Part IV: Requirements for Certification Bodies

Contents

1 Purpose .................................................................................................................. 4

2 Supplying FSSC 22000 services ................................................................. 4

  2.1 Licensing ...................................................................................................... 4
  2.1.1 Guiding principles .................................................................................. 4
  2.1.1.1 Conformity ....................................................................................... 4
  2.1.1.2 Valid license ..................................................................................... 4
  2.1.1.3 Accreditation .................................................................................... 4
  2.1.2 Application process ............................................................................... 4
  2.1.2.1 Step 1 - Provisional license ............................................................... 4
  2.1.2.2 Step 2 - Full license ......................................................................... 5
  2.1.2.3 Step 3 - Scope extension .................................................................. 5

  2.2 Communication ........................................................................................ 6
  2.2.1 CB representation .................................................................................. 6
  2.2.2 Accreditation status ............................................................................... 6
  2.2.3 Certified organizations .......................................................................... 6
  2.2.4 Database upload .................................................................................... 6
  2.2.5 Reporting ................................................................................................ 6

  2.3 Harmonization process ............................................................................ 7
  2.3.1 Annual meetings .................................................................................... 7
  2.3.2 Designated person ................................................................................ 7

  2.4 Participation in the Integrity Program ....................................................... 7
  2.4.1 Monitoring activities ............................................................................. 7

  2.5 Nonconformity ........................................................................................ 7
  2.5.1 Sources .................................................................................................. 8
  2.5.2 Follow-up ............................................................................................... 8
  2.5.3 Sanction Committee ............................................................................. 8
  2.5.4 License suspension ................................................................................ 8
  2.5.5 License termination ............................................................................... 9

3 Managing the CB ............................................................................................. 9

  3.1 Provision and management of resources................................................. 9
  3.1.1 Commitment ......................................................................................... 9
  3.1.2 Communication ..................................................................................... 9
  3.1.3 Transition period ................................................................................ 9
  3.1.4 Document control ............................................................................... 9
  3.1.5 Management of nonconformity ............................................................. 9
  3.1.6 Computer Aided Audit Techniques ...................................................... 10

  3.2 Issue & control of certificates .................................................................. 10
  3.2.1 Issue of certificate ............................................................................... 10
  3.2.2 Certificate characteristics .................................................................... 10
  3.2.3 Certification logo .................................................................................. 10
  3.2.3.1 Use of logo ...................................................................................... 10

  3.3 Annual fee for certified organizations ...................................................... 11
4 Certification ........................................................................................................... 11
  4.1 Certification contract......................................................................................... 11
  4.2 Certificate suspension, withdrawal or scope reduction............................... 12
  4.2.1 Action upon suspension, withdrawal and scope reduction ................. 12
  4.3 Extraordinary events....................................................................................... 12

5 FSSC 22000-Quality certification ........................................................................ 14

6 Auditor allocation ................................................................................................. 14
  6.1 Audit team ..................................................................................................... 14
  6.1.1 Time allowance ....................................................................................... 15
  6.1.2 Rotation .................................................................................................... 15
  6.1.3 Audit language .......................................................................................... 15
  6.2 Competence of CB personnel........................................................................ 15
  6.2.1 Certification Manager ............................................................................. 15
  6.2.2 Auditor ..................................................................................................... 15
  6.2.3 Other personnel ....................................................................................... 15

7 Planning and managing audits ........................................................................... 15
  7.1 General .......................................................................................................... 15
  7.2 Multiple sites .................................................................................................. 16
  7.2.1 General principles .................................................................................... 16
  7.2.2 Exceptions - applicable for categories C, D, I and K ............................ 16
  7.2.3 Head office functions ............................................................................... 16
    7.2.3.1 Auditing head office functions ......................................................... 16
    7.2.3.2 Auditing sites in a multi-site organization ..................................... 17
    7.2.3.3 Dealing with nonconformities ....................................................... 17
  7.2.4 Organizations with different operations at one site ............................. 17
  7.2.5 Off-site activities ....................................................................................... 17
    7.2.5.1 Split-process .................................................................................... 17
    7.2.5.2 Management of off-site activities .................................................. 18
  7.3 Unannounced audits ..................................................................................... 18
    7.3.1 Frequency .............................................................................................. 18
    7.3.2 Execution ............................................................................................... 18

8 Audit reports ....................................................................................................... 19
  8.1 Written report ................................................................................................. 19
  8.2 Nonconformity management ........................................................................ 19

Annex I: Certificate scope statements
Annex II: Audit time calculation
Annex III: Nonconformity grading
Annex IV: Audit report template
Annex V: Auditor competence
Annex VI: Certificate templates
1 Purpose

This document states the requirements for certification bodies (CB) seeking approval from the Foundation to award FSSC 22000 or FSSC 22000 Quality certificates to their clients.

