IQCS International LLP	PROCEDURE ON FOOD SAFETY MANAGEMENT SYSTEM CERTIFICATION, QSP/10
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Page 1 of 34	Revision Date: 31/12/2024

Revisions done: The designation changes indicated in the QSP
Date of revision: 31/12/2024

Latest revision and issue done on 30/09/2024

The QSP/10, Food Safety Management System Certification, revised on 20/12/2023, Issue 2, revision number 2 will be revised to include the Stage I report submission in specific format to the client within 5 days of completion of the Stage I audit. The scope and exclusions are added. Application review format adherence added.

Revisions done

Date of revision- 20/12/2023

Revisions done based on ISO 22003-1: 2022

Revision details:

1. **Important points to be considered while finalizing scope added as new version**
2. **Stage I and Stage II audit objectives added**
3. **Reporting of Stage I is reduced to brief reporting including concerns**
4. **Audit program revised as per the ISO 22003-1: 2022**
5. **Audit time**
6. **Audit team composition requirements added as per ISO 22003-1: 2022**
7. **Audit preparation and audit planning amended as per ISO 22003-1: 2022**
8. **Opening and closing meeting**
9. **Non-conformity**
10. **Audit report**

Note: IQCS International LLP is termed as IQCS LLP in the procedure.

PROCEDURES ON FOOD SAFETY MANAGEMENT SYSTEM CERTIFICATION, QSP/10

PURPOSE

This procedure describes the roles, responsibilities and processes in a IQCS LLP according to ISO 17021-1: 2015 & ISO 22003-1: 2022 involved in the certification of Food Safety Management Systems (FSMS).

The certification process consists of the phases:

- contract review and offer preparation,
- audit preparation,
- audit stage 1,
- audit stage 2,
- issue of the certificate, and
- Surveillance of the certified management system.

The procedure is repeated with each recertification, with the exception of the audit stage 1, which is replaced in the recertification by the confirmation of the calculation of the audit effort /audit program. Recertification audit activities may need to have an audit stage 1 in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes in legislation).

Purpose and conditions in certification process;

The purpose of this procedure is for certification of companies manufacturing, selling, packing, relabelling units etc.

We do not certify any other IQCS LLP for its food safety or its quality management system.

The IQCS LLP and any part of the same legal entity and any entity under the organizational control of the IQCS LLP will not offer or provide management system consultancy. This also applies to that part of government identified as the IQCS LLP.

This does not preclude the possibility of exchange of information (e.g. explanation of findings or clarification of requirements) between the IQCS LLP and its clients.

IQCS LLP will not provide consultancy services in management systems for clients certified by IQCS LLP in Food Safety Management System. More details are given in the risk analysis document, A/18.

The carrying out of internal audits by the IQCS LLP and any part of the same legal entity to its certified clients is a significant threat to impartiality. Therefore, the IQCS LLP and any part of the same legal entity and any entity under the organizational control of IQCS will not offer or provide internal audits to its

certified clients. A recognized mitigation of this threat is that the IQCS LLP will not certify a management system on which it provided internal audits for a minimum of two years following the completion of the internal audits. The risk related to the internal audits are documented in the risk analysis document, A/18.

Where a client has received management system certification from a body that has relationship with IQCS LLP, this is a significant threat to impartiality. IQCS LLP will not certify the management system for a minimum of two years following the end of consultancy.

IQCS LLP will not outsource audits to a management system consultancy organization, as this poses an unacceptable threat to the impartiality of the IQCS LLP. This does not apply to individuals contracted as auditors.

Our activities are not marketed or offered as linked with the activities of an organisation that provides management system consultancy. IQCS LLP shall take actions to correct inappropriate link or statements by any consultancy organization stating or implying that certification would be simpler, easier, faster or less expensive if the IQCS LLP were used. We do not sate or imply that certification would be simpler, easier, faster or less expensive if a specified consultancy organisation were used.

In order to ensure that there are no conflicts of interests, personnel who have provided management system consultancy, including those acting in a managerial capacity, will not be used by IQCS LLP to take part in audit or other certification activities if they have been involved in management system consultancy towards the client. A recognized mitigation of this threat is that personnel will not be used for minimum of two years following the end of consultancy.

The IQCS LLP will take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organizations.

The IQCS LLP personnel, either internal or external, or committees, who could influence the certification activities, shall act impartially and shall not allow commercial, financial or other pressures to compromise impartiality.

Certification bodies will require personnel, internal and external, to reveal any situation known to them that can present them or the IQCS LLP with a conflict of interests. Certification bodies shall record and use this information as input to identifying threats to impartiality raised by the activities of such personnel or by the organizations that employ them, and shall not use such personnel, internal or external, unless they can demonstrate that there is no conflict of interest.

PROCEDURES

This procedure applies to IQCS LLP and its Internal/External auditors.

I Audit programme:

An audit programme is planned for the full certification cycle, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits.

The audit programme for the audit activities, including audit activities conducted remotely, to allow for the necessary arrangements for each audit to be managed. The programme shall be clear with respect to the individual activities (e.g. audit, testing and inspection) but shall take into account that the individual activities are not always distinguishable from each other when conducted on-site.

The IQCS LLP shall have checked the audit timing and season using application review, so that the audit team has the opportunity of auditing the organization operating on a representative number of products and processes covered by the scope using the criteria of the certification scheme, in any.

The application review format shall be strictly followed to determine the number of HACCP studies, number of manpower, scope statement, number of sites, exclusions, category and subcategories.

The audit programme shall include an initial audit, surveillance audits in the first and second years, and a recertification audit in the third year prior to expiration of certification. The three-year certification cycle begins with the certification or recertification decision. The determination of the audit programme and any subsequent adjustments shall consider the size of the client organization, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits.

II Audit time;

In determining and documenting the audit time needed, IQCS LLP considered the following;

a) the time for audit preparation;
b) the minimum duration for auditing for each site for on-site or remote auditing, as specified in clauses B.2 and B.3 and Table B.1;
c) the time for reporting and, if applicable, conducting post-audit activities;
d) the number of auditors per audit day balanced with the organization's resources;
e) where additional meetings are necessary (e.g. review meetings, coordination, audit team briefing),
    1. an increase in audit time can be required;
    2. where applicable and agreed, the time needed to ensure effective remote auditing or use of
    3. information and communication technology (ICT).

