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POLICY FOR AUDITING & CERTIFICATION TO ISO 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 ISO 22000 made by TQCSI's Certification Approval Panel. It complements TQCSI Work Instruction 41 (ISO 22000 & HACCP) which should also be referred to by auditors when auditing clients' food safety management systems.

A **minor nonconformance** is to be raised where:

- a discrepancy which has the potential to have a significant impact on the effectiveness of the FSMS has not been addressed since being raised at a previous audit
- a serious discrepancy or a number of like discrepancies indicate there is a breakdown in part of the FSMS or the safety of food is potentially jeopardised
- monitoring of critical limits for critical control points or action criteria for operational pre-requisite programs does not provide sufficient confidence in the safety of food or the integrity of the FSMS
- there is a significant breach of legislation or a regulatory requirement
- microbiological testing or environmental swabbing has not been undertaken in accordance with the HACCP Verification Schedule
- the correct methodology is not followed for hazard analysis
- control measures are not categorised to be managed as OPRPs or CCPs using a systematic approach.

A **major nonconformance** is to be raised where:

- the agreed action plan to address a minor nonconformance has not been implemented within the agreed timeframe
- a very serious discrepancy or a number of like discrepancies indicate there is a total breakdown in the FSMS or there is direct evidence of food safety being jeopardised
- monitoring of critical limits for critical control points or action criteria for operational prerequisite programs seriously contravenes the established Hazard Control Plan
- there is a very significant breach of legislation.

Timeframe for major nonconformances

When a major nonconformance is raised, the respective Audit Team Leader or General Manager is to consider the risk when deciding on the time frame for the client to satisfactorily address the nonconformance. The time frame is not to be greater than three months (unless initial certification is being sought) but is to be much shorter if there is a risk to public safety. As a guide:

- major NCR related to document control, management review, training etc - 3 months
- major NCR related to CCP/OPRP monitoring - 2 months

- major NCR related to food safety - 1 month
- major NCR posing an immediate or serious threat to public safety – 2 days.

General:

- ISO 22000 verification 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.
- Laboratories used for food and water testing must be certified/accredited by the relevant national authority (eg NATA in Australia). Certificates of Analysis (COA) do not necessarily need to be generated from a nationally accredited laboratory providing the client has reasonable assurance in the integrity of the respective laboratory test results.
- OPRP/CCP decision risk assessment – the Hazard Worksheet (or similar) is used to decide if a potential hazard is a *significant* risk or not and that decision is used to decide whether the hazard is to be entered into the OPRP/CCP Worksheet (or similar) for analysis. 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: ***authorised through TQCSI Track, Documentation***

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