2 Supplying FSSC 22000 services

2.1 Licensing

2.1.1 Guiding principles

There are four guiding principles that underpin CB responsibilities in supplying FSSC 22000 services to its clients.

These are:
1. Conformity;
2. Valid license;
3. Accreditation;

2.1.1.1 Conformity

The CB is responsible for the full application of these Scheme requirements and the CB shall be prepared to demonstrate compliance at any time with all these requirements.

2.1.1.2 Valid license

The CB shall supply its FSSC 22000 certification services only whilst it holds a valid license from the Foundation to do so.

2.1.1.3 Accreditation

1) The CB shall hold a valid ISO/IEC 17021-1:2015 accreditation including ISO/TS 22003:2013 for the Scheme and applicable food chain categories and subcategories in which it supplies its FSSC 22000 certification services. The CB shall provide the Foundation with a copy of each AB accreditation report issued including nonconformity details related to the Scheme when requested.

2) In case the range of CB certification services offered is wider than those accredited, the CB shall ensure that the limits and scope of the accreditation shall be made clear and publicly available, any ambiguity in relation to the scope of services offered by the CB for the Scheme shall be resolved with the Foundation and certification services that are outside the scope of the accreditation shall be distinguished from those that are accredited.

2.1.2 Application process

There are three steps required in obtaining a license from the Foundation to issue FSSC 22000 and FSSC 22000 Quality certificates.

2.1.2.1 Step 1 – Provisional license

1) The CB applies for a provisional license.

2) When applying for a license with the Foundation, the CB shall specify the food chain category or subcategories or other modules that it intends to work within when supplying its FSSC 22000 certification services.
3) The applicant CB shall be requested to commit to meeting all applicable requirements of the Scheme.

4) The applicant CB shall conduct and complete a self-assessment against the Scheme requirements and submit the self-assessment report to the Foundation for review.
   a) Upon successful review of the completed self-assessment, the CB shall be provided with a provisional license agreement allowing it to use the Scheme for unaccredited certification in due course.
   b) CB shall have at least two sites listed in the FSSC 22000 Register of Certified Organizations for the first year.
   c) This provisional license shall remain valid for 12 months from the date of signature by the Foundation.
   d) Before the end of this 12 month period, the CB shall achieve accreditation from an AB accepted by the Foundation. In the event that such accreditation is not achieved within 12 months, the Foundation shall terminate the CB agreement. The Foundation may grant the CB a limited period to achieve such accreditation based on a detailed plan to be submitted by the CB.

5) An application fee has to be paid by the CB to the Foundation before its provisional license is granted.

2.1.2.2 Step 2 – Full license

The provisional license with the Foundation shall be converted in a full license when the CB has:
1) achieved accreditation by an Accreditation Body approved by the Foundation,
2) forwarded a copy of the accreditation certificate and report to the Foundation for review and retention,
and to maintain its full license the CB shall:
3) have at least five (5) sites listed in the FSSC 22000 Register of Certified Organizations for the following years after the provisional license has ended.

Notes
1) The CB shall be requested to supply details of the CB location(s) covered under its accreditation.
2) In case outsourcing of any certification related activities takes place (such as sales, auditing, etc.) this shall be shared with the Foundation.
3) The application for accreditation or extension of scope of accreditation shall be accompanied by written confirmation from the AB shared by the CB with the Foundation.

2.1.2.3 Step 3 – Scope extension

CBs may extend their scope of accreditation under the Scheme and may certify within the scope applied for, without being accredited under the following conditions:
1) The CB applies for a scope extension of the existing license with the Foundation.
2) This concession has maximum duration of one year.
3) If accreditation is not achieved within one year, the CB shall withdraw all the FSSC 22000 certificates it has issued under this concession and remove them from the FSSC Register of Certified Organizations.
2.2 Communication

2.2.1 CB representation

1) The CB shall appoint a FSSC contact person who has technical knowledge and understanding of the Scheme and the IT platform used by the Scheme.

2) This person shall;
   a) be the responsible officer representing the CB,
   b) be the key-user of the Scheme IT platform,
   c) maintain the contacts with the Foundation,
   d) be involved in the Scheme report verification and auditing,
   e) attend Harmonization Meetings annually.