More details are given in QSP/16, determination of audit time calculation and multisite sampling QSP/14.

III Audit Stage 1:

The Stage 1 audit is basically performed on site. If the Stage 1 audit is not carried out in particularly justified cases - e.g. the management system of the organization is already known through audits according to other standards – the justification must be fixed in writing and recorded in the audit documentation.

The additional objectives of the stage 1 for FSMS are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization's FSMS and the organization's state of preparedness for stage 2 by reviewing the extent to which:

Stage I objectives;

The objectives of stage 1 are to provide a focus for the planning of stage 2 of the initial audit by gaining an understanding of the organization's FSMS and the organization's state of preparedness for stage 2 by reviewing the extent to which:

a) the organization has identified PRPs that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements);
b) the FSMS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations);
c) the FSMS includes adequate processes and methods for the identification and implementation of relevant food safety legislation;
d) the FSMS is designed to achieve the organization's food safety policy;
e) the FSMS implementation programme justifies proceeding to stage 2;
f) the validation of control measures, verification of activities and improvement programmes conform
to the requirements of the FSMS standard;
g) the FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties;
h) there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance.
i) Where an organization has implemented externally developed elements of a FSMS, stage 1 shall review the documentation included in the FSMS to determine if the combination of control measures:
— is suitable for the organization;
— was developed in conformity to the requirements of ISO 22000 or other sets of specified FSMS requirements;
1. — is kept up to date

The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.

For FSMS, the stage 1 shall be carried out at the client's premises in order to achieve the objectives stated above. The Stage I audit plan shall be sent to the client 3 days in advance of the audit. The Stage I audit plan shall be prepared by the team leader after review of the application review form.

In exceptional circumstances, part of stage 1 can take place off-site and shall be fully justified. The evidence demonstrating that stage 1 objectives are fully achieved shall be provided. Exceptional circumstances can include very remote location, short seasonal production.

For FSMS, stage 1 shall be carried out at the client's premises in order to achieve the objectives stated above. In exceptional circumstances or events, all or part of stage 1 can take place off-site or remotely through the use of ICT and shall be fully justified. The evidence demonstrating that stage 1 objectives are fully achieved shall be provided.

The Stage I team leader shall ensure that the Stage I audit report, form number, FSMS/F04A/1 is strictly followed for each Stage I audit. The Stage I report submission in specific format to the client within 5 days of completion of the Stage I audit.

Before planning Stage II, the Stage I audit concerns and conclusions shall be thoroughly reviewed by the audit team leader and team members. The scope shall be clearly mentioned in the Stage I report and the scope shall be approved by the client, 10 days before the Stage II audit.

IV Audit Stage 2:

On-site assessment of the implementation and effectiveness of management system; this will be the basis of issuance of certificate.

In stage 2 the all audits in stage I may not be done again but implementation effectiveness shall be verified. The Stage I audit findings closure shall be indicated in the Stage II audit report clearly. Stage II shall be focused on compliance and effectiveness of implementation.

Stage II audit objectives

The audit objectives shall describe what is to be accomplished by the audit. They shall include the following;

- To confirm that the management system conforms with all the requirements of the audit standard(s);
- To confirm that the organization has effectively implemented its planned arrangements;
- To confirm that the management system is capable of achieving the organization's policies and objectives and evaluation of the ability of the management system to ensure the client organization meets applicable statutory, regulatory and contractual requirements;
- If applicable to identify areas for potential improvement of the management system.
- To evaluate the implementation, including effectiveness, of the client's management system including;

a) information and evidence about conformity to all requirements of the applicable management system standard or other normative document;
b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
c) the client's management system and performance as regards legal compliance;
d) operational control of the client's processes; e) internal auditing and management review;
f) management responsibility for the client's policies;
g) links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document), any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions

- h) compliance with contractual obligations

Completion of audit:

Last day of stage 2 audit is typically the day of the final closing meeting.

Surveillance Audit:

Periodic audit performed to ensure that the organization still meets the food safety management system requirements; the implementation and effectiveness to the organization. The objective is maintenance of the certificate.

Re-Certification Audit:

Review of overall management system implementation and effectiveness in the organization with respect to new issue of the certificate.

Extension Audit:

Evaluation of the effective management system at a certain location; the objective is to change the scope of the certificate.

Short-notice Audit:

Audits of certified clients at short notice to investigate complaints, or in response to changes, or as follow up of suspended client certifications.

Scope of the certification

The scope of the certification includes the areas of activity, products/services and processes of the organization.

In case of including design and development in the scope of the management system the audit documentation and the certificate shall include design and development.

e) The scope statement important factors to be considered;

- The scope statement shall not be misleading, it shall be a clear, concise, and unambiguous statement that describes the main types of processes/activities, product types and/or services that are supplied/undertaken by the certified organization. The scope of certification shall be within the scope of the scheme, and shall have been audited by the CB. The audit report shall contain sufficient objective evidence to support the full scope of certification.
- ISO 22000:2018 FSMS is a management system certification and not a product certification. Therefore, listing all individual products/processes or services is not recommended.
- Applied technologies that impact food safety shall be included (e.g., sterilization, pasteurization, fermentation, drying) but not all individual process steps (e.g. receiving raw materials, storing raw materials, mixing, proofing, baking).

1. The type of packaging shall be mentioned when it has a vital function in food safety (e.g., vacuum packaging, MAP packaging) and/or when there is a potential impact on food safety (e.g. glass).
2. Not include promotional statements or claims, as per ISO 22003-1:2022, clause 9.1.2.3. Claims being any message or representation, which is not mandatory under legislation, and which suggests that the product or service has particular characteristics. Examples are health claims, nutritional claims, origin claims, free-from claims (e.g. allergen free claims), organic, quality claims;
    a. Where an organization makes such claims, they shall be investigated when they are part of the FSMS but shall not appear in scope statement;
3. Brand names are not allowed as this might suggest product certification;
4. Be in English, but another language may be added in addition (e.g. the native language of the country of the certified organization);
5. Not include subcontracted or outsourced processes outside the organization's legal responsibility and control. Where products or processes are subcontracted or outsourced, the requirements of ISO 22000:2018 clauses 7.1.6 and 8.1 still apply and objective evidence shall be recorded in the audit report;

