



POLICY FOR AUDITING & CERTIFICATION TO FSSC 22000

In addition to the General Policy which applies to all Standards, this policy describes interpretations of the requirements for auditing and certification of food safety management systems to FSSC 22000 made by TQCSI's Certification Approval Panel. It complements TQCSI Work Instruction 54 (FSSC 22000) which should also be referred to by auditors when auditing clients' food safety management systems.

Minor nonconformities are to be raised where a requirement of the System is not met, however it does not affect the capability of the management system to achieve intended results (ie safe product or effectively control the process for which it is intended) such as:

- a requirement of a PRP has not been met (eg one of the overhead structures contained a build-up of dust, one of the food processing benches has not been listed on the cleaning program, etc)
- a requirement of the ISO 22000 Standard or FSSC Additional Requirements has not been met (eg there is no evidence that responsibilities and authorities have been communicated to a staff member)
- there is a very low percentage of missing entries found for the monitoring of a critical control point
- there is a very low percentage of missing entries found for the monitoring of OPRPs
- a minor variation in microbiological testing or environmental swabbing has not been undertaken in accordance with the established Verification Schedule
- the correct methodology is not followed for hazard analysis and/or categorisation of control measures.

Major nonconformities are to be raised where there is a failure of the FSMS which raises doubt about the capability of the System to achieve intended results (ie safe product or effectively control the process for which it is intended) such as:

- failure to document or implement FSMS requirements effectively
- FSMS failure with a direct impact on the safety of food
- evidence of a situation which raises a doubt as to the safety of the food and/or unsafe product without any measure taken to control the concerned potentially unsafe product
- a number of requirements within the FSMS system process or section are found to not meet requirements indicating there is a breakdown and raising doubt in the FSMS
- failure to resolve food safety relevant issues in a timely manner
- the monitoring of critical limits for critical control points or action criteria for operational prerequisite programs does not provide sufficient confidence in the safety of food or seriously contravenes the Hazard Control Plan
- the agreed action plan to address a minor nonconformity has not been implemented within the agreed timeframe.

Critical nonconformities are to be raised where food safety is directly impacted or when the integrity of certification or relevant legislation is at stake:

- there is a significant breach of legislation or a regulatory compliance
- proven falsification of records or
- observed product contamination.

Timeframe for critical nonconformances

For critical nonconformities, certification will be immediately suspended for a maximum period of six months. A Follow-Up Audit will then be conducted to verify the closure of the critical nonconformity.

General:

- Verification activities should include microbiological testing of:
 - shelf life if the client determines the shelf life
 - end product at least six monthly for all pathogens that could be reasonably be expected
 - the environment at least six monthly (eg microbiological swabbing of food contact surfaces, etc).
- Records of CCP monitoring must be retained on file for at least three years.
- Thermometers/thermostats and scales that are used to monitor CCPs are to be checked/calibrated in a manner that is traceable to national standards. This would normally require a certificate of compliance (traceable to national standards) to be held for each device or a certificate of compliance (traceable to national standards) to be held for a reference device which is then used to check other devices against (verification of this checking must be retained). Ice and boiling point checks may be used to supplement the checking of thermometers/thermostats but not be used in lieu. The period of check/calibration is normally 12 monthly but this can be varied with reasonable verification or if indicated otherwise on the respective certificate of compliance.
- OPRP/CCP decision risk assessment – the Hazard Worksheet (or similar) is used to decide if a potential hazard is significant or not and that decision is used in the OPRP/CCP Worksheet (or similar) to determine if the *significant* hazard should be treated as an OPRP or CCP. Essentially, the net result from the risk assessment is a binary value (ie significant or not) and, consequently, to have risk criteria other than ‘high’ or ‘low’ for likelihood and severity is meaningless. Clients are not encouraged to have more complex risk assessment criteria than ‘high’ or ‘low’.

Approved: *original signed*

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