typical season end date agreed between the site and the certification body. In practice this will mean the occasional issue of a certificate with

a duration of more than 1 year.

Unannounced audits in year 2 may then occur at any date during the season and meet normal certification rules.

5 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 for a module will be available on the BRCGS website and on BRCGS Participate.

The modules can be added to any of the full certification audit options (i.e. announced, blended or unannounced).

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 no 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.

6 General protocol – post-audit

6.1 Communication with certification bodies

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

- legal proceedings with respect to product safety or legality, or that which significantly affects the operation of the site
- enforcement by authorities related to product safety or legality (e.g. an enforcement notice)
- product recalls, food safety-related product withdrawals, any significant public food safety incidents, or any significant regulatory food safety non-conformities
- significant damage to the site (e.g. natural disaster such as flood or damage by fire)
- change of ownership (see glossary)
- any significant change to the operation or scope
- significant staff changes or prolonged shutdowns (e.g. considerable staff losses or the loss of key product safety roles).

The certification body in turn shall take appropriate steps to assess the situation and any implications for the certification, and shall take 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 the certificate is not affected
- suspend certification pending further investigation
- require further details of the corrective action, root cause analysis and preventive action plan implemented 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 the certification status of a site shall be recorded in the BRCGS Directory.

In the event of an incident, the effectiveness of corrective and preventive actions

taken by the site will also be reviewed at the next scheduled BRCGS audit to confirm their implementation and continued effectiveness.

6.2 Position statements

During the lifetime of the Standard, the BRCGS technical advisory committee (TAC) (see Part IV) may be asked to:

- review the wording of a requirement in the Standard or protocol
- provide an interpretation for a requirement
- rule on the grading of a non-conformity against a clause.

The outcome will be published on the BRCGS website as a 'position statement'. Position statements are binding on how the audit and certification processes are carried out. They are considered to be an extension of the Standard.

Sites shall be aware of any published position statements relating to the Standard and, where necessary, ensure that the information is transferred into action. Non-compliance with a relevant position statement may result in a non-conformity against clause 1.1.9 or a specific clause of the Standard.

Position statements are published on the BRCGS website and on BRCGS Participate. They are also communicated electronically to companies and certification bodies (e.g. in bulletins and newsletters).

More information on the development and publication of position statements can be found in Appendix 9.

6.3 Extension to scope

Once certification has been granted, any subsequent changes that are required to be included in the scope of certification (e.g. additional significant products manufactured or processes undertaken by the site) 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 in the following circumstances:

- inclusion of manufacturing facilities not taken into account in the original audit
- inclusion of a new processing technology (e.g. canning of low-acid products where formerly only high-acid products were within scope)
- inclusion of new products which introduce a significant new risk to the facility (e.g. addition of a nut-based product to a previously allergen-free site).

A revisit is less likely where new products are extensions to the existing ranges produced on existing equipment.

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 programme.

Identified non-conformities should be documented and actioned within the normal protocol of the Standard (i.e. the company has 28 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 an 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 will 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 site 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.

6.4 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 Global Standards certification scheme and ISO/IEC 17065. Examples of these instances are:

- evidence that the site no longer complies with the requirements and protocol 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
- failure to fulfil contractual obligations (e.g. payment failure).

6.5 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 procedure of the relevant certification body 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.

It should be noted that where an appeal is made against a non-conformity, this does not delay or postpone the corrective action, root cause analysis or development of a preventive action plan (see section 2.3.2). The relevant information is still expected within 28 calendar days of the completion of the audit. In the event of an unsuccessful appeal, the certification body has the right to charge costs for conducting the appeal.

6.6 Surveillance of certificated companies

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

6.7 BRCGS logos

Achieving BRCGS certification is something of which to be proud. Companies that achieve certification and have no exclusions from their scope (see section 1.6.2) are qualified to use the BRCGS food logo on site stationery and other marketing materials. Note that the food logo shall not be used in promoting products purchased for resale by a site (traded products). Information and conditions relating to the use of the BRCGS logo is available from brcgs.com/resources/brcgs-brand-guidelines.

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 neither it nor any reference certification may be used on products or product packaging. Any certificated site found to be misusing the logo will be subject to the BRCGS complaints and referral process (see Part IV) and may risk suspension or removal of its certification.

The BRCGS logo may not be used by companies that do not include all products that are manufactured, processed, packed or labelled on site within the audit scope.

6.8 BRCGS Directory

The BRCGS Directory is the database of all audits conducted against a BRCGS Standard and all BRCGS-approvedcertification bodies and their auditors. The Directory hosts all audit reports and certificates in PDF format, including archived audit documents from 2008 onwards.