1) Not include company names;
2) Not contain terms such as "etcetera" or "etc."
3) Shall not include activities such as trading, broking, unless subcategory FII applies;
4) Not include reference to products, processes or services related to non-food/feed (e.g. shall

not refer to pharmaceutical and self-medication products, tobacco, cosmetics, household and personal care products, ink*). *This does not include ink that is applied directly to a foodstuff e.g., ink used to date code the shell of an egg, as this ink may be certified;

5) Not contain exclusions for activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined by the legal responsibility of the organizations' activities (ISO 22003-1:2022 9.1.2.3); Where permitted exclusions apply, this shall be motivated in the report and the certificate shall reference the exclusion as part of the scope statement; the scope statement on the certificate shall indicate "Exclusions apply: (excluded product(s)/process(es)/service(s))";
6) Not contain Development and Design as separate activity. These activities are only allowed when part of a processing or manufacturing activity covered by the FSSC 22000 scope of certification and part of the same legal entity;
7) Storage, warehousing, & distribution, delivery, supply, and dispatch operations (on or off site), may only be added to the manufacturing scope (categories BIII, C, D, I and K) statement in cases where these are:
    - dedicated to the company's own production;
    - included within the audited food safety management system; and
    - part of the same legal entity (i.e., owned by the organization).
8) The word "sales" is not allowed: A manufacturer will always have sales activities, as they will need to sell their products (primary reason for being in business). However, there are no provisions or specific requirements in the food manufacturing standard for the sales process, therefore is not auditable and cannot appear in the scope statement. The same requirement applies to words equivalent or similar to sales such as marketing, exporting and or importing.

Nonconformity:

Nonconformity is the non-fulfilment of one requirement of the standard.

Two types of nonconformities:

a) Major non-conformity:

A nonconformity that limits the ability of the management system to achieve its intended results. Nonconformities can be categorized as major

- If there is considerable doubt that efficient process control is in place or that products or services fulfil the specified requirements;
- If several minor nonconformities which relate to the same requirement or the same problem could represent a system-related failure and therefore result in a major nonconformity.

b) Minor non-conformity:

Nonconformity that does not limit the capability of the management system to achieve the intended results.

Follow-up Audit:

On-site assessment of the implementation and effectiveness of corrections and corrective actions for nonconformities issued during the audit.

Evaluation of documentary evidence:

Off-site assessment of the implementation and effectiveness of corrective actions in connection with nonconformities identified during the audit. The assessment is carried out by means of documents that are submitted (documents or records).

Correction:

Action to eliminate a detected nonconformity

Corrective Action:

Action to determine the cause of nonconformity

Audit day:

An audit day comprises 8 hours (net). Where it seems useful, a 10 hours audit day might be accepted.

Appointed Person:

Appointed individuals to perform a defined task on behalf of IQCS LLP's head (CEO), or director.

Observers:

The presence and justification of observers during an audit activity shall be agreed to by the IQCS LLP and client prior to the conduct of the audit. The audit team shall ensure that observers do not influence or interfere in the audit process or outcome of the audit.

Note: Observers can be members of the client's organization, consultants, witnessing accreditation body personnel, regulators or other justified persons.

Guides:

Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit.

4. RESPONSIBILITIES

4.1 Director, QA is responsible for:

- Awarding the certificate.

CEO, Technical Committee is responsible for

- selection and appointment of auditors, senior auditors.
- Review and approval of certification files with regard to content and adherence to the rules, involving competent auditors if necessary. These employees/staffs must not have been part of the certification process activities.

4.2 Auditors responsibilities

Auditors are responsible for the proper conduct of the certification process in line with this procedure.

Mentoring, Onsite monitoring and authorization for auditors;

1. Auditors will be given mentoring audit onsite by experienced hygiene rating auditor for a minimum of 1 audit before issuing the authorization to conduct audit in IQCS.
2. The audit will get monitored by the experienced auditor during the onsite audit and report of monitoring will be submitted to IQCS.
3. The auditor shall ensure that the opening meeting and closing meeting is done in each audit and records of the same shall be maintained.
4. The auditor shall collect formats of audit schedule, confidentiality agreement, opening and closing meeting agenda audit checklist in hard copy/google form and customer satisfaction forms shall be collected from IQCS office.
5. The audit plan/schedule shall be circulated to the auditee in email/whats app form to the FBOs.
6. The checklist shall be filled in the premises of FBO and keep it as auditor notes.
7. The non-conformities, if any shall be noted in the NC form. The observations shall be noted in the audit checklist.

8. The competency criteria are given in the HR manual we have a process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, taking into account the competence needed to achieve the objectives of the audit and requirements for impartiality. If there is only one auditor, the auditor shall have the competence to perform the duties of an audit team leader applicable for that audit. The audit team shall have the totality of the competences identified by the IQCS LLP as set out in 6.1.2 for the audit.

Within the audit team, the lead auditor has the following additional responsibilities:

- **Determination of scope of the management system in agreement with customer.**
- **Determining if the Stage 1 Audit can be performed on site during the same period as the Stage 2 Audit. Approval by the CEO is needed for this purpose.**
- **In deciding the size and composition of the audit team, consideration shall be given to the following:**
  - **a) audit objectives, audit scope, criteria and estimated audit time;**
  - **b) whether the audit is combined, joint or integrated;**
  - **c) the overall competence of the audit team needed to achieve the objectives of the audit;**
  - **d) certification requirements (including any applicable scheme, statutory, regulatory or contractual requirements);**
  - **e) language and culture.**

- Auditors-in-training may participate in the audit, provided an auditor is appointed to supervise. The supervising auditor shall be competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training.
- The audit team leader, in consultation with the audit team, shall assign to each team member
- responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments
- shall take into account the need for competence, and the effective and efficient use of the audit team,
- as well as different roles and responsibilities of auditors, auditors-in-training and technical experts.
- Changes to the work assignments may be made as the audit progresses to ensure achievement of the audit objectives.
- The audit team leader, in consultation with the audit team, shall assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments shall take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts.
- Assessment of the calculation of audit effort /audit program. Assessment contains:
  - Audit effort (no. of employees, grounds for reduction),
  - scope,
  - sites

- nonconformity management.