2.2.2 Accreditation status

The CB shall inform the Foundation about (changes in) its accreditation status (e.g. suspension or withdrawal) within three (3) working days in writing detailing its action plans and the circumstances leading to this.

2.2.3 Certified organizations

The CB shall inform the Foundation within three (3) working days about any changes relevant to its certification services when:

1) it suspends or withdraws a certification held by an organization included in the FSSC Register of Certified Organizations and

2) it restores a suspended or withdrawn certification

2.2.4 Database upload

1) Within four (4) weeks after finalizing the audit report, the CB shall upload the audit report in the FSSC 22000 database (see Annex IV of this part).
2) Within four (4) weeks after the certification decision, the CB shall upload the certificate in the FSSC 22000 database for inclusion in the FSSC Register of Certified Organizations (see Annex IV of this part).
3) The CB shall upload the data with respect to auditor competence of FSSC 22000 qualified auditors in the FSSC 22000 Auditor Register and keep this information up-to-date.
4) The CB shall upload additional documents in the FSSC 22000 database on request of the Foundation.
5) The CB shall keep all uploaded information in the database up-to-date.

2.2.5 Reporting

1) The CB shall cooperate with all requests from the Foundation to report information regarding all aspects in the performance and integrity of the Scheme.
2) The CB shall report to the Foundation any changes in its ownership, legal status, management personnel, structure or constitution in a timely manner or where there is any possible conflict or problem which could result in bringing the Foundation or GFSI into disrepute, the CB and the Foundation shall agree an action plan and notify GFSI where appropriate.
3) The CB shall inform the Foundation immediately of serious events that directly impact food safety and / or the integrity of the certification of organizations included in the FSSC 22000 Register of Certified organizations (see section 8.1 of Part III).
4) At least once per year, the CB is obliged to provide the Foundation with all relevant information relating to the implementation of and compliance with all relevant Scheme requirements in a format prescribed by the Foundation. This information shall be made anonymous so that confidentiality with respect to certified organizations is assured.

2.3 Harmonization process

2.3.1 Annual meetings

Each CB is obliged to participate in consultations on the interpretation of the Scheme. At least once every year the Foundation will convene at least one Harmonization Meeting where FSSC 22000 staff and assessors will be available to discuss matters of common interest with licensed CBs for the Scheme and other stakeholders.

2.3.2 Designated person

The designated FSSC contact person shall represent the CB during the annual Harmonization Meeting. Each CB shall discuss the presented material and the results of this meeting with all relevant staff afterwards and keep records of attendance to these meetings. The FSSC contact person shall facilitate these meetings.

2.4 Participation in the Integrity Program

The CB shall participate in Integrity Program which is the Foundation’s system of ongoing monitoring that covers all activities of its licensed CBs to ensure compliance with all Scheme requirements. The Integrity Program Sanction Committee may issue sanctions against non-compliant CBs that could include:

1) Nonconformity reports to be acted upon within time limits,
2) Suspension from the Scheme until discrepancies have been satisfactorily corrected,
3) Cancellation of the license to issue certifications under the Scheme.

2.4.1 Monitoring activities

The Foundation undertakes monitoring activities in which the CB is required to participate. These may include:

1. desk reviews of audit reports and additional information on the audit process,
2. auditor assessment and registration,
3. office assessments and witnessed audits,
4. monitoring of agreed key performance indicators.

2.5 Nonconformity

The CB license agreement for FSSC 22000 certification services is based on their declared commitment to conform to Scheme requirements at all times. Hence, the Foundation defines a “nonconformity” as any breach of Scheme requirements reported to a CB by Foundation personnel in the course of their duties.
### 2.5.1 Sources

Areas of nonconformity ("NCs") requiring a response from the CB may be raised by the Foundation in response to:
1) Any discrepancy raised by the Integrity Program,
2) Feedback from users of the Scheme,
3) Feedback from Certified Organizations,
4) Feedback from Accreditation Bodies,
5) Feedback from governmental authorities,
6) Feedback from the media and
7) Any other feedback deemed credible.

### 2.5.2 Follow-up

1) When a nonconformity report is received, the CB shall:
   a) record the nonconformity in its internal system,
   b) respond in the set timeframe and act to,
      i) restore conformity,
      ii) investigate to identify the causal factors,
      iii) identify the risks to effective food safety management system (FSMS) certification.