Audit data can be added to or edited on the Directory by BRCGS-approved certification bodies only. Audit reports and associated confidential content can only be accessed following secure sign-in.

Certification bodies are also responsible for maintaining all details about a site, including the site's name, address and contact details. All certification bodies are assessed and graded by BRCGS according to how quickly and accurately they update audit data.

The Directory also features a publicly accessible search function displaying certification data for currently certificated sites. Sites wishing to be excluded from public listing should contact their certification body.

6.8.1 Site code

All audited sites are allocated a unique 6-, 7- or 8-digit reference number known as a site code. Site codes are generated when a site record is initially created and

added to the Directory by a certification body. The site code remains unchanged, regardless of subsequent auditing certification bodies, Standard status or audit status.

Site codes can be located on the top right-hand corner of the first page of all audit reports and on corresponding certificates.

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

6.8.2 Audit-sharing

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

Once audit-sharing has been configured, customers can access the full current, archived and future audit documents (as they become available) without any further administration. An audit owner can cancel sharing at any time. Audit documents shared in the Directory cannot be edited or otherwise changed by the audit owner; therefore, audits obtained from the Directory can be considered as complete and authenticated.

6.8.3 Site-sharing

Only certification bodies authorised by the site owner can edit a site record. In the event of a transfer from one certification body to another, the new certification body must be given access to the site's records before a new audit can be added for that site or any edits to the site details can be made. Site-sharing can be arranged by the site owner on the Directory or by BRCGS upon request.

6.8.4 Notification emails

The 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.

6.8.5 Directory assistance and contacting BRCGS

For further information regarding the BRCGS Directory, including how to configure audit-sharing with a customer or site-sharing with a certification body, visit the BRCGS Directory and click on the 'Audit & Site Sharing' and 'Contact' tabs.

Part II Management and governance

1 Requirements for certification bodies

The Global Standard Food Safety 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.

The process of certification and accreditation is outlined in Figure 3.

In order for a business to receive a valid certificate on completion of a satisfactory audit, the organisation shall select a certification body approved by BRCGS. BRCGS lays down detailed requirements that a certification body shall satisfy in order to gain approval. As a minimum, the certification body shall be accredited to ISO/IEC 17065 by a national accreditation body affiliated to the International Accreditation Forum (IAF) and recognised by BRCGS. Further details are available in the document 'Requirements for organisations offering certification against the criteria of BRCGS' (BRCGS004), which is available on request.

Companies looking to become certificated to the Standard should assure themselves that they are using a genuine, approved certification body. A list of all certification bodies approved by BRCGS is available in the BRCGS Directory.

BRCGS recognises that in certain circumstances (for example, when new standards are introduced or there are new certification bodies wishing 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 shall be able to conduct audits as part of the accreditation process and so some unaccredited audits will be performed. This will be permitted where the organisation can demonstrate that:

- it has an active application for accreditation against ISO/IEC 17065 from an approved national accreditation body
- accreditation will be achieved within 12 months of the date of application, and the experience and qualifications of

the auditors in the relevant product categories are consistent with those specified by BRCGS

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

The acceptance of audit reports and certificates generated by certification bodies awaiting accreditation (but meeting the above criteria) is at the discretion

of individual specifiers. Full details of the BRCGS requirements for certification bodies and auditors are published separately from this document; copies are available from the BRCGS website or on request.

2 Requirements for accreditation bodies

2.1 General requirements

BRCGS recognises accreditation bodies that are signatories to the IAF Multilateral Agreement (MLA) for product certification and therefore work in accordance with the requirements of ISO/IEC 17011 'Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies'.

