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The Certification Process

Responsibility for Certification Decisions

Sci Qual International (SQI) retains total authority for all decisions relating to certification, including the granting, refusing, maintaining, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension or withdrawing of certification.

Recommendations are made by auditors following completion of an audit to certify, maintain certification, or recertify a client's management system. These recommendations are reviewed by our Certification Panel and if all requirements have been met a certificate will be issued. The specific steps for each stage are detailed later in this document.

The certification panel member who makes the certification decision will have had no involvement in the audit.

What does the system require?

The organisation's management decides on the company's policies and objectives and resource allocation, how it will achieve them, and who will have the responsibilities and authorities for ensuring they are achieved.

Documentation is then designed to ensure uniform implementation of these policies and objectives. Documentation could include a quality manual, outlining the policies as they relate to the various elements of the standard and incorporating or referencing procedures, which detail the work processes involved in achieving the quality policies and objectives. The manual and procedures would be supported by records of the finished processes. They might be further supported by specific work instructions, or quality plans for specific projects. They may be in electronic format, hard copy or in a fully Integrated Management System Database.

Once the documentation is in place and the procedures are implemented, a comprehensive internal audit and review of the system is conducted to make sure that it accords with the standard, that the system is suitable for achieving the quality objectives and that your company is actually following its procedures as documented.

At this point the client is ready to commence the process for certification by SQI.

To verify our JAS-ANZ accreditation status please visit http://www.sciqual.com.au/jas-anz-accreditation. This link will take you to the JAS-ANZ website and also to our accreditation page on the JAS-ANZ website. Clients can verify the standards we are accredited for by JAS-ANZ and also the countries in which we can issue certificates.

If more information is required on the benefits of certification please go to the **Free Download** section of our website http://www.sciqual.com.au/free-downloads

Public Information

To identify the geographic locations in which we are able to issue certificates contact our office or review our accreditation status on the JAS-ANZ website http://www.jas-anz.com.au/.

The status of a particular certification may be verified by calling our office or on the JAS-ANZ website Sci Qual International - Certificate Register

The certification process has a number of stages as outlined below and in the following pages:

1. Application
2. Audit Programme
3. Audit Plan
4. Conducting Audits
5. Stage 1 Audit
6. Stage 2 Audit
7. Certification
8. Surveillance
9. Recertification
10. Special Audits
11. Suspending, withdrawing or reducing the scope of certification
12. Transferring to or from another Certification Body
13. Appeals
14. Complaints
15. Confidentiality
16. Impartiality
17. Outsourcing

Appendix 1 – Specific requirements for SQF

Appendix 2 – Specific requirements for Freshcare

Appendix 3 – Specific requirements for ISO27001 Information Security

1. **Application**

   This is where we gather the information needed to establish

   a. The desired scope of the certification
   b. The general features of the organisation such as name, address of physical locations, significant aspects of processes and operations and any relevant legal obligations
   c. General information such as the activities carried out, human and technical resources, functions
   d. Information concerning any outsourced processes that could affect conformity to requirements
   e. The standards to be certified
   f. Information relating to any consultants that may have been used in developing the management system
   g. That the information about the applicant organization and its management system is sufficient to develop an audit programme
   h. That the client has documented and implemented a management system that conforms to the applicable standard(s) and has any other documents required for certification.

The completed application form provides us with all the information necessary to prepare a quote and also allows us to confirm that we have the capability to deliver on requirements. If we don't for any reason we will advise. If the application is accepted we will then calculate the audit duration in accordance with the mandatory documents from JAS-ANZ and prepare a quotation for acceptance. When the completed application form and acceptance of quote letter have been signed and returned, we will prepare for the Stage 1 Audit.

SQI policies and procedures and the administration of them do not discriminate against any particular applicant for certification other than to ensure applicants meet the requirements of the particular certifications offered.

SQI will make its services available to all applicants whose activities fall within the scope of our operations and in so far as the law permits. We shall limit our services to suppliers operating within those areas which we have the necessary technical competencies. Access will not be conditional upon the size of the client or membership of any association or group, nor shall certification be conditional upon the number of certifications already issued.

Where we do not have experience with a specific type of product, a normative document or a certification scheme we will decline the application on the basis that we do not have sufficient expertise to provide the certification.

We may use the list of suppliers we have certified as part of our promotional activity but will not publish a list of such certifications.

We will not place any undue financial or other conditions upon applicants for certification and we will confine our requirements, evaluation, review, decision and surveillance (if any) to those matters specifically related to the scope of certification.

However we do reserve the right to decline to accept an application or maintain a contract for certification from a client when fundamental or demonstrated reasons exist, such as the client participating in illegal activities, having a history of repeated non-compliances with certification/product requirements, or similar client-related issues.

SQI is funded purely from fees charged to clients for the purpose of auditing and certification and does not receive any funds from other sources.

In the event that SQI shows a negative net profit, the shareholders will ensure that there is sufficient cash reserve through the use of overdraft facilities or further cash injection to ensure the business can meet its contractual obligations.

If we rely on certifications already granted to omit any activities for a specific standard because these areas are already covered; we will reference the existing certifications in our records and if requested by the certified client we will provide justification for omitting any activities. The SQI Regulations referred to when signing the Application/Renewal for Certification are available at SQI Regulations

2. Audit Programme

We will develop an Audit Programme covering the full audit cycle to clearly identify the audit activities required to demonstrate that the client's management system fulfils the requirements of certification to the selected standards or other normative documents. This will include a two stage initial audit, surveillance audits in the first and second years and a recertification audit in the 3rd year prior to expiration of certification.

Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme and audit plans.

Where a transfer from another certification body is involved, we will obtain from current certification body, copies of all reports within the current certification cycle, including any documentation on corrective actions. Where necessary we will make adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities.

Observers

The presence and justification of observers during an audit activity will be agreed between SQI and the client prior to the conduct of the audit. The audit team will ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit.

Technical Experts

The role of technical experts during an audit activity will be agreed between SQI and the client prior to the conduct of the audit. A technical expert will not act as an auditor but shall work under the supervision of an auditor.

JAS-ANZ auditors

It is a condition of certification that JAS-ANZ assessors are entitled to attend audits for the purpose of witnessing the application of the accredited body's procedures by its auditors.

It is also a condition of certification that JAS-ANZ assessors are entitled to conduct validation visits of the client's system in the event that the accredited body fails to show cause if challenged over its performance against the accreditation criteria.

Guides

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

The responsibilities of a guide can include:

- Establishing contacts and timings for interviews
- Arranging visits to specific parts of the site or organisation
- Ensuring that rules concerning the safety and security procedures are known and respected by the audit team members
- Witnessing the audit on behalf of the client
- Providing clarification or information as requested by an auditor

Where appropriate the auditee can also act as a guide.

3. Audit Plan

Prior to the audit, the audit team leader will prepare an audit plan to provide the basis for agreement between the client and the audit team regarding the conduct of the audit. The plan should facilitate scheduling and coordination of the audit activities. The amount of detail provided in the audit plan shall reflect the scope and the complexity of the audit. The details may differ, for example, between initial and subsequent audits and also between internal and external audits. The audit plan should be sufficiently flexible to permit changes, such as changes in the audit scope, which can become necessary as the on-site audit activities progress. The consideration could include season, month, day/dates and shift as appropriate.

The audit plan shall cover the following:

- the audit objectives;
- the audit criteria and any reference documents;
- the audit scope, including identification of the organizational and functional units and processes to be audited;
- the dates and places where the on-site audit activities are to be conducted including visits to temporary sites and remote auditing activities where appropriate
- the expected time and duration of on-site audit activities, including meetings with the client's management and audit team meetings;
- the roles and responsibilities of the audit team members and accompanying persons such as observers and interpreters;
- the allocation of appropriate resources to critical areas of the audit.

The audit plan shall also cover the following where appropriate:

- Identification of the Auditee's representative for the audit;
- The audit report topics;
- Logistic arrangements (travel, on-site facilities, etc.);
- Matters related to confidentiality;
- Any audit follow-up actions.

The audit plan shall be reviewed and accepted by the client and presented to the client prior to on site activities commencing.

- Any objections by the client should be resolved between the audit team leader, and the audit client.
- Any revised audit plan should be agreed among the parties concerned before continuing the audit.

Communication concerning audit team members

SQI will 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 SQI to reconstitute the team in response to any valid objection.

4. Conducting Audits
Opening Meeting

The auditor will conduct a formal opening meeting, with the client's management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of this meeting is to provide a short explanation of how the audit activities will be undertaken.