- Drafting of an audit plan and report for the Stage 1 audit including assessment of the MS documentation in the case of first certification.
- Evaluation of the previous period (last 3 years) in the case of recertification audits. In addition, evaluation of the MS documentation with report in the case of significant changes to the MS documentation.
- Drafting of the audit plan and the report for the Stage 2 audit in cooperation with the audit team.
- Documentation of audit findings and any nonconformity in consultation with the audit team.
- Recommendation for issue / maintenance of the certificate or required corrective action or extension of its scope.
- Submission of the complete certification documents to the IQCS LLP in good time for release (at the latest 2 months after the end of audit or after completing the nonconformity management).

In case of a revised calculation of the audit effort / audit program the auditor is responsible for the new calculation.

4.3 Technical experts, translators, interpreters, observers and auditors-in-training

Technical experts, translators, and interpreters can be employed to complete competence requirements for an audit team. They always act under the direction of the audit team leader.

The time spent by any team member that is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and auditors-in-training) shall not count in the above established audit time.

The presence and justification of observers during the audit activities shall be agreed to by the IQCS LLP and client prior to the conduct of the audit. The audit team shall ensure that observers
do not unduly influence or interfere in the audit process or outcome of it. Observers can be members of the client's organization, consultants, witnessing accreditation body personnel, regulators or other justified persons.

7.4.2.3.2 Technical experts
The role of technical experts during audit activities shall be agreed to by the IQCS LLP and client prior to the conduct of the audit. A technical expert shall not act as a member of the audit team (e.g. auditor). The technical experts shall be accompanied by a member of the audit team. The technical experts can provide advice to the audit team for the preparation, planning or conducting of the audit.

7.4.2.3.3 Guides
Each audit team member shall be accompanied by a guide, unless otherwise agreed to by the team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The team shall ensure that guides in their role as guide do not influence or interfere with the audit process or outcome of it.

The responsibilities of a guide can include:

a) establishing contacts and timing for interviews;
b) arranging visits to specific parts of the site or organization;
c) ensuring that rules concerning site safety and security procedures are known and respected by the audit
team members;
d) witnessing the audit on behalf of the client;
e) providing clarification or information as requested by an audit team member.

4.4 Certification service

The employees of the certification service maintain and update the pool of auditors with regard to all IQCS LLP's auditors.

They prepare the issue of the certificates and send them to the customers. They file the certification records.

5. PROCEDURES

The process is initiated when an applicant makes an inquiry or an order is received through sales activities. The applicant is informed of the basic certification process.

Customer Inquiry / Drafting of Offer/Application review

IQCS LLP conduct a review of the application and supplementary information for certification to ensure that;

The IQCS LLP shall conduct a review of the information obtained (see 7.2) to ensure that:

a) the information about the client its products/processes/services and its FSS, including the sites of the client's operations, and any other points influencing the certification activity (language, safety conditions, etc.), is sufficient for the conduct of the certification process;

b) any known difference in understanding between the IQCS LLP and the client is resolved, including agreement regarding standards or other normative documents;

c) the scope of certification sought is defined;

d) the means are available to conduct audits;

e) the IQCS LLP has the competence and capability to perform the certification activity.

d) the scope of certification sought, the site(s) of the applicant organization's operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.).

The Questionnaire/Application Form for the preparation of Proposal and the Certification Procedure is sent to the applicant so that an offer can be prepared and is completed either by the applicant or with the support of IQCS LLP's staff. Based on the information from the application form, the costs and times are calculated, the audit programme (calculation of the audit effort/ audit program) defined. The offer is completed and after acceptance, a contract is concluded with the applicant.

IQCS LLP ensure an authorized representative of the applicant organization to provide the necessary information to enable it to establish the following:

a) the desired scope of the certification;

The IQCSP LLP shall determine the relevant scope of certification for the organization applying for certification using Annex A unless the scheme provides specific categories or subcategories.

b) The IQCS LLP shall identify the category(s) or subcategory(s) in scope of certification for each site or sites by briefly describing the main types of products and processes for the products and/or services that are evaluated by the IQCS LLP.

c) The defined scope of certification shall not:

d) — be misleading;

e) — exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined by the legal responsibility of the organisations' activities;

f) — include any promotional statements, brands or claims that are not in the scope of the certification

g) scheme.

b) relevant details of the applicant organization as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;

c) identification of outsourced processes used by the organization that will affect conformity to requirements;

d) the standards or other requirements for which the applicant organization is seeking certification;

e) whether consultancy relating to the management system to be certified has been provided and, if so, by whom.

When the IQCS LLP declines an application for certification as a result of the review of application, the reasons for declining an application shall be documented and made clear to the client. The audit team

leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to the IQCS LLP.

The audit process begins following the conclusion of the certification agreement and is divided into:

- audit preparation and planning,
- audit performance,
- documentation of the audit results.

After a positive certification decision, the certificate is granted and the process of monitoring the application of the certification and management systems, and therefore monitoring of the validity of the certificate, begins.

5.2 Audit Preparation

An audit team is appointed and the customer is informed of the team members once the contract is signed. Clients must be informed in advance that they can object to any member of the audit team (auditor or expert). In the case of dependent and auditing branch offices, the audit team and the audit time has to be approved by persons appointed by the IQCS LLP prior to the audit.

The criteria for composing the audit team are:

- the audit must be performed under the leadership of a nominated lead auditor,
- for audits of less than four days on-site, the use of an audit team of at least two auditors is optional
- for audits of four days or more on-site, the use of an audit team of at least two auditors is mandatory (for any one location)
- at least one member of the audit team must have the technical sector competence with respect to the scope of the audit. This is also required for Stage 1 audits.
- the auditor and other involved person, who are employed for the audit team, are free from conflict of interests.
- To demonstrate effective auditing, including the use of auditors and audit team leaders possessing generic auditing skills and knowledge, as well as skills and knowledge appropriate for auditing in specific technical areas.
- The mentoring and observing is done before the auditor are doing the actual audit
- The mentoring and observing is done by approved FSMS auditors.
- After mentoring and observing, the evaluation is made to understand the competency, if gaps are there, then necessary actions are taken.
- IQCS will ensure that auditors (and, where needed, technical experts) are knowledgeable of its audit processes, certification requirements and other relevant requirements. IQCS LLP will give

auditors and technical experts access to an up-to-date set of documented procedures giving audit instructions and all relevant information on the certification activities.

The audit team leader is responsible for ensuring that technical competence is always present during the audit.