2) Then:
   a) take corrective actions to manage the identified causal factors so that the risks exposed by recurrence are reduced to an acceptable level,
   b) use the opportunity to investigate how else and where else a similar nonconformity could occur,
   c) take preventive action to manage these causal factors so that the risks exposed by occurrence are similarly reduced to an acceptable level.

### 2.5.3 Sanction Committee

1) Detailed information shall be gathered for potential review by the Integrity Program Sanction Committee in cases where a CB:
   a) persistently fails to conform to the requirements set out in the Scheme documents, or
   b) the integrity of the Scheme is deemed to be at stake.

2) When the nonconformity is of a serious nature, the Board shall request a special meeting with the CB to deal with the matter.

3) The Sanction Committee shall determine measures to be taken by the CB to deal with the nonconformity.

4) Failure to implement these binding measures could lead to temporary suspension or termination of the CB license agreement for the Scheme.

### 2.5.4 License suspension

1) When a CB's license is suspended by the Foundation, the CB is not allowed to issue any new certificates. The Foundation will determine to which extent the CB will be allowed to maintain its auditing and certification activities for its already certified organizations. Under suspension, the CB license is deemed invalid for a defined period of time.

2) The Foundation will restore the suspended license when the CB has demonstrated that the issue which resulted in the suspension has been resolved. Failure to resolve
the issues that have resulted in the suspension in a time established by the Foundation shall result in termination or reduction of the scope of the license.

2.5.5 License termination

When a CB’s license is terminated by the Foundation, the CB is not allowed to apply for a new license within one year from the date of the decision by the Sanction Committee.

3 Managing the CB

3.1 Provision and management of resources

3.1.1 Commitment

The CB shall provide sufficient resources to enable the reliable supply of its FSSC 22000 certification service.

3.1.2 Communication

In all cases of emergency, the CB is expected to operate with discretion in its dealings with its
a) stakeholders,
b) staff,
c) contractors,
d) suppliers,
e) other CBs,
f) clients,
g) the media,
h) and everyone else with whom it has contact with.

3.1.3 Transition period

1) In the event of Scheme documents being changed, the Board shall provide an appropriate transition period for the licensed CBs to adapt the implementation of the new requirements, unless legal regulations stipulate a different transition period.
2) Regarding implementation and informing the parties involved:
   a) The CBs shall ensure that the changes, which are decided by the Board, are included in their existing quality management system documentation.
   b) New information or changes regarding the requirements in the Scheme shall be communicated by the CBs to those parties involved, such as certified organizations and auditors (auditors and experts), within a period of 1 month.

3.1.4 Document control

CBs shall control all FSSC 22000 Scheme related documentation and records according to its own documentation and records control procedures.

3.1.5 Management of nonconformity

The CB procedures for dealing with nonconformities, suspension and withdrawal of the certificate shall meet the additional requirements set out in clause 4.3.
3.1.6 Computer Aided Audit Techniques

Computer aided audit techniques (CAAT) may be used during FSSC 22000 audits only under the following conditions:
1) CAAT shall only be used for interviews with people and review of policies, procedures or records.
2) CAAT shall not replace physical assessments of e.g. sites and products.
3) The CB shall establish, document and maintain a procedure for the use of CAAT during on site audits.
4) The CB shall:
   a) establish criteria for its use of CAAT,
   b) ensure its auditors are able to apply these criteria consistently.
5) The CB shall ensure that the functions that have been assessed remotely are effectively implemented at the site.
6) The auditor shall include in the audit report:
   a) which CAAT techniques were used;
   b) the audit report shall clearly show:
      i) which functions were assessed using CAAT and
      ii) their relationships with the related audit findings.

3.2 Issue & control of certificates

3.2.1 Issue of certificate

The CB shall keep documented information of certification decisions that have been considered and by whom. This information shall include:
1) the names of those making each certification decision, and
2) the date the decision was made.

3.2.2 Certificate characteristics

The CB shall issue FSSC 22000 and FSSC 22000-Quality certificates in accordance with the templates set out by the Foundation (see Annex I and Annex VI).

3.2.3 Certification logo

1) The use of the FSSC 22000 logo by the CB will be monitored through the FSSC 22000 Integrity Program.
2) Any nonconformity associated with the use of the logo will require remedial action to correct the use of the logo on issued documents as well as corrective action for future use.