The degree of detail will depend on how familiar the client is with the audit process but will consider the following:

a) introduction of the participants, including an outline of their roles;
b) confirmation of the scope of certification;
c) confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client;
d) confirmation of the communication channels;
e) confirmation that the audit time will have the necessary resources to conduct the audit;
f) Confidentiality matters;
g) confirmation of required workplace health and safety requirements and emergency evacuation procedures;
h) confirmation of the availability, roles and identities of any guides and observers;
i) the method of reporting, including any grading of audit findings;
j) information about the conditions under which the audit may be prematurely terminated;
k) confirmation that the audit team leader and audit team representing the CAB is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails;
l) confirmation of the status of findings of the previous review or audit, if applicable;
m) methods and procedures to be used to conduct the audit based on sampling;
n) confirmation of the language to be used during the audit;
o) confirmation that, during the audit, the client will be kept informed of audit progress and any concerns;
p) opportunity for the client to ask questions.

Communicating during the audit

If a team is auditing rather than an individual, they 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.

If 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 SQI 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 SQI.
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 SQI.

Obtaining and verifying information

The auditor will obtain samples of various elements of the system and verify these as audit evidence. This can be done through interviews, observations of processes and activities and reviews of documents and records.

SQI shall only rely on evaluation results related to certification completed prior to the application for certification, where it takes responsibility for the results and satisfies itself that the body that performed the evaluation fulfils all of the requirements in the same way as if SQI had conducted the initial evaluation.

SQI may accept documentation and other evidence that is combined for integrated systems (e.g. for information security, quality, health and safety and environment) as long as specific requirements can be clearly identified together with any appropriate interfaces to the other systems.

Identifying & recording audit findings

The objective of the audit is to confirm conformity with the requirements of the standard. The audit report will confirm conformity with the appropriate objective evidence and any nonconformity will be identified, classified and recorded so that an informed decision can be made on certification or continued certification.

Opportunities for improvement may be identified and recorded, unless prohibited by the requirements of a management system certification scheme. Audit findings, however, which are nonconformities, will not be recorded as opportunities for improvement but will instead be classified as either Major or Minor nonconformities.

A finding of nonconformity will be recorded against a specific requirement, and will contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based.

Nonconformities will be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor will not however suggest solutions to or causes of a nonconformity.

Preparing audit conclusions

Prior to the closing meeting the auditor or audit team leader will review the findings and cover the following requirements:

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 if the audit programme is still appropriate or identify any changes required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence).

Conducting the closing meeting

The auditor will conduct a formal closing meeting, with the client's management and, where appropriate, those responsible for the functions or processes audited. Attendance at this meeting will be recorded and will be detailed in our audit report.

The purpose of the closing meeting is to present the audit conclusions, including the recommendation regarding certification.

If there are any nonconformities these will be presented in such a manner that they are understood, and the timeframe for responding will be agreed.

The degree of detail for the closing meeting will depend on how familiar the client is with the audit process but will consider the following

a) advising the client that the audit evidence obtained was based on a sample of the information; thereby introducing an element of uncertainty;
b) the method and timeframe of reporting, including any grading of audit findings;
c) SQI's process for handling nonconformities including any consequences relating to the status of the client's certification;
d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit;
e) SQI's post audit activities;
f) information about the complaint and appeal handling processes.

The client will be given an opportunity to ask questions. If there are differences of opinion between the auditor and the client regarding audit evidence or findings the auditor must attempt to resolve these and must record any unresolved points.

Audit Report

SQI will provide a written report for each audit to the client. The report may identify opportunities for improvement if any are identified but will not recommend specific solutions. SQI retains ownership of the 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 enable an informed certification decision to be made and shall include or refer to the following:

- identification of SQI as the certification body;
- the name and address of the client and the client's representative;
- the type of audit (e.g. initial, surveillance or recertification audit or special audits);
- the audit criteria;
- the audit objectives;
- the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit;
- any deviation from the audit plan and their reasons;
- any significant issues impacting on the audit programme;
- identification of the audit team leader, audit team members and any accompanying persons;
- the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted;
- audit findings, reference to evidence and conclusions, consistent with the requirements of the type of audit;

- significant changes, if any, that affect the management system 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;
- recommendation from the audit team;
- SQI will also confirm in the audit report that the audited client is effectively controlling the use of the certification documents and marks;
- SQI will also verify, in the audit report, effectiveness of any corrective actions regarding previously identified nonconformities, if applicable.

The audit report shall also contain a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:

- the capability of the management system to meet applicable requirements and expected outcomes;
- the internal audit and management review process;
- a conclusion on the appropriateness of the certification scope;
- confirmation that the audit objectives have been fulfilled.

Cause analysis of nonconformities

The client must 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. The classifications below apply to ISO 9001, ISO 14001, A/NZS 4801 and OHSAS 18001. For SQF and Freshcare please refer to appendix 1 & 2

Majors – If a Major Nonconformity (NC) is raised, a Corrective Action Plan (CAP) must be returned to SQI within a maximum of one month from the audit date and the corrective action must be closed within 3 months. A follow-up audit may be required to verify the effectiveness of the corrective actions. This will enable the NC to be closed or reduced to a minor.

A Major is defined as:
The absence of or the failure to implement and maintain, one or more required management system elements, or a situation which would, on the basis of available objective evidence raise significant doubt as to ability of the management system to achieve its intended outputs including meeting the organisation's policy commitments (e.g. failure to provide goods or services of the required quality, failure to comply with applicable legal obligations, failure to prevent environmental or OH&S harm, etc.).

Initial or continued management system certification cannot be recommended if any major nonconformity is outstanding. Failure to adequately address a major nonconformity so that it may be closed or at least downgraded within three months shall initiate a process to suspend, withdraw or reduce the scope of an existing certification.

Minors - The corrective actions must be completed within a maximum of 12 months.
The effectiveness of the client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

A Minor is defined as:
An isolated or spasmodic nonconformity that is not classified as a major nonconformity and which if not addressed in a timely manner has the potential to become a major nonconformity.

Observations and Improvements

SQI will also identify Observations and Improvement Opportunities as ways of improving business performance and compliance.

An **Observation** is an isolated or spasmodic issue that if not addressed could lead to a future nonconformity. An example could be that the auditor has observed deterioration in the level of attention the client is applying in specific areas that while still compliant needs some attention. This is intended as a signpost for the client that these areas may not be getting the attention they require. It is strongly recommended that these are addressed to prevent them being raised as nonconformities at future audits.

An **Improvement Opportunity** is an opportunity to add value for the client by suggesting ways that may improve how the business operates. The client is not required to act on these improvement opportunities.

Effectiveness of corrections and corrective actions

The auditor will review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable. SQI will verify the effectiveness of any correction and corrective actions taken. SQI will retain on the client file, the evidence obtained to support the resolution of nonconformities.

We will inform the client of the result of the review and verification and will advise the client if an additional 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 we are not able to verify the implementation of corrections and corrective actions for any major nonconformity within 6 months after the last day of the Stage 2 audit, SQI will conduct another Stage 2 audit prior to recommending certification.

5. Stage 1 Audit

Planning for the Stage 1 audit will ensure that the following objectives can be met and the client will be informed of any “on site” activities during stage 1

Objectives of the Stage 1 Audit

- Review the management system documentation
- Evaluate the location & site-specific conditions & undertake discussions with staff to determine readiness for the Stage 2 Certification Audit
- Review understanding of the requirements of the standards with particular reference to the identification of key performance or significant aspects, processes, objectives and operation of the management system
- Collect information regarding the scope of the management system, processes & locations & related statutory & regulatory aspects & compliance, including sites, processes & equipment used, levels of control established (particularly in the case of multi-site clients)
- Review allocation of resources for the Stage 2 audit & agree an audit plan.
- Provide a focus for planning the Stage 2 Audit by gaining a sufficient understanding of the client’s management system and site operations in the context of the management system standard or other normative document;
- Evaluate if internal audits & management review are being planned & have been performed for at least 3 months & that the level of implementation of the management system substantiates readiness for the stage 2 audit
- While we may be able to review some of the information remotely a site visit will be required to verify the information identified above
- Generally, SQI will allow at least 20 working days interval between Stage 1 & Stage 2 audits. This timing will vary based upon the findings of the Stage 1 audit & the ability to resolve any areas of concern raised or the need to allocate different members to the audit team.
- At the end of the Stage 1 audit it may be necessary to adjust the time for the Stage 2 audit if we find any variations from the information provided on the application form.
- If any significant issues are raised at the Stage 1 audit which would impact on the management system, SQI will need to consider the need to repeat all or part of the Stage 1 audit.
- It may be necessary to postpone or cancel the Stage 2 audit.
- All audit durations are mandated by JAS-ANZ & the International Accreditation Forum (IAF) or Scheme Owners & any variations from standard times must be documented
- We will provide a report which will include any areas of concern that could lead to non-conformity during Stage 2 but will not provide any recommendations or advice on how to address such issues and will not use any information provided to the client as a means of justifying a reduction in the mandatory audit duration.