5.2.2 Audit planning

The audit team leader is responsible for preparing an audit plan which includes all MS requirements to be audited, the names of the relevant units within the customer`s organisation and a timescale for the audit. The audit team leader coordinates the audit plan with the audit team and the customer`s representative.

The auditors may work as a team or independently. However, if the full number of man days is to be charged for, there must be demonstrable splitting of the auditors for approx. 50% of the audit time. The proof of splitting has to be provided in the audit plan (e.g. if 2 auditors per department/process are planned in, at least 2 representatives from the organisation to be audited must appear in the audit plan).

The following list contains additional items that are considered when developing or revising an audit programme, they might also need to be addressed when determining the audit scope and developing the audit plan:

— complaints received by the IQCS LLP about the client;

— combined, integrated or joint audit

— changes to the certification requirements;

— changes to legal requirements;

— changes to accreditation requirements;

— organizational performance data (e.g. defect levels, key performance indicators data);

— relevant interested parties' concerns.

If work is performed in shifts, the different shifts must be taken into consideration during audit planning (processes and control mechanisms). If every shift is not audited, the reason must be stated in the audit report. In situations where a customer provides a product or service at temporary sites (i.e installation sites, project locations etc.) it is important that evaluations of such sites are incorporated into the certification and surveillance program. The need for visits will depend on the relevance of these sites. The reasons for

the selection of the specific sites must be documented in the audit report (reasons: special product-specific/service-relevant features, size, complexity, only site, results from previous audits).

Audit is conducted for first year (within Calendar Year from certification decision date) and second year (within Calendar Year from first surveillance audit. The time frame for 2nd surveillance audit can be extended up to 60 days for some justified reasons (for example plant is shut down due to upgradation or major breakdown in plant/machinery, natural calamities etc.) to assess the clients continued compliance to the requirements of standard. If this time frame will be extended, client's certification will lead to suspension.

The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date.

Preparing the audit plan

For each audit identified in the audit programme (see 7.4.1.1), the IQCS LLP shall ensure that an audit plan is established to provide the basis for agreement regarding the conduct and scheduling of the audit activities.

The audit plan is made appropriate to the objectives and the scope of the audit. The audit plan is prepared based on the following:

a) the audit objectives according to the scheme;
b) the audit criteria according to the scheme;
c) the audit scope, including identification of the organizational and functional units or processes to be audited;
d) the dates and sites where the on-site audit activities will be conducted, including visits to temporary sites and remote auditing activities, if not contained in the audit programme;
e) the expected duration of on-site audit activities, if not contained in the audit programme;
f) the roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters.

Communication of audit team tasks;
The tasks given to the audit team as part of the audit team shall be defined. They shall require the audit team to:

a) examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the FSS;
b) determine whether these meet all the requirements relevant to the intended scope of certification;
c) determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's FSS;
d) communicate to the client, for its action, any inconsistencies between the client's policy and objectives.

An Audit Plan is drawn up for the Stage 1 audit. In exceptional cases, The Stage 1 audit can take place within the same period as the Stage 2 audit (see Clause 3, definitions of Stage 1 audit). The following prerequisites must be fulfilled before performance:

- The customer must be made aware of the risk that the audit may be broken off.
- A review of the management documentation must be performed before the Stage 1 audit in order to ensure than any nonconformities that are identified are rectified before the audit.
- IQCS LLP must approve the way of proceeding.

The weaknesses that are identified that could lead to nonconformity in the Stage 2 audit are documented in the report of the Stage 1 audit. The Audit Team Leader decides on the basis of the weaknesses that have been identified whether:

- the Stage 2 audit can be performed as planned without limitations,
- the Stage 2 audit can be performed as planned following implementation of suitable actions to address the identified weaknesses,
- the effective correction of the identified weaknesses has to be verified before the Stage 2 audit (repeat of Stage 1 audit)

The decision is documented in the concerns details of the Stage 1 audit.

- **Client is informed that the results of stage 1 may lead to postponement or cancellation of the stage 2 by the audit team leader**
- **Any part of the FSMS that is audited during the stage 1 audit, and determined to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the stage 2 audit.**
- **IQCS LLP ensure that the already audited parts of the FSMS continue to conform to the certification requirements.**
- **In this case, the audit report shall include these findings and shall clearly state that conformity has been established during the stage 1 audit.**

The submission of an action plan and the assessment by the audit team leader is not required.

When determining the time interval between the Stage 1 and Stage 2 Audits, the requirements of the customer should be taken into consideration, in order to find solutions to weaknesses that were identified during the Stage 1 Audit. It may also be necessary for the IQCS LLP to modify the items to be audited in the Stage 2 Audit. The time interval between the two audit stages should generally not be longer than 6 months. **The interval between stage 1 and stage 2 shall not be longer than 6 months. Stage 1 shall be repeated if a longer interval is needed.**

At the end of the Stage 1 Audit, the exact formulation of the scope of the certificate must be established in agreement with the customer not later than ten days before the Stage 2 audit.

IQCS LLP use Annex A of 22003-1: 2013 to define the relevant scope for the organization applying for certification.

The IQCS LLP shall not exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification

Communication of audit plan

The audit plan is prepared as Stage I and Stage II audit plan. Specific forms are made for the same.

The audit plan shall be communicated and the dates of individual audit activities shall be agreed upon, in advance (three days in advance), with the client. This does not apply to unannounced audits if specified by the scheme.

Communication concerning audit team members
The IQCS LLP shall provide the name of and, when requested, make available background information on, each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member and for the IQCS LLP to reconstitute the team in response to any valid objection.

Communication concerning the NABCB auditors; During Stage 2, if NABCB auditors are there, then the auditors details will be informed to the client through audit plan.

Conducting Audits:

Onsite audits are conducted as per the requirements of ISO/IEC 17021-1:2015. Stage 1, Stage 2, surveillance, Recertification audits shall be conducted as per the requirements of ISO/IEC 17021-1:2015.

The opening meetings and closing meeting shall be conducted and the necessary information is collected as per the standard requirements.

The opening meeting and closing meeting agenda is noted in the form, CR/F22/0, Opening and closing meeting agenda and attendance record.