3.2.3.1 Use of logo

1) A CB is entitled to use the FSSC 22000 logo after they have entered into a license agreement with the Foundation.
2) The FSSC 22000 logo shall be used by a CB on its certificates.
3) Subject to the design specifications (as defined in Part II), the FSSC 22000 logo may be used by a CB on its
   a) printed matter,
   b) website and
   c) other promotional material associated with its FSSC 22000 certification activities.
4) The CB shall explain the correct use of the certification logo to the applicant organization and include verifying and validating its correct use during audits (as defined in Part II).

3.3 Annual fee for certified organizations

1) Organizations certified against the Scheme shall be charged an annual fee by the CB, payable to the Foundation.
2) The CB shall ensure collection of this fee from the certified organization and pay this to the Foundation.
3) The Foundation shall decide annually on the fee amount.
4) The CBs shall be charged at least annually by the Foundation for the total amount of fees for all issued FSSC certificates they have under contract per 31 December each year.

4 Certification

4.1 Certification contract

1) The CB shall have a certification contract with all its certified organizations detailing the scope of the certificate and referring to all relevant Scheme requirements.
2) This certification agreement sets out the requirements for communications between the CB and the organization.
3) The certified organization shall inform the CB within three (3) working days, of significant changes that affect the capability of the management system to continue to fulfil the Scheme requirements (see section 7.1 of Part III).
4) The certified organization shall inform the CB immediately of serious events that impact food safety and / or the integrity of the certification and the organization’s entry in the FSSC 22000 Register of Certified organizations (see section 8.1 of Part III).
5) Procedures for nonconformity grading by the CB and timeframe to close nonconformities by the certified organization including the consequences of open nonconformities on any decision by the CB to issue certification or to leave it in place.
6) Procedures for complaints and appeals submitted by the applicant organization to the CB in compliance with ISO/IEC 17021-1:2015.
7) Terms of confidentiality in relation to information gathered by the CB during the certification process.
8) Acceptance of the Foundation’s requirements to;
   a) Share information concerning the certified organization with the Foundation and governmental authorities when appropriate.
   b) Display information with regards to the certified status on the website of the Foundation in the FSSC 22000 Register of Certified Organizations.
   c) For the purposes of the FSSC 22000 Integrity Program, to allow assessors from the Foundation on their premises to witness the CBs auditors during FSSC 22000 or FSSC 22000-Quality audits.
9) Conditions under which the certification contract can be terminated.
10) Ownership of the certificate and the audit report content is held by the CB.
11) The conditions under which the certificate can be used by the certified organization.
4.2 Certificate suspension, withdrawal or scope reduction

1) The following three (3) criteria apply:
   a) The CB shall suspend a certification when there is evidence that their client is either unable or unwilling to establish and maintain conformity with Scheme requirements within the time frames applicable to the clearance of major nonconformities (see Annex III for applicable timeframes).
   b) The CB shall withdraw a certification when there is evidence that their client is either unable or unwilling to establish and maintain conformity with Scheme requirements, within the timeframes applicable to the clearance of critical nonconformities (see Annex III for applicable timeframes).
   c) When the CB has evidence that their client holds a certificate whose scope exceeds their capability or capacity to meet, the CB shall reduce the certification scope accordingly.

2) Examples include:
   a) The organization’s certified management system has persistently or seriously failed to meet the Scheme requirements, including requirements for the effectiveness of the management system.
   b) Immediate risk to the safety of the product impacting consumer health.
   c) The certified organization does not allow surveillance or recertification audits to be conducted at the required frequencies.
   d) The certified organization has voluntarily requested a suspension.

4.2.1 Action upon suspension, withdrawal and scope reduction

1) In case of withdrawal or suspension, the organizations’ management system certification is invalid. The CB shall:
   a) immediately change the status of the certified organization in the FSSC 22000 database and its own Register of Certified Organizations and shall take any other measures it deems appropriate;
   b) inform the organization in writing of the withdrawal or suspension decision within three (3) days after the decision was made and confirm the decision;
   c) instruct the organization to take appropriate steps in order to inform its clients through various forms of communication such as advertising and product labelling where applicable.

2) In case of scope reduction the organizations’ management system certification is invalid beyond the revised certification scope statement. The CB shall:
   a) immediately change the scope of the certified organization in the FSSC 22000 database and its own Register of Certified Organizations and shall take any other measures it deems appropriate.
   b) inform the organization in writing of the scope change within three (3) days after the last day of the audit or any other intervention and confirm the decision.
   c) instruct the organization to take appropriate steps in order to inform its clients through various forms of communication such as advertising and product labelling where applicable.