6. Stage 2 Audit

The purpose of the Stage 2 Audit is to evaluate the implementation and effectiveness of your management system. It will include the following elements:

a) Information & evidence about conformity to all the requirements of the standards or other normative documents
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 ability of your management system and its performance regarding meeting of applicable statutory, regulatory and contractual requirements
d) Operational control of processes
e) Internal audits and management review
f) Who is responsible for your policies

Note: If, during the course of the assessment, it becomes obvious that there are major deficiencies that would prevent certification, the applicant will be given the option whether the audit should be continued or discontinued at that time. At the conclusion of the audit, the SQI auditor(s) will analyse their findings and present the findings of the audit to your senior management in a closing/exit interview together with a Summary Report. This will include notification of any corrective actions required before certification can be granted and recommendations for improvements in practice.

a) During the Stage 2 phase, SQI may find that the audit team may require additional support to conduct the audit due to incomplete information in the Stage 1 evaluation. You may be charged additional fees should this be necessary. The Scope may also be varied at any time.
b) Should corrective actions to correct any major non-compliance be required, these should be carried out within a mutually agreed period. An additional visit may be involved to close-out the corrective actions.

7. Certification.

Prior to certification the following information will be supplied to SQI by our auditor.

- An audit report outlining compliance with the standards;
- Comments on any nonconformities and, where applicable, the correction and corrective actions taken;
- Confirmation that the information provided in the application/certification agreement has been verified;
- Confirmation that the audit objectives have been achieved;
- A recommendation from our auditor whether or not to grant certification, together with any conditions or observations.

All of this information will be discussed during the audit and confirmed at the closing meeting. The audit report will then be reviewed by our certification panel to ensure that the information provided by the audit team is sufficient with regard to the certification requirements and the scope of certification and that the corrections and corrective actions have been reviewed, accepted and verified; before the final decision on certification is made.

If we are unable to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of your stage 2 audit, we will need to conduct another Stage 2 audit prior to recommending certification.

All certification decisions including initial certification, recertification, expanding or reducing the scope of certification, suspending or restoring certification or withdrawing certification will be made by a certification panel member who will be independent of the auditors who conducted the audit. This will include a review of the objective evidence contained in the audit report and review, verification and acceptance of the correction and corrective actions for any major non-conformances.

The date of granting certification will be following the certification decision. This will be effected by the issue of a "Certificate of Registration", listing in the SQI Register of Certificated Companies in respect of the goods produced or services offered by your organisation and notification to JAS-ANZ (Joint Accreditation System - Australia and New Zealand) for listing in the register and/ or other applicable registers.

The JAS-ANZ register is updated on an ongoing basis and can be found at www.sciqual.com.au/jas-anz-register

Certificates of Registration are valid for a period of three (3) years and during this time an organisation is responsible for:

- Observance and compliance with SQI's Regulations http://www.sciqual.com.au/sci-qual-international-regulations
- Continuing compliance with the relevant System Standard(s);
- Notifying SQI of any significant Quality, EMS, OH&S, health, or Food Safety incidents, breaches of regulation or legislation and relevant correspondence with Authorities as soon as possible after the event;
- Implementing regular internal audits and reviews of the System;
- Agreeing to and paying for surveillance audits during the life of the certificate as required by Sci Qual International. This will normally require a visit 6 months after the Stage 2 audit in the first instance;
- Notifying SQI of any significant changes in your organisational structure which may impact on the original certification;

- Maintaining a record of all complaints and remedial actions relative to the products or services and improvement activities covered by the scope of certification;
- Ensuring the customer is notified of any goods or services provided outside of the organisation's registered certification scope;
- Records of any significant system related communications received and any actions taken to respond to them.

Certificates will only be issued after or concurrent with the following:

a) the decision to grant or extend the scope of certification has been made;
b) certification requirements have been fulfilled;
c) the certification agreement has been completed/signed;
d) Payment of our invoice.

SQI will provide information to any third party on request about the validity of a given certification.

If for any reason we are unable to grant certification we will notify the client and provide reasons.

8. Surveillance Audits

Once Certification has been granted surveillance audits will be undertaken for the next two years. Initially these may be on a six monthly basis until we are confident that your management system is stable but surveillance audits must be conducted at least once every calendar year except in recertification years when a full recertification audit will be conducted.

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

A surveillance audit is an on-site audit but is not necessarily a full system audit.

The surveillance audit will include at least the following:

a. Internal audits and management review
b. A review of actions taken on nonconformities identified during the previous audit
c. Treatment of complaints
d. Effectiveness of the management system with regard to achieving your objectives and intended results of the respective management system(s)
e. Progress of planned activities aimed at continual improvement
f. Continuing operational control
g. Review of any changes
h. Use of marks and/or any other reference to certification to ensure no misleading statements are being made.

Other surveillance activities may include:

a) Enquiries from SQI to the client on specific aspects of certification
b) Reviewing your statements with respect to your operations (e.g. promotional material, website.
c) Requests to provide documented information on paper or in electronic format;
d) Requests to interrogate your system through computer assisted auditing technique (CAAT) (video conferencing, remote servers etc).

SQI will maintain certification based on demonstration that the client continues to satisfy the requirements of the management system standard. Maintenance of certification can be accepted on the basis of the auditor's recommendation and does not require certification panel approval, as long as the following conditions are met:

a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the evidence must be reviewed by the certification panel;
b) Sample surveillance audits will be reviewed by the certification panel to ensure consistency of reporting;
c) Surveillance reports by new auditors will be reviewed for 6 months or until the General Manager is satisfied to ensure consistency with SQI requirements.

Changes affecting Certification

When any certification scheme introduces new or revised requirements that affect the client, SQI shall ensure these changes are communicated to all clients. SQI shall then verify the implementation of the changes by its clients and shall take actions required by the scheme within a timeframe agreed with the scheme owner.

SQI shall also consider other changes affecting certification, including changes initiated by the client, and shall decide upon the appropriate action.

The actions taken to implement changes affecting certification shall include, if required, the following:

- Evaluation by SQI auditors
- Review by SQI Certification Panel
- Issuance by SQI of any revised formal certification document to extend or reduce the scope of certification
- The issue of any documents such as audit plans/programmes related to revised surveillance activities

9. Recertification Audits

At the end of the 3 year cycle we will conduct a recertification audit to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative documents.

This will look at the performance of the management system over the certification period and will include the review of previous surveillance reports.

If there have been significant changes to the management system or the context in which the management system is operating (e.g. changes to legislation, ownership change etc) a Stage 1 audit may be necessary.

The recertification audit will address the following

a. The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification
b. Demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance
c. Whether the operation of the certified management system contributes to achieving the certified client's objectives and the intended results of the respective management system (s).

The recertification audit will be planned and conducted so as to enable timely renewal before the certificate expiry date

SQI will make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and any complaints received from users of certification.

When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision.

If SQI has not completed the recertification audit or we are unable to verify the implementation of corrections & corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. It is therefore strongly recommended that recertification audits are scheduled 2-3 months prior to the expiry date of your certification to give time to address any nonconformities.

If your certificate does expire, SQI can restore certification within 6 months, provided that the outstanding recertification activities are completed. Otherwise at least a stage 2 must be conducted. The effective date on the certificate must be on or after the recertification decision and the expiry date must be based on prior certification cycle. If these conditions are not met a Stage 1 audit will be necessary.

10. Special Audits

There are three types of special audits

a. Additions to Scope

If your scope changes we would need to review your revised application and determine which audit activities may be required to extend the scope. This may be conducted in conjunction with a surveillance audit or it may require a special audit.

b. Reductions in scope

These are generally handled by correspondence between you and SQI administration staff or at audit. Where changes are notified at audit, these shall be recorded on the Summary Report. Reductions in scope may also occur in parts of your organisation where SQI find that there have been persistent and serious failures of that part of the Organisation to meet the certification requirements. Any such reduction shall be in line with the requirements of the standard used for certification.

c. Short-Notice Audits

If we receive a complaint, or in response to any changes in the organisation that could impact on the certification, or as a follow up on suspended certificates it may be necessary to conduct an audit at short notice or unannounced to determine if there has been a breakdown in the management system. In selecting the audit team for these audits, we will take additional care regarding choice of auditor as you will probably not have the opportunity to object to audit team members for short notice audits.