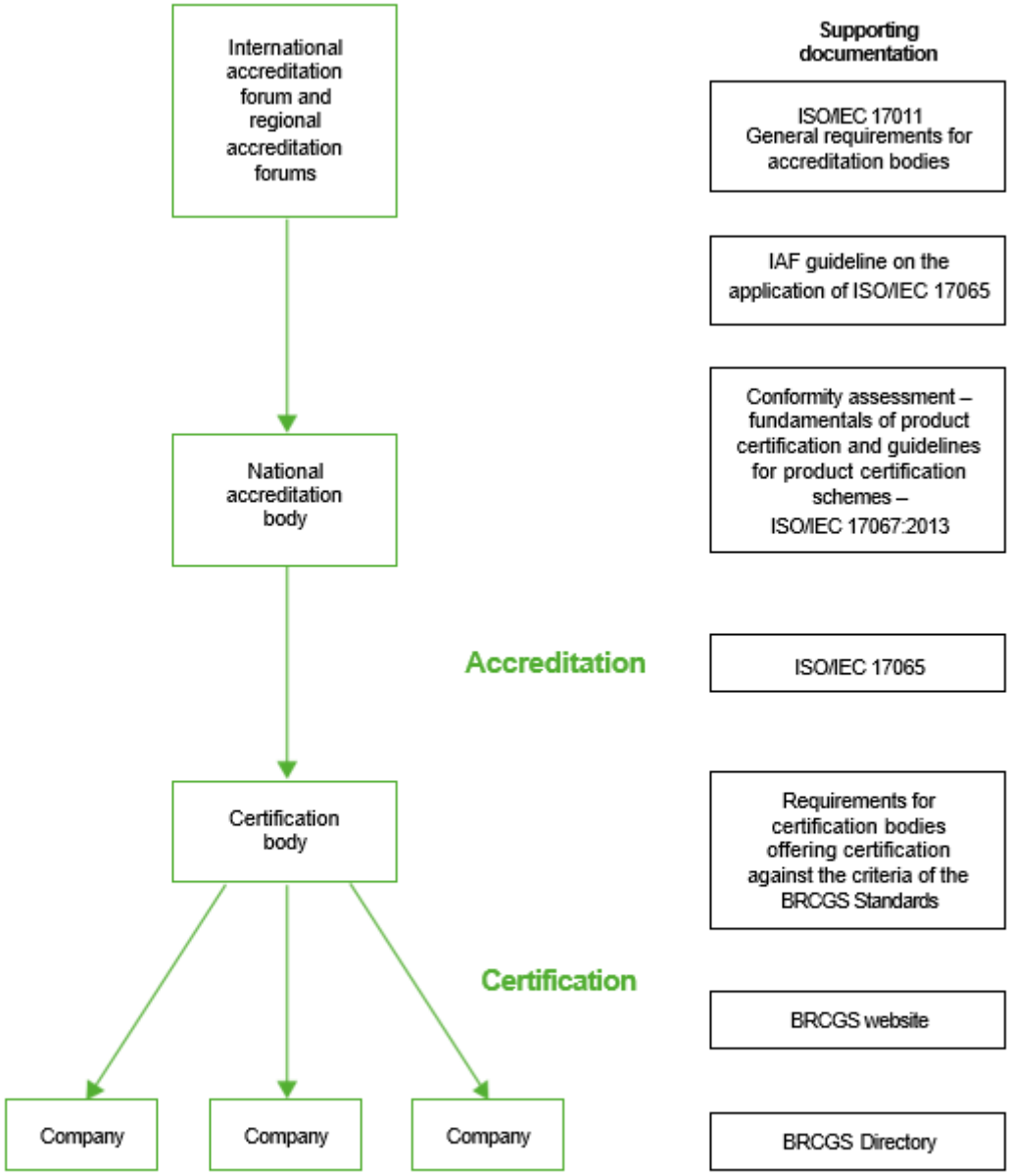

Figure 3 Process for the accreditation of certification bodies

2.2 Communication

Accreditation bodies shall have a working relationship with BRCGS, with interactive communication through a nominated contact within their organisation. BRCGS will:

- keep accreditation bodies up to date with relevant information and developments related to the certification programme
- provide an annual accreditation body conference

- share information through regular update bulletins
- provide specific data on its accredited certification bodies' performances.

Up-to-date information shall be available to BRCGS on initial and accreditation extensions granted, and any withdrawals or suspensions of accreditation of a certification body from the scheme. The scope of accreditation of the certification bodies shall be publicly available, up to date and defined in terms of the exact name of the Standard and its issue number.

Communications shall respect confidentiality requirements at all times.

2.3 Accreditation body personnel competencies

Accreditation body assessors shall have a working knowledge of ISO/IEC 17065:2012 and the Standard's normative

documents, as well as the food industry in general, to undertake their role.

BRCGS operates an 'Approved Training Provider' scheme where authorised trainers deliver BRCGS-developed training material together with a corresponding examination. This training may be optionally utilised.

Witness assessors shall be competent, have a working knowledge of, and be trained in, the Standard (either internally or externally), and have a recognised HACCP qualification.

Head office assessors shall, as a minimum, have a detailed knowledge of the Standard and its normative documents, having been trained internally or externally.

2.4 Accreditation processes

Accreditation bodies shall implement processes that aim to complete any initial application for accreditation to the Standard within 12 months. Unaccredited certificates can be issued during this time with no limit on maximum numbers. Accreditation shall be completed prior to the new issue of the Standard becoming 'live' (i.e. before the certification body issues any certificates).