Conducting the opening meeting

A formal opening meeting, shall be held with the client's management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually

conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. The degree of detail shall be consistent with the familiarity of the client with the audit process and shall consider the following:

a) introduction of the participants, including an outline of their roles;

b) confirmation of the scope of audit;

c) confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client's management;

d) confirmation of formal communication channels between the audit team and the client;

e) confirmation that the resources and facilities needed by the audit team are available;

e) confirmation of matters relating to confidentiality;
f) confirmation of relevant work safety, emergency and security procedures for the audit team;
g) confirmation of the availability, roles and identities of any guides and observers;
h) the method of reporting, including any grading of audit findings;
i) information about the conditions under which the audit can be prematurely terminated;
j) confirmation that the audit team leader and audit team representing the IQCS LLP is
k) responsible for the audit and shall be in control of executing the audit plan including audit activities
l) and audit trails;
m) confirmation of the status of findings of the previous review or audit, if applicable;
n) methods and procedures to be used to conduct the audit based on sampling;
o) confirmation of the language to be used during the audit;
p) confirmation that, during the audit, the client will be kept informed of audit progress and any
q) concerns;
r) p) opportunity for the client to ask questions.

Communication during the audit

During the audit, the audit team shall periodically assess audit progress and exchange information where appropriate also to the other audit team members. The audit team leader shall reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client.

Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. food safety), the audit team leader shall report this to the client and, if possible, to the IQCS LLP to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the IQCS LLP.

The audit team leader shall review with the client any need for changes to the audit scope which becomes apparent as auditing activities progress and report this to the IQCS LLP.

Obtaining and verifying information
During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) shall be obtained by appropriate sampling and verified to become audit evidence.

Methods to obtain information shall include, but are not limited to:
a) interviews;
b) observation of processes and activities;
c) review of documentation and records.

Identifying and recording audit findings;

A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based.
Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor however shall refrain from suggesting the cause of nonconformities or their solution. The audit team leader shall attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points shall be recorded.

Preparing audit conclusions
The audit team shall under the responsibility of the audit team leader and prior to the closing meeting:

a) review the audit findings, and any other appropriate information obtained during the audit, against
b) the audit objectives and audit criteria and, where applicable classify the nonconformities according to the scheme requirement;
c) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;
d) agree on any necessary follow-up actions;
e) confirm the appropriateness of the audit planning or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence).

Conducting closing meeting

A formal closing meeting, where attendance shall be recorded, shall be held with the client's management and, where appropriate, those responsible for the functions or processes audited. The purpose of the

closing meeting, usually conducted by the audit team leader, is to present the audit conclusions, including the recommendation regarding certification. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed. "Understood" does not necessarily mean that the nonconformities have been accepted by the client.

The closing meeting shall also include the following elements where the degree of detail shall be consistent with the familiarity of the client with the audit process:

The closing meeting shall also include the following elements where the degree of detail shall be consistent with the familiarity of the client with the audit process:

f) advising the client that the audit evidence obtained was based on a sample of the information; thereby introducing an element of uncertainty;
g) the method and time frame of reporting audit findings;
h) the IQCS LLP's process for handling nonconformities including any consequences relating to the status of the client's certification, taking into consideration results of other audit activities;
i) the time frame for the client to present a plan for correction and corrective action for any nonconformities identified during the audit;
j) the IQCS LLP's post audit activities;
k) information about the complaint and appeal handling processes.

The client shall be given the opportunity to ask questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the IQCS LLP.

The client shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the IQCS LLP.

Audit team leader will submit the audit report after each audit to the client and IQCS LLP shall require the client to analyse the cause of non-conformities and describe the specific correction and corrective actions taken, or planned to take within a defined time frame.

5.2.3 Stage 2 audit

The audit commences with an opening meeting. The task of the audit team is to review the practical application of the management system and to asses it for fulfilment of the requirements of the standard. This is carried out by means of questions put to the staff, viewing of other documents, records, orders and guidelines as well as by an on-site visit to the relevant areas. The audit record serves as a guide during this process.

During the audit, the audit team shall periodically assess audit progress and exchange information. The audit team leader shall reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client (e.g.: daily closing meetings).

The client shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the IQCS LLP. At the end of the on-site audit, a final closing meeting takes place.

5.2.4 Audit Findings/Documentation of the audit

The auditors and if appropriate the expert (if used) record their findings during the audit either by hand or electronically.

The findings are assigned to requirements of the standard and evaluated as regards the following:

- Conformity,
- Opportunity for improvement, and
- Nonconformity (Major or Minor).

The audit report is prepared based on the audit findings.

Audit report

The audit team leader shall ensure that the audit report is prepared and shall be responsible for its content. The audit report shall provide an accurate, concise and clear record of the audit to contribute to the making of an informed certification decision. Depending on the scheme, the audit report shall include or refer to the following:

a) identification of the IQCS LLP;
b) the name and address of the client and the client's representative;
c) the type of audit;
d) the audit criteria;
e) the audit objectives;
f) the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit;
g) identification of the audit team leader, audit team members and any accompanying persons;
h) the dates and places where the audit activities (on-site or offsite, permanent or temporary sites) were conducted;
i) audit findings, reference to evidence and conclusions, consistent with the requirements of the type of audit;
j) verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.

Depending on the scheme, the audit report may include or refer to the following:

— any deviation from the audit plan and their reasons;
— any significant issues impacting on the audit plan;
— significant changes, if any, that affect the FSS of the client since the last audit took place;
— any unresolved issues, if identified;
— where applicable, whether the audit is combined, joint or integrated;
— a disclaimer statement indicating that auditing is based on a sampling process of the available information;
— opinion as to whether the certification requirements have been fulfilled;
— whether the audited client is effectively controlling the use of the certification documents and marks, if applicable.

The report of the audit shall also contain amongst further items (as defined by the certification scheme):

a) a statement on the conformity and the effectiveness of the FSS together with a summary of the evidence relating to the capability of the FSS to meet applicable requirements and expected outcomes;
b) a conclusion on the appropriateness of the certification scope.

Nonconformities

Nonconformities and potentials for improvement are documented in the audit report. Action plans for nonconformities are prepared by the customer in consultation with the audit team leader.

A finding of nonconformity shall be recorded against a specific requirement of the audit criteria, contain a clear statement of the nonconformity and identify in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor, however, shall refrain from suggesting the cause of nonconformities or solutions to them.

The action plan with root cause analysis, specific corrections and corrective actions regarding the Major and Minor nonconformities must be submitted by the client within 30 calendar days following the last day of the audit.