11. Suspending, withdrawing or reducing the scope of certification

Suspension: Time-limited invalidation of a certificate

Withdrawal: Permanent invalidation of a certificate

Suspension

- Where your management system has persistently or seriously failed to meet certification requirements, e.g.
  - Failure to respond adequately to identify identified non-conformance(s)
  - Management system does not reflect the current organisation and processes, e.g. as a result of changes, acquisitions, diversification etc.
  - Major part of the management system not implemented

- Surveillance audits and recertification audits not allowed to be conducted according to required frequency or as scheduled

- Violation of the terms of the signed certification agreement, e.g.:
  - Non-payment of fees
  - Incorrect use of the certification mark and reference to certification

- Customer voluntarily requesting temporary suspension

- Evidence received from authorities etc. that could affect the status of certificate, e.g.:
    - Evidence of non-compliance to regulatory/statutory requirements relevant for the certified management system
    - Evidence of a non-effective managements system in case of serious incidents/accidents.

SQI will decide on the action to be taken, based on a review of the relevant factors. If suspension is decided, the process below shall be followed.

Suspension of a certificate is normally initiated as the first step, followed by withdrawal if the issue of concern is not resolved within due time. This will be dependent on the seriousness of the case, and it is possible that SQI will determine that a direct withdrawal is appropriate.

Where failure of the management system is related to a specific part of the organisation, specific products etc, SQI may also consider a reduction in the scope of certification as an alternative to suspension.

The decision to suspend a certificate shall be communicated to the customer by a formal letter. The letter shall include:

- A statement on the decision to suspend the certificate including a proper description of the situation, argumentation and reference to objective evidence.
- The right to respond and appeal to the decision. Normally a 10 working days notice for response and appeal are given. An appeal may be lodged through the complaints procedure.
- Start date of the suspension (normally from the date of receival of the letter)
- Conditions and due date of required action in order to revoke the suspension, and the consequence if satisfactory actions are not performed.
- The means of follow-up by SQI to verify that conditions have been met and required corrective actions have been implemented
- A statement that the certificate is invalid during suspension and that use of all advertising matter containing a reference to Certification are prohibited during time of suspension
- A statement that both the customer and SQI shall inform all enquirers that the certificate is suspended

A certificate shall not be suspended for more than 6 months.

Follow up

SQI will verify that conditions are met and requested corrective actions have been implemented.

Dependent on this verification, SQI will either:

- Declare a positive result, revoke the suspension and declare a valid certificate
- Declare a negative result due to failure to resolve the issues that resulted in suspension. This situation will normally result in permanent withdrawal of the certificate. (See below)

Withdrawal

Withdrawal of the certificate shall be initiated if:

- The customer does not meet the conditions of suspension
- A suspension is not considered to be an adequate action.

The decision to withdraw a certificate shall be formally communicated to the customer including the requirements to:

- Terminate use of the certification mark and any reference to certification
- Return certificate(s) and copies to SQI

Restoring a Certificate

A certificate can be restored following suspension if the reasons for the suspension have been adequately addressed.

However, where greater than 6 months time has elapsed since the previous audit where a Major Non-Conformance was generated, a full assessment audit will be required for reinstatement of the certificate.

12. Transfer of certification

Where clients wish to transfer between Certification Bodies JAS-ANZ Policy 03/11 will be followed. This document provides clarification and introduces requirements, considered necessary to strengthen and facilitate the smooth transfer of accredited management systems certification, whilst maintaining the integrity of the certification process. All JAS-ANZ accredited Certification Bodies are required to cooperate to ensure that clients are not penalised when requesting a transfer.

Where SQI is taking account of certification already granted to the client and to audits performed by another certification body we will obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity. SQI shall, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities.

13. Appeals

You have the right to appeal any decision regarding your certification by sending in your appeal to contact@sciqual.com.au and it will be referred to our Appeals Committee.

Our appeals committee is made up of board members and the General Manager and does not include anyone who was involved in the certification decision under appeal.

No discrimination will be shown on any appeal and your appeal will consider all the facts that are available before reaching a decision.

We will acknowledge receipt of your appeal and will keep you informed of progress and the result of the appeal and will advise you formally at the end of the appeals process.

14. Complaints

If you have any complaints about our service you can send these to contact@sciqual.com.au. If your complaint relates to a JAS-ANZ accredited programme you can complain to JAS-ANZ at http://www.jas-anz.org/ If your complaint has not been resolved within 3 months of the agreed timeframe it will be transferred to JAS-ANZ to address.

Any valid complaint received by us about a certified client will also be processed through our formal complaints procedure and the certified client will be advised.

Submission, investigation and decision on complaints shall not result in any discriminatory actions against the complainant.

SQI will handle all complaints directly and these will not be delegated to anyone else.

15. Confidentiality

All information relating to an applicant or a certified company will be treated as confidential by all personnel associated with SQI. Any Conflict of interest between the assessor and the Company shall be advised to SQI.

Where SQI is required by law or authorised by JAS-ANZ as part of the accreditation agreement to release confidential information, the client or individual concerned shall, unless prohibited by law, be notified of the information provided.

Any information provided to SQI by sources other than the client (e.g. complainant, regulators) shall be treated as confidential.

Personnel, including any committee members, contractors, personnel of external bodies or individuals acting on SQI's behalf, shall keep confidential all information obtained or created during the performance of our activities except as required by law. All SQI staff and contractors and anyone with access to client information such as JAS-ANZ assessors are required to sign confidentiality agreements

Scheme owners shall ensure that any records, contracts, license agreements or performance data collected or generated by them of a Certification Body performance shall remain confidential and not for public release or access. This data will be utilized only by the scheme owner and the applicable Accreditation Body for the improvement of Certification Body performance and the improvement of the scheme owner's program.

16. Impartiality

SQI is committed to the impartiality of its certification decisions and we or any organisation which at any time may become part of the same legal entity will not:

- Be the designer, manufacturer, installer, distributor or maintainer of any certified product;
- Be the designer, implementer, operator or maintainer of the certified process;
- Be the designer, implementer, provider or maintainer of the certified service;
- Offer or provide consultancy to our clients;
- Offer or provide management system consultancy or internal auditing to our clients where the certification scheme requires the evaluation of the client's management system.

SQI shall ensure that activities of any separate legal entities, with which SQI or the legal entity of which it forms a part has relationships, do not compromise the impartiality of its certification activities.

17. Outsourcing

SQI does not outsource any of its certification activities to other organisations

Appendix 1 – SQF Certification

Details of the certification process for SQF can be found in the latest version of the SQF code at SQF Code

The steps are detailed in the table on next page.

SQI will operate under licence to the Food Marketing Institute with the following scope of accreditation:

“Activities to certify an individual supplier’s SQF system to one or more food sector categories as defined in the GFSI Guidance document, sixth edition, or subsequent editions in the Australia/Pacific region”

1.	**Preparing for SQF Certification**
1.1	Learn about the SQF code
1.2	Select the relevant SQF modules
1.3	Register in the SQF assessment database
1.4	Use of SQF consultants
1.5	Designate an SQF practitioner
1.6	SQF implementation training
1.7	Select the certification level
1.8	Document and implement the SQF code
1.9	Review SQF guidance documents
1.10	Select a certification body
1.11	Conduct a pre-assessment audit
2.	**The Initial Certification process**
2.1	Selection of SQF Auditors
2.2	Identifying the scope of certification
2.3	The certification audit
2.4	Identifying the scope of the audit
2.5	Audit duration guide
2.6	The desk audit
2.7	The facility audit
2.8	Seasonal production
2.9	System elements
2.10	Non-conformities
2.11	Opportunities for improvement
2.12	The audit report
3.	**The initial certification decision**
3.1	Responsibility for the certification decision
3.2	Facility audit corrective actions
3.3	Audit score and rating
3.4	Granting certification
3.5	Failure to comply
4.	**Surveillance and Recertification**
4.1	Maintaining certification
4.2	Surveillance audit
4.3	Recertification audit
4.4	Variations to the recertification process
4.5	Unannounced recertification audit
4.6	Suspending certification
4.7	Withdrawing certification
4.8	Surveillance audit – seasonal suppliers
4.9	Recertification audit – seasonal suppliers
5.	**Obligations of suppliers and certification bodies**
5.1	Changing the scope of certification
5.2	Changing the certification body
5.3	Notification of product recalls and regulatory infringements
5.4	Change of ownership
5.5	Relocation of premises
5.6	Use of a technical expert
5.7	Language
5.8	Conflict of interest
5.9	Complaints, appeals and disputes

SQF Program Principles

Certification of SQF Systems by SQI is not a statement that SQI guarantees the safety of a Supplier's food or service. It is also not a guarantee that all food safety regulations are being met, or will continue to be met, at all times. It is a statement that the Supplier's food safety plans have been implemented in accordance with the HACCP method and applicable regulatory requirements, and that the validation and verification of the Food Safety Plan has been evaluated and determined effective to manage food safety. It is also a statement of the Supplier's commitment to:

- Produce safe, quality food.
- Comply with the requirements of the SQF Code.
- Comply with applicable food legislation.