4.3 Extraordinary events

1) An extraordinary event affecting a certified organization or CB may temporarily prevent the CB from carrying out planned audits on-site. When such a situation occurs, CBs, operating under the Scheme need to establish (in consultation with certified organizations) a reasonable planned course of action.
2) The CB should assess the risks of continuing certification and establish a documented policy and process, outlining the steps it will take in the event a certified organization is affected by an extraordinary event.

3) The established policy and process of the CB should define methods for evaluating the current and expected future situation of the certified organization, and define alternate potential short-term methods of assessing the organization to verify continuing effectiveness of its management systems.

4) To enable the CB to assess risk for continuing certification and understand the certified organization’s current and expected future situation, the CB shall gather necessary information from the certified organization before deciding on an appropriate course of action. The information collected by the CB shall include the following as appropriate:
   a) When will the organization be able to function normally?
   b) When will the organization be able to ship products or perform the service defined within the current scope of certification?
   c) Will the organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated?
   d) Does existing inventory still meet customer specifications or will the certified organization contact its customers regarding possible concessions?
   e) Has the certified organization implemented the emergency response plan and was the response effective?
   f) Will some of the processes and/or services performed or products shipped be subcontracted to other organizations? If so, how will the other organizations’ activities be controlled by the certified organization?
   g) To what extent has operation of the management system been affected?
   h) Has the certified organization conducted an impact assessment?
   i) Identification of alternative sampling sites, as appropriate.

5) If the risk of continuing certification is low, and based on the collected information the CB may need to consider alternative short-term methods of assessment to verify continuing system effectiveness for the organization. This may include requesting relevant documentation (for example, management review meeting minutes, corrective action records, results of internal audits, test/inspection reports, etc.) to be reviewed off-site by the CB to determine continuing suitability of the certification (on a short-term basis only). At a minimum, the process should address the following items:
   a) Proactive communication between the affected certified organization and the CB.
   b) Steps the CB will take to assess the affected organization and how the plan to move forward will be communicated.
   c) Specifying the maximum time an alternative short-term assessment method could be used before suspension or withdrawal of certification
   d) Criteria for renewing normal oversight, including the method and timing of any reinstatement activities and assessments.
   e) Possible amendments to organization’s oversight plans on a case-by-case basis and in accordance with CB procedures.
   f) Ensuring that any deviation from Scheme requirements and CB procedures is justified and documented, and agreement reached with the Foundation on plans to address temporary deviations from requirements.
   g) Re-establishment of surveillance/recertification activities according to CB oversight plans when access to the affected location is re-established.
6) If contact with the organization cannot be made, the CB shall follow normal processes and procedures for suspension and withdrawal of certification.

7) When developing alternate short-term methods of assessment the CB shall take into consideration the following limitations:
   a) *First Surveillance Audit*
      Normally, the first surveillance audit after initial certification is to be within 12 months of the last day of the initial stage 2 audit. However, providing that sufficient evidence has been collected as above, to provide confidence that the certified management system is effective consideration may be given to postpone the first surveillance for a period not normally exceeding 6 months (18 months from date of initial certification). Otherwise the certificate has to be suspended or the scope reduced.
   b) *Subsequent Surveillance Audits*
      There may be specific circumstances by which a CB can justify adjusting the timing of a subsequent surveillance audit. If an organization has to shut down completely for a limited period of time (less than 6 months), it would be reasonable for a CB to postpone an audit that had been scheduled to occur during the shutdown until the organization resumes operations. The organization should inform the CB when operations resume so that the CB can conduct the audit promptly.
   c) *Recertification Audits*
      Normally the recertification audit must be completed and the recertification decision made prior to expiration to avoid loss of certification. However, providing that sufficient evidence has been collected as above, to provide confidence that the certified management system is effective consideration may be given to extend the certification for a period not normally exceeding 6 month beyond the original expiry date. The re-certification shall be carried out within this permissible extended period. Otherwise, a new initial audit should be performed. The expiration of the renewed certification shall be based on the original recertification cycle.
   d) *Information to the Foundation*
      All deviations from the established certification program shall be justified, documented and shared with the Foundation.

5  **FSSC 22000—Quality certification**

1) FSSC 22000—Quality certification is a voluntary addition to the FSSC 22000 certification requirements and integrates these requirements with those of ISO 9001:2015 for Quality Management Systems resulting in a combined FSSC 22000—Quality certificate.

2) The requirements for the development, implementation and maintenance of the food/feed quality management system are laid down in the standard ISO 9001:2015 “Quality management systems - Requirements”.