Under the responsibility of the audit team leader and prior to the closing meeting, the audit team shall:

a) review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities;

b) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;

c) agree any necessary follow-up actions;

d) confirm the appropriateness of the audit programme or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence).

Type Major Nonconformities:

Verification of the effectiveness of the corrections and corrective actions can be performed on the basis of a review of the documented information submitted by the client or by means of a re-audit, if appropriate. The verification must be completed within 6 months after the last day of the audit. An evaluation of the actions taken with regard to the nonconformities is performed in the following audit.

If the nonconformities are not closed within the specified time, the certificate is suspended or the decertification process is initiated by Director and QA.

Type Minor nonconformities:

Verification of the effectiveness of corrections and corrective actions can be performed on the basis of an action plan and if appropriate on the basis of documented information submitted by the client. The verification must be completed within 6 months after the last day of the audit. An evaluation of the actions taken with regard to the nonconformities is performed in the following audit. Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk; (e.g. safety) the audit team leader shall report this to the client and, if possible, to the IQCS LLP to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the IQCS LLP.

Cause analysis of nonconformities
The IQCS LLP shall require the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time.

Effectiveness of corrections and corrective actions
The IQCS LLP shall review the corrections, identified causes and corrective actions or corrective actions plans submitted by the client to determine if these are acceptable. The IQCS LLP shall verify the effectiveness of any correction and corrective actions taken. The evidence obtained to support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification. The client shall be informed if any additional audit activities [e.g. full audit, an additional limited audit, or documented evidence (to be confirmed during future audits)] will be needed to verify effective correction and corrective actions. If a nonconformity was identified and not satisfactorily corrected in the agreed time frame, certification shall not be granted or maintained. This applies also to situations where a nonconformity was identified at one of the sites in a multi-site organization. Verification of effectiveness of correction and corrective actions can be carried out based on a review of documented information provided by the client, or where necessary, through verification.

5.3. Certificate Decision/Issue and Surveillance

5.3.1 Certification decision

IQCS LLP ensures that certificate is issued only on the basis of evidence based recommendation received from a competent audit team. A competent Technical committee constituting one or more members is constituted by the Director, QA and one more competent person from IQCS LLP, to review the submitted audit report and to take appropriate decision about certification.

It is ensured that the auditor who has carried out the audit does not participate in certification decision as a member of the Technical committee. The Technical committee takes its decisions on the basis of audit report and recommendation submitted by the audit team leader. If the committee feels that the audit report does not provide sufficient information required to make certification decision, additional audit, with specific objectives, by another audit team may be ordered.

5.3.2 Action prior to making a decision

The Technical committee/Director confirms, prior to making a decision, that –

a. the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification
b. it has reviewed, accepted and verified the effectiveness of correction and corrective actions, for all major nonconformities that represent –

   i) failure to fulfill one or more requirements of the audit standard

   ii) a situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs

c. and it has reviewed and accepted the client's planned correction and corrective action for all minor nonconformities.

   i) Closure of some of the minor non conformities may be verified by perusal of documentary evidence submitted to the IQCS LLP office/ audit team leader

   ii) Closure of some of the minor non conformities may be verified during subsequent surveillance audit.

The Director makes the certification decision on the basis of evaluation of the audit findings and other relevant information (e.g. public information, comments on the audit report from the client).

If the review is positive, the appointed persons release the certification file and the certificate is issued.

5.3.3 Certificates

In general, the validity of the certificate does not exceed three years from the issue date. Expiry of validity depends on the date of certificate decision.

5.3.4 Surveillance Audit

Within the period of validity of the certificate (3 years) surveillance audits shall be conducted at least once per calendar year, with the exception of the years in which a recertification audit is performed. Surveillance audits shall be performed prior the due date / audit-relevant date.

- Planning of the annual surveillance audits is based on the audit-relevant date, i.e. 12 months after the last day of the Stage 2 audit of the initial certification.
- Deadlines for the release of the surveillance procedure:
- Procedures without Major/Minor NC: 3 months.
- Major NC: 4 months (3 months + 1 month for the release procedure)
- Minor NC: 4 months (3 months + 1 month for the release procedure.)

The deadline is calculated from the last day of the Stage 2 audit in each case. A Lead Auditor must participate in surveillance audits. The sector competence must be present in the audit team.

During preparation of the audit, the audit team leader initiates an inquiry to the customer regarding changes in the structural and procedural organisation, the size of the company and the company activities. This includes in particular a review of the current system documentation. In addition, materials used for public relations (e.g. Internet, advertising material) can be used for preparation purposes.

At least the following points must be taken into consideration during a surveillance audit:

- internal audits and management review,
- a review of the corrective actions undertaken in response to the nonconformities found in the previous audit,
- handling of complaints against the management system,
- effectiveness of the management system in relation to achievement of objectives and goals,
- progress with regard to planned continual improvement activities,
- process control,
- review of changes,
- use of logos and (trade) marks.

In case of nonconformities, the audit team leader should proceed as in the certification audit. The surveillance audit is documented as described under 5.2.4. Suspensions of the certificate must also be taken into account.

The audit file is then reviewed by the Technical Manager. The audit team leader makes the following documents available for the review:

- audit team and audit time approval
- audit programme,
- audit plan,
- hand-written or electronic records which allow identification of the requirements of the MS standard and their evaluation, or audit protocol,
- audit report,
- if appropriate, management of nonconformities,
- audit time and costs,
- If the review is positive, an appointed person will release the audit file.

5.3.4 Recertification audit

Recertification audits have to be completed before the expiry date of the certificate. A tolerance period of maximum of 6 months is then available for the evaluation of the corrective actions and any necessary re-audits, as well as for the decision regarding recertification within the framework of the release procedure.

During this time period, the status of the affected organisation will be represented as "not certified"; this has corresponding consequences with regard to information. When the certification decision is made, the certificate is reinstated, i.e. the certificate is reinstated continued on from the old certificate, but with the date of the certification decision. The expiration date of the follow-up certificate corresponds to the 3-year time interval that was formerly applicable (expiration date of the old certificate + 3 years).

Gap-free recertification is also possible if the certification decision has been made 3 months at the most before the expiration date. Competence requirements for the auditors in a recertification audit will remain the same as for the initial audit.