Application for Certification

To commence the certification process the applicant needs to complete SQI's Application Form available on our website.

At any stage during a facility audit, opportunities for improvement may be identified by the auditor. Opportunities for improvement identify issues that are not non-conformances but recognize that the practices conducted by the supplier are not industry best practice. They do not require a corrective action response by the supplier, but provide the supplier with an opportunity to improve their SQF System. The Supplier shall be made aware that they are under no obligation to implement the improvement opportunity and the supplier shall not be penalized nor have its certificate of registration suspended or withdrawn if it elects not to, or fails to, implement an improvement opportunity.

Application Review

The application review will be conducted by a member of SQI Certification Panel qualified and registered as an SQF auditor in accordance with SQF Code Part A Implementing and Maintaining the SQF Code.

Before commencing an initial on-site facility audit SQI shall complete a comprehensive review of the SQF system as presented at a desk audit to ensure that:

- the supplier's SQF system meets the requirements of the relevant SQF Code;
- SQF plans have been derived as required in the relevant SQF Code and that they have been developed, validated and verified by a SQF Practitioner; and
- there is substantiated evidence to show that Food Safety Plans, and Food Quality Plans at Level 3, were derived using the HACCP Method.

SQI will conduct a desk audit (documentation audit) only upon initial certification. Subsequent changes in documentation shall be reviewed as part of the recertification audit.

SQI will also prepare a written site audit plan and make that plan available to the supplier.

Identifying the Scope

The scope of certification, including site, food sector categories and products must be clearly identified and agreed upon between SQI and the supplier prior to the initial certification audit and included in the scope of the initial certification audit and all subsequent audits.

The audit scope shall cover all processes under the control of the supplier including from raw material receipt to shipment of finished product.

Once the certification audit has begun, the scope cannot be altered.

SQI will ensure that all evaluation activities are conducted in accordance with the required version of the SQF standard.

The entire site, including all premises, support buildings, silos, tanks, loading and unloading bays and external grounds must be included in the scope of certification.

Where a supplier seeks to exempt part of the site for any reason, the request for exemption must be submitted to SQI in writing and shall be listed in the facility description in the SQF assessment database. However all parts of the premises and process that are involved with the production, processing and storage of products included in the scope cannot be exempted.

If the supplier elects to exempt processes, products or areas of the site from the scope of certification, the request must be submitted to SQI in writing prior to the audit, and shall be listed in the facility description in the SQF assessment database. Exempted products shall not be listed on the certificate, and must not be promoted as being covered by the certification.

Conduct of Audit

The SQF audit is a two stage process.

Stage 1 is a **desk audit** to verify that the supplier's SQF system documentation meets the requirements of the SQF code.

An independent desk audit will be conducted by SQI for initial certification.

The desk audit will be conducted by a registered SQF auditor appointed by SQI, and ensures:

- An appropriately qualified SQF practitioner is designated;
- The food safety plan (at level 2) and the associated Critical Control Point (CCP) determinations, validations and verifications are appropriately documented and endorsed by the SQF practitioner;
- The food quality plan (at level 3) and the associated Critical Quality Point (CQP) determinations, validations and verifications are appropriately documented and endorsed by the SQF practitioner;
- The documented system is relevant to the scope of certification and the products processed there under.

SQI shall notify the supplier of corrections or corrective action, or any aspects of the SQF System that require improvement or adjustment. SQI will also verify that all corrections or corrective action for major and minor non-conformances have been addressed before proceeding with a facility audit.

The initial onsite certification audit cannot begin until all major and minor non-conformances from the document review audit have been closed out and approved by SQI

Stage 2 is a **facility audit** conducted on site to determine the effective implementation of the supplier's documented system.

The facility audit is conducted on site by the SQF auditor appointed by SQI.
It is conducted at a time agreed between the supplier and SQI, when the main processes are operating. The facility audit must include a review of the entire facility, including the inside and outside of the building, regardless of the scope of certification.
The facility audit determines if the SQF System is effectively implemented as documented. It establishes and verifies the:

- Effectiveness of the SQF System in its entirety;
- Food safety hazards (level 2) and food quality hazards (level 3) are effectively identified and controlled;
- Effective interaction between all elements of the SQF System; and
- Level of commitment demonstrated by the supplier to maintaining an effective SQF System and to meeting their food safety regulatory and customer requirements.

Seasonal Production

Initial certification audits for suppliers involved in seasonal production (i.e. a period in which the major production activity is conducted over not more than five consecutive months) shall be conducted during the peak operational part of the season.

Where suppliers seek to include products from more than one season within their scope of certification, the supplier and certification body shall agree to conduct the initial certification audit during the highest risk and/or highest volume production operation.
Documentation and records for other seasonal production shall be reviewed as part of the certification audit.

Where a supplier operates under seasonal conditions (a period in which the major activity is conducted over five (5) consecutive months or less) the certification audit shall be completed within thirty (30) days from the start of the season.

Audit Duration

The audit times will vary according to the size and complexity of the site operations. Factors that can impact on the audit duration include:

- The scope of the audit;
- The size of the site and the design of product and people flows;
- The number and complexity of product lines and the overall process;
- Whether the product is high or low risk;
- The complexity of the SQF System design and documentation;
- The level of mechanization and labour intensiveness;
- The ease of communication with company personnel (consider different languages spoken);
- The cooperation of the supplier's personnel.

Tables 2 & 3 in the SQF Code provide a guide to the duration of an SQF certification audit. Justification is required if SQI deviates from this guide by greater than 30%

Standard	**Basic Duration (Days)**
SQF Level 1	0.5
SQF Level 2	1.0
SQF Level 3	1.0

Step 1	**Step 2**	**Step 3**	
Standard	Basic Duration (includes 3 HACCP Plans)	Additional Days Based on number of employee	Additional Days based on Size of Facility M^2
SQF Level 1		1 - 200 = 0 201 - 400 = 0.5 401-600 = 1.0 601 - 1000 = 1.5 1001-2500 = 2.0 2501 - 4000 = 2.5 > 4,000 = 3.0	0 -19,000 = 0 19,000- 27,000 =0.5 27,000-46,000 = 1.0
SQF level 2			
SQF Level 3			
Additional Time for each HAACP Plan (where there are multiple different plans)	0.5 day additional 3 HACCP plans or 3 additional production/manufacturing processes		

For SQF Edition 8 the audit duration shall vary depending on the certification audit option selected, (i.e. an extension of the food safety audit, or a separate, stand-alone audit (refer Part A, 2.3 of the SQF Code Edition 8).

SQI shall determine the audit duration and shall advise the site in writing with an estimate of the time it will take to complete the certification audit.

As a guide, SQFI expects a certification audit to the SQF Quality Code, combined with a certification audit to the SQF Food Safety Code to add a minimum of half a day to the above times, while a stand-alone quality certification audit will be a minimum of one day.

System Elements

All applicable elements of Module 2 and the relevant GAP/GMP module(s) shall be checked as part of the certification audit. Where an element is not applicable and appropriately justified, it shall be stated so by the auditor in the audit report.
Within module 2 the elements listed below are mandatory elements that cannot be reported as “not applicable” or “exempt” and must be audited and compliance/non-compliance reported. The mandatory elements are:

2.1.1	Management Policy
2.1.2	Management Responsibility
2.1.3	Food Safety & Quality Management System
2.1.4	Management review
2.2.1	Document Control
2.2.2	Records
2.4.1	Food Legislation
2.4.2	Food Safety Fundamentals
2.4.3	Food Safety Plan (at Level 2, 3)
2.4.4.1	Food Quality Plan (at Level 3)
2.4.8	Product Release
2.5.2	Validation & Effectiveness
2.5.4	Verification & Monitoring
2.5.5	Corrective & Preventative Action
2.5.7	Internal Audit
2.6.1	Product Identification
2.6.2	Product Trace
2.6.3	Product Withdrawal & Recall
2.7.1	Food Defence
2.9.2	Training Program

Mandatory elements are designated with an “M” in Module 2 of the SQF Code.

SQI will prepare a plan for all evaluation activities to meet the requirements of SQF Code Part A – Implementing and Maintaining the SQF Code. Where an audit involves more than one type of product or process this report shall clearly identify all the elements important to each product type audited.

The audit report shall be completed by SQI’s auditor and include all the requirements and the calculated rating as listed in the SQF audit report explanatory notes described in Part A: Section 3.3 of the SQF Code.

The certification audit of the SQF System will be undertaken to verify the effectiveness of the Supplier’s SQF System in its entirety. It shall establish and ensure:

I. the effective inter-action between all elements of the SQF System; and
II. that the Supplier has demonstrated a commitment to maintaining the effectiveness of the SQF System and to meeting regulatory and customer requirements.