6  **Auditor allocation**

6.1  **Audit team**

1) The FSSC 22000 audit team shall meet the competence requirements set out by the Foundation in Annex V of this Part.
2) The FSSC 22000-Q audit is a fully integrated audit and the audit team shall meet the competence requirements set out by the Foundation in Annex V of this Part.

### 6.1.1 Time allowance

The time-allowed calculation for FSSC 22000 audits shall only apply to team members who are current FSSC 22000 auditors registered in the scheme. Other team members may be attending for training and familiarity purposes but their contribution shall not be considered in the time-allowed minima.

### 6.1.2 Rotation

An auditor is not allowed to perform more than two 3-year certification cycles at the same certified site. If an auditor starts auditing within a certification cycle he/she will be rotated out after six (6) years.

### 6.1.3 Audit language

1) The audit shall be carried out in a mutually agreed language.
2) An interpreter may be added to the team by the CB to support members of the audit team.

### 6.2 Competence of CB personnel

#### 6.2.1 Certification Manager

1) Those making the decision to issue a certificate for registration in the FSSC 22000 Register of Certified Organizations shall have the following demonstrable competency;
   a) Annex C of ISO/TS 22003:2013,
   b) knowledge of Scheme requirements,
   c) knowledge of food safety management systems and auditing them.
2) Audit team members shall not be involved in the decision to issue or maintain certification.

#### 6.2.2 Auditor

In Annex V of this Part, detailed auditor competence requirements are described.

#### 6.2.3 Other personnel

In Annex C of ISO/TS 22003:2013, the food safety management system requirements for other CB functions are described.

### 7 Planning and managing audits

#### 7.1 General

1) At least, annual audits shall take place to ensure certificate validity or that recertification is granted before the expiry date of the certificate.
2) The audit shall be carried out on-site at the premises of the organization and is a full audit against all Scheme requirements.
3) The audit time shall be calculated in accordance with Annex II.
7.2 Multiple sites

7.2.1 General principles

1) Certification of multi-site organizations and multi-site sampling (as described in ISO/TS 22003:2013 and ISO/IEC 17021-1:2015) is not applicable to the following food chain categories as listed in ISO/TS 22003:2013:
   a) CI, CII, CIII and CIV,
   b) DI and DII,
   c) I and
   d) K.
2) For the food chain categories shown under 1) the Scheme requires that every site shall have:
   a) a separate audit,
   b) a separate report,
   c) a separate certificate, and
   d) every site shall be entered separately in the database.
3) Certification of multi-site organizations as shown in ISO/TS 22003:2013, clause 9.1.5 shall be applicable for the following food chain categories as listed in ISO/TS 22003:2013:
   a) A,
   b) E,
   c) FI,
   d) G.

7.2.2 Exceptions – applicable for categories C, D, I and K

The Scheme does offer exceptions for three main categories of organizations shown in section 7.2.1, that have multiple sites such as organizations:
   a) where some functions pertinent to the certification are controlled by a head office separate to the site(s),
   b) with different operations at one site,
   c) with off-site activities.

7.2.3 Head office functions

Functions pertinent to the certification but controlled by a head office separate to the site(s) could include for example:
   a) Procurement,
   b) Supplier approval or
   c) Quality assurance.

7.2.3.1 Auditing head office functions

1) In all cases where functions pertinent to the certification are controlled by a head office, the Scheme requires that those functions are audited interviewing the personnel described in the food safety management system as having the delegated authority and responsibility for these functions.
2) The functions at the head office are audited separately and every site belonging to the group shall have:
   a) a separate audit,
   b) a separate report and
c) a separate certificate.

7.2.3.2 Auditing sites in a multi-site organization

1) An audit at the head office cannot assess the degree of implementation at site level.
   a) The auditor shall visit the sites to conduct that part of the audit.
   b) The head office audit shall be carried out prior to the site audit.
2) The subsequent audit at the site(s) shall include a confirmation that the requirements set out by head office are appropriately incorporated into site specific documents and implemented in practice.
3) The site audit report and certificate shall show which functions have been audited at the head office.
4) The report of the head office audit has a validity of 12 months.
5) The head office cannot take responsibility for all functions within the scope of the certification, and can therefore not receive a separate certificate.
6) The head office is mentioned on the site certificate by use of wording such as “An audit was carried out at (name and location of head office) on DDMMYY to assess the following function(s) (describe functions audited at the head office)”.