Accreditation bodies shall be able to demonstrate an approach which ensures that the requirements of the BRCGS Global Standards are understood and effectively assessed as a part of the accreditation process.

Initial assessments shall include a head office assessment, with a review of at least two full certification processes for the Standard, as well as a minimum of one accreditation witness assessment.

During the surveillance of the 5-year accreditation cycle for accredited certification bodies, a head office assessment against ISO/IEC 17065 shall be completed annually. The sampling of activities and files shall sufficiently cover the breadth of activities conducted by the certification body, considering audit and

auditor volume, geography and product categories.

A minimum of one accreditation witness assessment every 2 years shall be completed. The planning and scheduling of activities shall be based on risk, taking into account the breadth of product categories, geography, and the audit and auditor volume held by the certification body.

3 Technical governance of the Standard

The Standard and associated scheme is managed by BRCGS with governance and technical advice provided through a number of committees (see Figure 4), each of which works to a set of defined terms of reference.

3.1 International advisory boards

The technical management and operation of the Standard is governed by BRCGS international advisory boards.

These consist of senior technical representatives of international retail and food manufacturing businesses in Europe, North America and Asia.

The functions of the advisory boards are to provide strategic advice on the development and management of the Global Standards and the activities to ensure the effective management of the certification bodies and audit process.

3.2 Technical advisory committee

Each Global Standard is supported by at least one technical advisory committee (TAC), which meets regularly to discuss technical, operational and interpretational issues related to the Standard. BRCGS provides the technical secretariat for these groups.

The TAC for the Global Standard Food Safety is made up of senior technical managers representing the users of the Standard and includes representatives of retailers, food manufacturers, trade associations for each sector, certification bodies and independent technical experts.

The Standard is reviewed every 3 years to assess the need for updating or the production of a new issue. This work is undertaken by the TAC, which is expanded for the purpose to include other available expertise.

The TAC also reviews auditor competence requirements, proposed training materials and supplementary technical documents supporting the Standards.

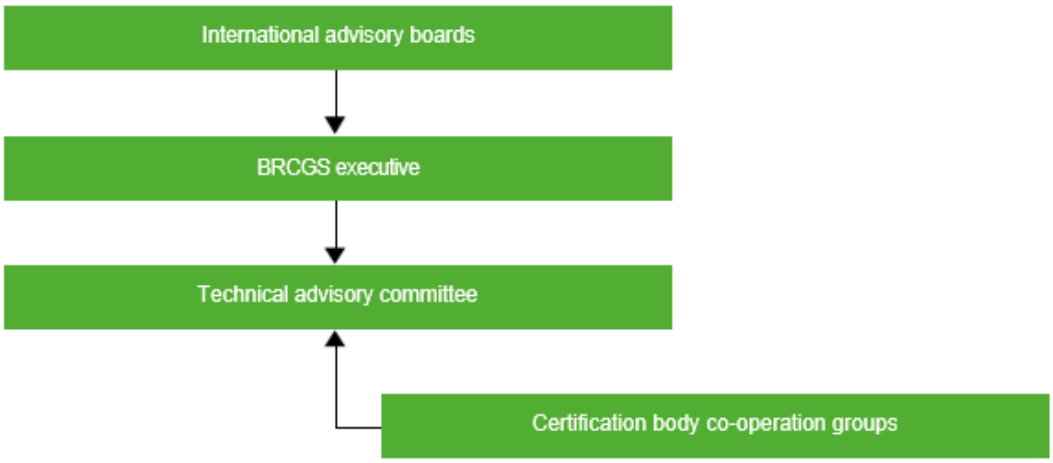

Figure 4 Technical governance structure for management of the Standard

3.3 The certification body co-operation groups

BRCGS encourages and facilitates meetings of the certification bodies participating in the scheme (co-operation groups) to discuss matters arising from the implementation of the Standard and issues of interpretation.

These groups report regularly to BRCGS on operational issues, implementation and suggested improvements. Representatives from the co-operation groups attend the TAC meetings.

3.4 Achieving consistency – compliance

The maintenance of a high and consistent standard of audit and certification, and the ability of the certificated sites to maintain the standards achieved at the audit, are essential to provide confidence in the scheme and the value of certification. BRCGS therefore has an active compliance programme to supplement the work of accreditation bodies and ensure high standards are maintained.

The Global Standards may only be certificated by certification bodies registered and approved by BRCGS and accredited by an accreditation body recognised by BRCGS. All auditors undertaking audits against the Standard shall meet the BRCGS auditor competency requirements and shall be registered with BRCGS. All audits undertaken against the Standard shall be uploaded to the BRCGS Directory, which provides BRCGS with an oversight of the activity of the certification bodies and the opportunity to review the quality of the reports produced.