SQI will allow SQF Auditors sufficient time to undertake all activities relating to a Desk Audit, Certification Audit or a Re-certification Audit and also monitor all SQF Auditor activities to ensure they do not take excessive time to conduct an Audit.

SQI shall adhere to the requirements outlined in the published edition of the SQF Code.

Guidance documents are available for some SQF modules and food sector categories from the SQFI website Guidance Documents. These documents are available to help the supplier interpret the requirements of the SQF Code and assist with documenting and implementing an SQF System. The documents have been developed with the assistance of food sector technical experts.

The guidance documents are available to assist the supplier, but are not auditable documents. Where there is a divergence between the guidance document and the SQF Code, the SQF Code (English) prevails.

Maintaining Certification

To maintain SQF certification, a supplier is required to attain a “C - complies” audit rating or greater at re-certification audits, ensure that surveillance and/or re-certification audits occur within the required timeframe, ensure that no critical non-conformities are raised at surveillance or re-certification audits, and that all major and minor non-conformities are corrected within the time frame specified.

Surveillance Audit

The surveillance audit is conducted when the supplier attains a “C - complies” rating at a certification audit or re-certification audit. The surveillance audit shall be conducted within thirty (30) calendar days either side of the six (6) month anniversary of the last day of the previous certification or re-certification audit. A new score and rating is issued at the surveillance audit, however the re-certification audit date is not affected.

The purpose of the surveillance audit is to:

1. Verify the continued efficacy of corrections and corrective actions closed out at previous audits;
2. Verify that the SQF System continues to be implemented as documented;
3. Consider and take appropriate action where changes to the supplier’s operations are made and the impact of those changes on the supplier’s SQF System;
4. Confirm continued compliance with the requirements of the SQF Code;
5. Verify all critical steps remain under control; and
6. Contribute to continued improvement of the supplier’s SQF System and business operation.

Major or minor non-conformities raised at the surveillance audit shall be closed out as indicated in section 3.2 of the SQF Code.

Surveillance Audit - Seasonal Suppliers

Seasonal suppliers that attain a “C” rating at a certification or re-certification audit are subject to a surveillance audit within thirty (30) days either side of the six (6) month anniversary of the last day of the previous certification or re-certification audit.

Where the due surveillance audit date falls within the operational season, the conditions of Part A, 4.2 of the SQF code apply. Where the due date of the surveillance audit falls outside the operational season, the surveillance audit shall comprise a full review of corrective actions from the last audit, to ensure preparedness for the next re-certification audit.

Dormant Food Sector Categories

Where SQI does not have existing capability in a specific product category we will either decline an application for those categories or recruit auditors with the necessary scopes to conduct the audit using our standard process for confirming auditor competency.

Recertification Audit

The re-certification audit of the SQF System is undertaken to verify the continued effectiveness of the supplier's SQF System in its entirety.

The re-certification audit shall be conducted within thirty (30) calendar days either side of the anniversary of the last day of the initial certification audit. The re-certification audit score is calculated in the same way as the initial certification audit, and the same rating applied.

Written approval by the SQF senior technical director is required to issue a temporary extension to a supplier's re-certification audit timeframe and certificate expiry date including instances in extreme circumstances such as acts of nature or extreme weather. Seasonal suppliers shall refer to section Part A, section 4.9. of the SQF code.

Situations that require a permanent change to the re-certification audit date require written approval by the SQF senior technical director and the supplier's new re-certification date may be moved earlier than the anniversary and the new re-certification date fixed as the new initial certification audit date.

All extension requests shall come from the certification body that issued the supplier's SQF certificate.

The purpose of the re-certification audit is to:

1. Verify the continued efficacy of corrections and corrective actions closed out at previous audits;
2. Verify that the SQF System continues to be implemented as documented;
3. Consider and take appropriate action where changes to the supplier's operations are made and the impact of those changes on the supplier's SQF System;
4. Verify all critical steps remain under control and the effective inter-action between all elements of the SQF System;
5. Verify the overall effectiveness of the SQF System in its entirety in the light of changes in operations;
6. Verify that the supplier continues to demonstrate a commitment to maintaining the effectiveness of the SQF System and to meeting regulatory and customer requirements; and
7. Contribute to continued improvement of the supplier's SQF System and business operation.

Re-certification Audit - Seasonal Suppliers

The re-certification audit of seasonal suppliers shall follow the requirements of The SQF Code, Part A, 4.3. However, where there is a significant change in seasonal operations whereby the re-certification audit sixty (60) day window cannot be met, SQI and supplier shall temporarily reset the re-certification audit date so that it falls during the peak operational part of the season.

If the supplier wishes to permanently change the re-certification audit date due to seasonal conditions, the request must be made to SQFI in writing.

Variations to the Re-certification Process

The requirements for the re-certification audit are the same as for the certification audit, with the following exceptions:

1. An independent desk audit is not required as part of a re-certification audit. However an integrated desk and facility audit shall be conducted at each re-certification. The supplier's documentation shall be reviewed as necessary as part of the facility audit.
2. If the supplier fails to permit the re-certification or surveillance audit within the agreed timeframe, SQI shall immediately suspend the supplier's certificate.
3. If the supplier receives an "F – fails to comply" rating at the re-certification or surveillance audit, SQI shall immediately suspend the supplier's certificate.

If the supplier fails to close out non-conformities within the agreed timeframe, SQI shall immediately suspend the supplier's certificate.

Unannounced Re-certification Audit

Within three (3) certification cycles SQI shall conduct one (1) unannounced re-certification audit of the supplier. The unannounced audit shall occur in the supplier's facility within the sixty (60) day re-certification window (i.e., the anniversary date of the initial certification audit +/- thirty (30) days). Currently certified SQF suppliers shall be required to undertake one (1) unannounced audit within the three (3) year certification cycle.

1. The supplier's certification cycle begins with the initial certification audit date. Unannounced re-certification audits shall occur once in every 3 certification cycles.
2. Unannounced audits shall not be conducted on the initial certification audit or on a surveillance audit.
3. If a supplier changes certification bodies, the supplier's unannounced re-certification audit schedule shall not change.
4. The unannounced re-certification audit shall follow the protocol under the SQF Code, Part A, section 4.3 and 4.4.
5. Multi-site suppliers are exempted from unannounced audits.
6. The date of the unannounced audit shall be determined by SQI within the 60 day re-certification audit window. The unannounced audit year shall be determined between the supplier and certification body.
7. A defined blackout period shall be established by negotiation between the supplier and SQI that prevents the unannounced re-certification audit from occurring out of season or when the facility is not operating for legitimate business reasons.
8. Immediate suspension of the supplier certificate will occur in facilities that refuse entry to the auditor for an unannounced audit.

Where client fails to permit an unannounced audit, any subsequent audit to regain certification shall be conducted as an unannounced recertification audit and the supplier will be required to undergo a surveillance audit during the certification cycle. SQI will declare the following certification cycle as the unannounced audit year. The initial onsite certification audit cannot begin until all major and minor non-conformances from the document review audit have been closed out and approved by SQI. During the unannounced recertification audit the auditor is expected to:

- Be prepared to share their identification card and authorization from SQI
- Conduct a tour of the facility within the first 60 minutes of arrival at the facility.
- Review the supplier's schedule to verify the identified blackout dates are valid.
- For Certification of a multi-site organization the guidance provided in the SQF Code, module 16 and Annex 3 applies.

SQI will ensure that auditors who conduct SQF audits are aware of the latest updates in audit tools and materials as provided by SQFI. Auditors will utilize the SQF standards to conduct SQF Audits, but will not add additional standards, criteria, or interpretation to the SQF audit.

Non-conformities

Where the SQF auditor finds deviations from the requirements of relevant modules of the SQF Code, the auditor shall advise the supplier of the number, description, and extent of the non-conformities. Non-conformities may also be referred to as non-conformances. Non-conformities against the SQF Code shall be graded as follows:

- A minor non-conformity is an omission or deficiency in the SQF System that produces unsatisfactory conditions that if not addressed may lead to a risk to food safety and quality but not likely to cause a System element breakdown.
- A major non-conformity is an omission or deficiency in the SQF System producing unsatisfactory conditions that carry a food safety or quality risk and likely to result in a System element breakdown.
- A critical non-conformity is a breakdown of control(s) at a critical control point, a pre-requisite program, or other process step and judged likely to cause a significant public health risk and/or where product is contaminated.
- A critical non-conformity is also raised if the supplier fails to take effective corrective action within the timeframe agreed with SQI, or if SQI deems that there is systemic falsification of records relating to food safety controls and the SQF System.