7.2.3.3 Dealing with nonconformities

1) Where nonconformities are noted in head office or separate sites, these are assumed to have impact on the equivalent procedures applicable to all sites.
2) Corrective actions shall therefore address issues of communication across the certified sites and appropriate actions for impacted sites.
3) Such nonconformities and corrective actions shall be clearly identified in the relevant section of the audit report.
4) The nonconformities shall be cleared in accordance with the CB procedures before issuing the site certificate.

7.2.4 Organizations with different operations at one site

1) In cases where different operations are located on one site, for example where a manufacturing operation is linked to a packing operation, both shall be considered for certification under a single scope based on one audit, report and certificate provided that both are:
   a) subject to one audit appropriate to the combined scope;
   b) part of the same legal entity.
2) The preferred description on the certificate in such cases is to use the name of the legal entity as the primary name. For example: “XYZ company, operating as ABC processing and 123 packaging, (insert address)”.

7.2.5 Off-site activities

7.2.5.1 Split-process

1) A certified organization has a (single) process that is split between different sites that shall be part of the same legal entity. The primary site is the sole receiver/customer of the secondary site(s).
   a) For example, a semi-finished product is moved to a separate site for a specific process step or steps to be carried out, and is returned to the primary location for completion.
   b) Such processes shall, by exception, be considered for certification under a single scope and one certificate.
**7.2.5.2 Management of off-site activities**

The off-site activities shall meet with the following requirements:

1) The off-site activities are included in the primary site food safety management system.

2) The scope statement of the primary certified site shall show the on-site and off-site activities.

3) The audit report shall include all relevant requirements at both the primary and secondary sites and allow audit findings to be identified as site specific.

4) The number of secondary sites shall be limited to a maximum of five.

**7.3 Unannounced audits**

**7.3.1 Frequency**

1) The CB shall ensure that for each certified organization at least one unannounced audit is undertaken after the initial certification audit and within each 3-year period thereafter.

2) The certified organization can voluntary choose to replace all surveillance audits by unannounced annual surveillance audits.

3) Neither the initial certification audit (stage 1 and stage 2) nor the recertification audit can be replaced by an unannounced audit.

**7.3.2 Execution**

1) The CB sets the date of the unannounced audit.

2) The site shall not be notified in advance, by the CB, of the date of the unannounced audit.

3) The unannounced audit takes place during operational working hours including night shifts.

4) When there are legitimate business reasons, blackout days may be agreed in advance between the CB and the certified organization to avoid periods of extreme inconvenience during which the client would find it difficult to participate fully and/or there is no production.

5) The unannounced audit is a full surveillance audit during which the auditor shall spend at least 50% of the time in production area (shop floor) assessing the implementation of the applicable CCPs, PRPs and OPRPs.

6) The audit will start with an inspection of the production facilities commencing within 1 hour after the auditor has arrived on site. In case of multiple buildings at the site the auditor shall, based on the risks, decide which buildings/facilities shall be inspected in which order.

7) The auditor shall audit the organization operating on a representative number of product lines covered by the scope of certification.

8) The CB decides which of the scheduled surveillance audits shall be chosen for the unannounced audit.

9) If the certified organization refuses to participate in the unannounced audit, the certificate shall be suspended immediately, and the CB shall withdraw the certificate, if the unannounced audit is not conducted within a six-month timeframe.

10) If access is denied to the auditor the certified organization will be liable for all costs.

11) Head offices controlling certain functions pertinent to certification separate to the site(s) (see 7.2.3) are not audited during the unannounced audit but are audited in an announced manner.
12) Secondary sites (off-site activities) and off-site storage, warehouses and distribution facilities are also audited during the unannounced audit.

The CB is expected to operate discretely in case of emergencies (e.g. fire, major catastrophic event, another audit on-going).

8 Audit reports

8.1 Written report

1) The CB shall provide a written report for each audit.
   a) The content of audit report is to be treated confidentially by the CB.
   b) At discretion of the certified organization, audit reports can be made available to authorized parties.

2) The audit report shall confirm that all Scheme requirements are assessed, reported and a statement of conformity given.
   a) Both the procedural and operational conditions of the food safety management system shall be verified to assess the effectiveness of the food safety management system meeting the Scheme requirements.
   b) In exceptional cases, the previous requirement can be deemed not applicable but only when the requirements of ISO/TS 22003:2013, clause 9.1.1 are met.
   c) Exclusions shall be assessed and justified in the audit report.

3) The audit report template shall comply with the content requirements included in Annex IV.

8.2 Nonconformity management

Nonconformity forms shall be used by the CB to document and grade nonconformities in accordance with Annex III.