To support the Standard, BRCGS operates a compliance programme which reviews the performance of the certification bodies, samples the quality of audit reports, assesses the levels of understanding of the scheme requirements and investigates any issues or complaints. As part of this programme, BRCGS provides

feedback on the performance of each certification body through a key performance indicator (KPI) programme. The results are publicly available as a 1–5-star rating of each certification body that is listed in the BRCGS Directory.

BRCGS audits the offices of certification bodies and accompanies auditors at site audits to observe their performance. BRCGS also undertakes independent visits to certificated sites to ensure that standards of food safety and quality are being maintained in line with their certification status and that the audit and reporting process are to the expected standard.

3.5 Calibrating auditors

A key component of the scheme is the calibration of 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.

3.6 Feedback

Companies audited against the Standard may wish to provide feedback to the certification body or BRCGS on the performance of the auditor. Such feedback sent to BRCGS will be considered in confidence. Feedback provides a valuable input to the monitoring programme for certification body performance.

All audited sites are also invited to complete a feedback survey which is treated confidentially.

3.7 Complaints

BRCGS has implemented a formal complaints process, which is available to organisations involved with the BRCGS Global Standards. Details of the BRCGS complaints process can be found on the BRCGS website. Complaints can be reported confidentially on the Tell BRCGS reporting system.

From time to time, failure to apply the principles and criteria of the Standard at certificated sites may be reported to BRCGS by, for example, retailers and companies conducting their own audits. In this event, BRCGS will conduct an investigation which may include, as appropriate, a visit to the site by BRCGS, either announced or unannounced, or a request to the certification body to investigate; this may also include a visit to the site. BRCGS will require a full investigation of the

issues raised, and a report from the certification body will be submitted to BRCGS within 28 calendar days (or a shorter time in urgent cases).

Part III Position Statements

1 POSITION STATEMENT – 1

Change to clause 1.1.10:

Where the site is certificated to the Standard, it shall ensure that announced recertification audits occur on or before the audit due date indicated on the certificate. **It is the site's responsibility to ensure that all requirements are in place to ensure the unannounced audit can be undertaken in accordance with the protocol.**

Certification bodies will discuss audit options with sites and notify them which year an unannounced audit will take place (the actual date of the unannounced audit will not be communicated to the site). This discussion must occur within 3 months after the last audit, to ensure that the site knows if an unannounced audit will take place in the coming year.

It is the site's responsibility to ensure that all requirements are in place to ensure the

unannounced audit can be undertaken in accordance with the protocol, and this includes agreeing contractual terms with the certification body in advance of the start of the 4 month window, and keeping the certification body up to date on changes that may affect this planning, such as maintenance shutdowns.

Where the site has not made adequate arrangements with the Certification Body in due time prior to the start of the 4 month audit window, the audit due date will be shifted to accommodate the 'late start' and the unannounced audit may be completed at any time in the next 4 months. Sites should acknowledge that their current certificate may therefore expire. In addition, a major non conformity shall be awarded. Certification Bodies shall inform BRCGS through the usual concession process.

Sites that have changed (or are planning to change) certification body should refer to Position statement 10 below.

Effective: 1 May 2024

2 POSITION STATEMENT – 2

Changing certification body

There are a number of arrangements to be made by both a site and its chosen Certification Body to ensure a BRCGS audit is undertaken to the correct protocol.

The protocol requires that within 3 months of the previous audit date, the site either opts into the voluntary unannounced programme or if within the announced or

blended announced programme that the certification body will communicate to the site whether the next audit will be announced or unannounced.

A site may choose to change to a different certification body from its current certifying body, however, changes will **not be permitted in the last 4 months of the audit window, whether an unannounced audit is scheduled or not, unless agreed in writing with BRCGS through the Certification Body concession process.**

Effective: 1 May 2024

3 POSITION STATEMENT – 3

Update to Appendix 10 Glossary of terms

Definition of 'initial' audit

Currently, the BRCGS Food Safety Standard Issue 9 defines an Initial audit as "The BRCGS audit at a company/site which is not in possession of a valid BRCGS certificate. This may be the first audit at a site or a subsequent audit of a site whose certification has lapsed."

This definition has been updated to-

Initial audit- "The first BRCGS audit at a specific site address or audit carried out at a site where the previous certificate has lapsed for more than 24 months."

It should be noted that this change impacts the requirement for an unannounced audit to be undertaken at least once in every 3 years. This three year cycle will continue irrespective of a lapse in certification as specified for 24 months.

Effective: 1 January 2024