When non-conformities are found at any individual sub-site through the central site's internal auditing, investigation by the central site shall take place to determine whether the other sub-sites may be affected. SQI shall require evidence that the central site has taken action to rectify all non-conformities found during internal audits and that all non-conformities are reviewed to determine whether they indicate an overall system deficiency applicable to all sub-sites or not. If they are found to do so, appropriate corrective action shall be taken both at the central site and at the individual sub-sites. The central site shall demonstrate to SQI the justification for all follow-up action.

When non-conformities are found at the central site or at any individual sub-site through auditing by SQI, action shall be taken by SQI as outlined above.

When non-conformities are found at the central site, SQI shall increase its sampling frequency until it is satisfied that control has been re-established by the central site.

At the time of the initial certification and subsequent re-certification a certificate shall not be issued to the central site and sub-sites until satisfactory corrective action is taken to close out all Non-conformances.

It shall not be admissible that, in order to overcome the obstacle raised by the existence of non-conformity at a single sub-site, the central site seeks to exempt from the scope of certification the "problematic" sub-site during the certification, surveillance or re-certification audit.

Timeframe for closing out nonconformities

Major
A major nonconformity shall be corrected and appropriate corrective action verified and closed out in the SQF assessment database with fourteen (14) days of the completion of the audit.

Minor
A minor non-conformity shall be corrected, verified and closed out in the SQF assessment database within thirty (30) calendar days of the completion of the facility audit.

Extensions may be granted by SQI where there is no immediate threat to product safety and quality, and alternative, temporary methods of control are initiated. The supplier shall be advised of the extended timeframe. Extended timeframes for close out of minor non-conformities shall not impede and delay certificate issuance.

The effectiveness of the client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

In circumstances where the corrective action involves structural change or cannot be corrected due to seasonal conditions or installation lead times, this period can be extended provided the corrective action time frame is acceptable to SQI and temporary action is taken by the supplier to mitigate the risk to product safety or quality. However, in such cases, the non-conformity must still be closed out on the SQF assessment database and the auditor shall document all details of justification of the extension, how the risk is being controlled, and the agreed completion date.

Critical

Immediate suspension of business until nonconformity is addressed

Critical non-conformities cannot be raised at desk audits

If the SQF auditor considers that a critical non-conformity exists during a facility audit, the auditor shall immediately advise the supplier and notify SQI. A critical non-conformity raised at a certification audit results in an automatic failure of the audit, and the supplier must re-apply for certification.

When the supplier's re-application occurs within six (6) months of the last audit date, and with the same certification body, a facility audit shall be scheduled but a desk audit is not required. If the re-application occurs after six (6) months from the last audit date, or with a new certification body, then a desk audit and facility audit are required.

Seasonal

The auditor may identify instances of non-conformances for some product lines, which cannot be closed out prior to the commencement of a new season. These will be issued as a Seasonal Non Conformance and the client will be required to close the non-conformity within 14 days of the commencement of the season.

Opportunities for Improvement

Opportunities for improvement are observations made by the auditor during a facility audit that identify issues that are not non-conformities but recognize that the practices conducted by the supplier are not industry best practice. They do not require a corrective action response by the supplier, but provide the supplier with an opportunity to improve their SQF System.

Failure to Comply

Where a supplier achieves an "F – fails to comply" rating at a certification audit, they are considered to have failed the audit. The supplier must then re-apply for another facility audit.

When the supplier's re-application occurs within six (6) months of the last audit date, and with the same certification body, a facility audit shall be scheduled but a desk audit is not required. If the re-application occurs after six (6) months from the last audit date, or with a new certification body, then a desk audit and facility audit are required.

Suspending Certification

The supplier's certificate shall be immediately suspended by SQI if the supplier:

1. fails to permit the re-certification or surveillance audit,
2. receives an "F – fails to comply" rating,
3. fails to take corrective action,
4. fails to permit an unannounced audit,
5. fails to take corrective action within the timeframe specified, or
6. where in the opinion of the CB, fails to maintain the requirements of the SQF Code.
7. A critical non-conformity is raised at the surveillance audit, or
8. The supplier fails to close out major or minor non-conformities within the agreed timeframe.

Where the supplier's certificate is suspended, SQI shall immediately amend the supplier details on the SQFI database to a suspended status indicating the reason for the suspension and the date of effect; and in writing:

1. Inform the supplier of the reasons for the action taken and the date of effect;
2. Copy the senior technical director of SQFI on the notice of suspension sent to the supplier,
3. Request that the supplier provides to SQI, within forty-eight (48) hours of receiving notice of the suspension, a detailed corrective action plan outlining the corrective action to be taken.

Re-instating Certification following suspension

When the supplier's certificate is suspended, SQI shall upon receipt of the detailed corrective action plan:

1. Verify that the immediate correction has been taken by the means of an on-site audit and within thirty (30) calendar days of receiving the corrective action plan;
2. When corrective action has been successfully implemented, re-instate the supplier status on the SQFI database and give written notice to the supplier that their certificate is no longer suspended;
3. Not more than six (6) months after suspension, SQI shall conduct a surveillance audit to verify the effective implementation of the corrective action plan and that the supplier SQF System is achieving stated objectives, and
4. Copy SQFI on the notice indicating lifting of the suspension sent to the supplier.

When SQI has suspended a supplier's SQF certificate, for the duration of suspension, the supplier shall not represent itself as holding an SQF certificate.

Level 3 suppliers must comply with The SQF Code - Reference Appendix 3: SQF Quality Shield and Logo Rules of Use.

Where a supplier is suspended because of refusal to allow an unannounced audit, SQI will take the following actions:

- Immediately suspend the supplier's SQF certificate
- Conduct the next audit to regain certification as an announced recertification audit
- Require the supplier to undergo a surveillance audit during the certification cycle
- Declare the following certification cycle as the unannounced audit year

Withdrawing Certification

SQI shall withdraw the certificate when the supplier:

1. Has been placed under suspension and fails to submit approved corrective action plans as defined by SQI, or take approved corrective action as determined by SQI within the time frames specified;
2. Has falsified its records;
3. Fails to maintain the integrity of the SQF certificate; or
4. Has an administrator, receiver, receiver and manager, official manager or provisional liquidator appointed over its assets or where an order is made or a resolution passed for the closure of the supplier (except for the purposes of amalgamation or reconstruction) or the supplier ceases to carry on business or becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors or makes any arrangement or composition with its creditors.

Effective January 2017, SQFI will retroactively post all SQF certified suppliers that have had their certificate withdrawn 12 months from January 2016 due to reasons listed in the SQF Code, edition 7.2, part A, section 4.7.

Each withdrawn certificate will be posted for a twelve-month period and include the site name, city, state, and country along with the month and year of the suspension. The list will be posted to the SQFI website at http://www.sqfi.com/standards/sqf-compliance/sqf-withdrawn-certificates and will be updated monthly.

A supplier that has their certificate withdrawn must re-apply for certification. and SQF has implemented a 12 month delay from when a withdrawn site can reapply for certification. This delay prohibits sites from reapplying for certification 12 months from the date the certificate was withdrawn by the SQFI Certification Body.

In addition, a level 3 supplier shall comply with Appendix 3: SQF Quality Shield and Logo Rules of Use.

When the supplier's certificate is withdrawn, SQI shall immediately amend the supplier's details on the SQF assessment database to a "withdrawn" status indicating the reason for the withdrawal and the date of effect; and in writing:

1. Inform the supplier that the SQF certificate has been withdrawn, the reason for such action and the date of effect; and
2. Copy SQFI on the notice of withdrawal sent to the supplier,
3. Instruct the supplier to return the certificate;

In addition, for level 3 suppliers, SQI must comply with Appendix 3: SQF Quality Shield and Logo Rules of Use.

Maintaining Certification Information

SQI will maintain information on certified products which contains the following:

a) identification of the product
b) the standard(s) and other normative documents to which conformity has been certified
c) identification of the client

SQI will appoint a person or persons who are technically competent and trained in the management of the SQF system to make certification decisions on our behalf. These persons shall not be involved in the audit process for the client.

Certification and re-certification of SQF systems shall not be granted unless a "C" audit rating or greater is achieved, all nonconformities have been corrected and those corrections verified by SQI (by a site visit or other appropriate means)

SQI will make the certification within forty-five (45) days of the audit being completed and if certification is granted we will create a certification record in the SQF database so that we can provide the following:

- a Certificate in the form approved by SQF; with a unique certification number generated by the SQF assessment database;
- an electronic copy of the relevant SQF Quality Shield which shall include the SQI name and certification number for facilities which achieve level 3 certification;
- a statement detailing the duration of the certification and the grounds upon which certification may be suspended or withdrawn;
- the requirements for undertaking surveillance audits and Re-certification audits and their frequency; and
- where the scope of certification is changed (i.e. expanded or reduced) as a result of an audit a new Certificate shall be issued and SQI shall notify the SQFI of the change.
- Within ten (10) calendar days of granting certification, SQI shall provide an electronic and/or hard copy of the supplier's certificate to the supplier. The certificate is valid for 75 days from the supplier's anniversary date of the initial certification closest to the next recertification audit date, and shall be in a form approved by SQF.