Within the context of the audit preparation, a new calculation for the procedure must be carried out by the auditor, to ensure that the conditions of the contract still apply. The auditor asks the company about any changes in the structural and procedural organization of the company, the size of the company, the company activities and the scope. In determining the calculation of the audit effort / audit program he shall take into account the results of previous audits and decides to waive the audit stage 1. It may be necessary to perform a Stage 1 audit in the context of a recertification audit if there have been significant changes to

the management system or in relation to the activities of the company (e.g. changes in the law). The documentation shall be in the calculation/ audit program.

Recertification audits include a review of management system documentation with confirmation of the review in the audit report. If there have been significant changes, the result of the review must be documented separately and an onsite audit carried out. The results of the previous surveillance programme(s) over the course of the certificate validity shall be taken into account. All requirements of the standard must be audited.

The audit methodology is equivalent to the methodology of a Stage 2 audit..

At least the following points should be reviewed in the recertification audit:

- effectiveness of the interaction between all quality management elements in the management system with regard to internal or external changes, and the continuing significance and applicability of the management system within the scope of the certification,
- verification that the obligation to maintain the effectiveness of the system and to improve it has been fulfilled in order to increase overall performance capacity within the organisation,
- verification that the certified management system contributes to achievement of the policies and objectives of the organisation.

Audit performance, documentation and also issue of certificates shall be performed in accordance with the rules applying to certification audits.

Normally the certification decision should be made before the expiration date of the certificate.

5.3.5 Extension audit

An extension audit can be performed to extend the scope of an existing certificate. The extension / reduction audit may be carried out within the scope of a surveillance audit, re-certification audit or on an independently selected date.

The validity period of the certificate remains unaffected. Exceptions have to be justified in writing.

The audit team leader / audit team will review the MS documents concerning the extended areas / new locations and audit all requirements which are affected by the extension.

The further procedure with regard to the documentation and release of the audit procedure corresponds to a certification audit

5.3.6 Short-notice audits

It may be necessary for the IQCS LLP to conduct audits of certified clients at short notice to investigate complaint, or in response to changes, or as follow up on suspended client. In such cases

- the IQCS LLP shall describe the conditions under which these short notice visits are to be conducted,
- the IQCS LLP shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

5.3.6 Notice of changes by IQCS LLP

5.3.7 Notice of changes by a certified client

IQCS LLP have legally enforceable arrangements to ensure that the certified client informs the IQCS LLP, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification. These include, for example, changes relating to:

a) the legal, commercial, organizational status or ownership;

b) organization and management (e.g. key managerial, decision-making or technical staff);

c) contact address and sites;

d) scope of operations under the certified management system;

e) major changes to the management system and processes.

The IQCS LLP shall take action as appropriate. The communication of changes can come from the client. In addition to the same, before contract review and before each audit is planned, IQCS LLP asks the company about any changes in the structural and procedural organization of the company, the size of the company, the company activities and the scope It may be necessary to add more man-days as necessary, if there have been significant changes to the management system or in relation to the activities of the organisation. Changes will be communicated then and there to the Director/CEO and decision will be communicated mutually and discussed in the management review. The audit will be planned taking in to consideration of the changes.

5.3.7 Transfer of certificates from other Certification Bodies

The following minimum requirements shall apply:

Prerequisites

As a general rule, only certificates issued by accredited certification bodies can be transferred. Companies with certificates from non-accredited certification bodies are to be treated as new customers.

Pre-Transfer Review

A Pre-Transfer Review must be conducted by a competent auditor always. This generally comprises review of important documents and a visit to the customer. Additional audit time might be necessary. The audit time depends on the size and complexity of the organisation. If necessary the additional audit time has to be documented in the Audit programme.

The Pre-Transfer Review must cover the following aspects:

- confirmation that the certified activities of the customer are covered by the scope of our own accreditation;
- the reasons for transfer of the certificate;
- confirmation that a valid management system certificate with regard to term of validity and performance profile of the customer, issued by an accredited IQCS LLP, is to be transferred
- review of the previous reports on the certification or recertification audit and the subsequent surveillance audits and of all nonconformities dealt with in these reports: this discussion should also include all other available relevant documents and records on the certification process, such as hand-written notes and checklists;
- any complaints received and the action taken;
- the stage of the current certification cycle.

If the transfer is performed within the framework of a surveillance / recertification audit, the pre-transfer review can be performed in connection with the audit.

Performing the transfer audit in connection with the recertification audit, the form of the assessment of the certification period is substituted by the checklist / documentation on certificate transfer.

Certificates

As a general rule, only a valid certificate issued by an accredited IQCS LLP can be transferred. If that prerequisite is not satisfied, the individual case must be judged on its merits.

It is not possible to transfer suspended certificates or certificates which are under the threat of suspension.

Any unresolved nonconformities have to be clarified with the previous IQCS LLP prior to transfer wherever practicable. Such nonconformities must otherwise be reviewed in the course of the audit.

A certificate can be issued with the date of completion of the Pre-Transfer Review as date of issue (subject to the usual release process) if there are no longer any unresolved or potential problems. Future surveillance and recertification audits are based on the previous Surveillance and Recertification programme.

6. Suspending, withdrawing or reducing the scope of certification

IQCS LLP reserves the right to suspend, withdraw or reduce the client's scope.

We shall suspend the certification in cases when, for example;

- The client's certified food safety management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system,
- The deadline for nonconformity management (6 months) is exceeded
- The deadline of 12 months following the date of the certification decision for the first surveillance audit which follows the initial certification is exceeded,
- The certified client does not allow surveillance or recertification audits to be conducted at the required frequencies,
- The certified client has voluntarily requested a suspension

We may suspend/withdraw the certification in cases when, for example;

- Impartiality threat detected

Under suspension, the client's management system certification is temporarily invalid. Further failure to resolve the issues that have resulted in the suspension within a time frame shall result in withdrawal or reduction of the scope of certification.

If some aspects within the scope of the certification do not fulfil the requirements of the standard to be certified on a permanent basis, the scope must be limited by removing these aspects.

FORMS/RECORDS

Stage I audit report, FSMS/F04/A/1 (Category C&D), FSMS/F04/A1/0 (E-Catering)]

Stage II reports, FSMS/F04B/0

Surveillance reports, FSMS/F04C/0

Recertification audit reports, FSMS/F04D/0

Follow up reports, FSMS/F04E/0

	APPROVED BY	ISSUED BY
DESIGNATION	Director	QMSCR
SIGNATURE		
DATE	31/12/2024	31/12/2024