Changes Affecting Certification

SQI will communicate any changes or new and revised requirements issued by SQF to the supplier as they are received from SQF

Selection & control of Auditors

SQI will select the most appropriately qualified auditor for the supplier's SQF certification audit. This auditor will be registered for the same food sector categories as the supplier and no auditor will conduct audits for the same supplier for more than 3 consecutive certification cycles.

The supplier will be advised the name of the auditor at the time the SQF audit is scheduled.

Auditors are formally contracted to SQI once they have met the competency requirements. This includes a requirement for ongoing professional development, compliance with confidentiality and conflict of interest requirements, use of controlled documents and peer review.

Impartiality

SQF auditors shall not audit an SQF system where they have participated in a consulting role involving the supplier in question, or any person related to the supplier, within the last two years (considered to be participating in an active and creative manner in the development of the SQF system to be audited) Consulting includes, but is not limited to, activities such as:

- Involvement in the production or preparation of food safety plans, food quality plans, manuals, handbooks or procedures;
- participating in the decision making process regarding SQF Systems or any other food safety management system
- giving advice – as a consultant or otherwise - toward the design, documentation, development, validation, verification, implementation or maintenance of an SQF systems or any other food safety management system; and
- delivering or participating in the delivery of an “in-house” training service at which advice and instruction on the development and implementation of food safety plans and SQF systems for eventual certification is provided.

SQI shall ensure contractors retain impartiality when providing an audit service; that they are registered as SQF auditors, and are clearly identified as representing SQI.

SQI shall only certify to those food industry scopes and locations where it has been accredited by JAS-ANZ under ISO 17065.

Objective Evidence Requirements

Following is a summary of the kind of objective evidence SQI will seek as part of the audit and certification process.

- Review of SOPs in view of application within the business being audited inclusive of application within the business;
- Review of process flow in conjunction with SOPs in view of application within the business being audited with verification of the process flow being undertaken during the Audit;
- Review of Monitoring Records in conjunction with relevant procedures within the business;
- Review of Verification Records in conjunction with relevant procedures within the business.
- The auditor will review all reference documentation such as pre-requisite programs, HACCP, appropriate legislation, food additives, chemical registration and MRL’s and relevant industry a codes of practice (GAP/GMP/GDP) during the course of the audit.

Document Review

The following documents will be reviewed by SQI during the document review portion of the audit

- Pre-Requisite Programs Manual applicable to the operation;
- HACCP Plan addressing Safety Issues for Level 2
- HACCP Plan addressing Safety Issues + Quality Issues for Level 2 & Level 3

Use of Technical Experts

Technical experts may be used to assist SQF auditors in audits where the auditor is SQF registered but not in the supplier's food sector category, or in high risk audits where the audit would benefit from expert technical advice.

The use of a technical expert to assist an SQF auditor in the performance of an SQF audit is permitted provided the supplier has been notified before the audit and accepts their participation.

The technical expert must sign a confidentiality agreement with SQI.

Before the audit, SQI must submit the technical qualifications of the technical expert and the justification for use of the technical expert to the senior technical director, SQFI.

Language

SQI shall ensure that the SQF auditor conducting the audit can competently communicate in the oral and written language of the supplier being audited.

In circumstances where a translator is required, the translator shall be provided by SQI and shall have knowledge of the technical terms used during the audit; be independent of the supplier being audited and have no conflict of interest.

The supplier shall be notified of any increase in audit duration and cost associated with the use of a translator.

Use of Licenses, Certificates and Marks of Conformity

The Certificate of registration shall be issued once Certification and Re-certification is granted.

All Certificates of Registration issued by SQI shall be within its Scope of Accreditation and may bear the Accreditation Body mark.

The SQFI has prepared Rules for Use which outline the rules that Suppliers must follow when using a SQF Certification Trade Mark. When conducting Audits SQI shall check that these rules are followed. SQF Quality Shield and Logo

Level 3 suppliers must comply with Appendix 3: SFQ Quality Shield and Logo Rules of Use in SQF Code 7.2

Access to Information
Any information held by the SQI on a product that is the subject of an evaluation and/or certification will be made accessible, upon request, to the person or organization that contracted SQI to undertake the certification activity.

Responsibility
It is the responsibility of the client, rather than SQI to fulfil the certification requirements. However it is SQI's responsibility to obtain sufficient objective evidence upon which to base a certification decision. Based on a review of the evidence, SQI will make a decision to grant certification if there is sufficient evidence of conformity, or a decision not to grant certification if there is not sufficient evidence of conformity, or a decision not to maintain certification.

Appendix 2 Specific requirements for Freshcare

Application

- Prior to submitting an audit application to SQI, a Freshcare participating business must be registered on the Freshcare database either though participation in Freshcare training or through direct application to the Freshcare office.
- You will be required to complete an SQI application form to collect the required information for the audit and certification process.
- SQI shall conduct a review of each application for Freshcare certification and where necessary obtain additional information from the client prior to the commencement of the audit activity.
- If SQI does not have the capability to meet a specific client's certification requirements, the client will be advised and the application declined.
- Any changes this information identified by SQI through the audit process will be notified to Freshcare by SQI through FreshcareOnline
- The certification status of your business will be available through the business search function on the Freshcare website. The information displayed shall include business name, location (state), Code of Practice, crop, certification status and certification number.

The following points are part of the certification agreement contained in our application documents and signing the application form denotes agreement to these points.

- Audits are scheduled with adequate notice for both the client and the auditor/Certification Body.
- The cancellation of a scheduled audit by either party (client or Certification Body) may result in a penalty fee in accordance with the terms of the agreement.
- The client must, on request, provide unimpeded access to the site and premises, to documentation and records and to product, for the purpose of conducting the audit.
- The client must provide all reasonable assistance required by the auditor in the conduct of the audit.
- An auditor may be accompanied on the audit for training or accreditation purposes, e.g. auditor training, auditor calibration, witness audits (Freshcare, Certification Body or Accreditation Body).
- Freshcare reserves the right to conduct its own audit of a certified site in response to complaints or as part of routine compliance activities. These audits may be announced or unannounced.
- A copy of the audit report, associated support documentation and certificate will be made available to Freshcare (in confidence); and the audit result will be communicated to Freshcare and the Accreditation Body.
- Freshcare may contact the client directly for feedback on auditor and/or Certification Body performance.
- The client may lodge a complaint in confidence with Freshcare that will be fully investigated with the auditor and Certification Body concerned.

Provision of Information to Freshcare

SQI authorises JAS-ANZ to provide details to Freshcare of assessment reports and non-conformities relevant to the accredited Freshcare Standards.

Use of Logos

Freshcare encourages the use of the Freshcare name and logo in accordance with the Freshcare Logo style guide specifications by approved stakeholders:

SQI will advise Freshcare of any misuses of the Freshcare certification logo by certified suppliers or any other third party.

Freshcare provides Freshcare certified businesses with approved certification logo artwork, incorporating their unique Freshcare certification number.

Certification Fees

Fees for certification services (audit) are payable to SQI by the client.

In addition to the audit fee, SQI will collect all fees required by Freshcare as the scheme owner and these will be remitted to Freshcare.

SQI will also pay a royalty fee to Freshcare for every audit conducted and reported.

Payment for both certification fees and royalty fees are due by SQI, 30 days from the end of the month in which the audit was reported. Freshcare fees are reviewed annually and advised in writing to all approved Certification Bodies and Freshcare participating businesses.

Payment of all fees by a Freshcare participating businesses is a requirement for the businesses' continued certification under the Freshcare Rules.

Conduct of Audits

SQI shall undertake Freshcare audits and certification management in accordance with criteria outlined in the current version of Freshcare Certification Body Criteria.

SQI shall undertake Freshcare auditing and certification management in accordance with the requirements of the current Freshcare Codes of Practice and associated normative documents.

All audits shall be undertaken in accordance with the objective information set out in the Freshcare Interpretive Guide for Auditors specific to each Code of Practice.

Audit duration may vary significantly, from as little as 2 hours for a single site, single commodity grower who field harvests; to a full day + audit for a large grower/packer with multiple production sites and a full packing operation.

Adequate time will be allowed for the conduct of the audit and time taken will be recorded and assessed to be within the expected duration in consideration of business size and scope.

Unannounced audits may be scheduled at the discretion of Freshcare as program owner, if in the opinion of Freshcare, such audits are necessary to protect the interests and integrity of the Freshcare Program.

Process Requirements

SQI will undertake all Freshcare audits and certification management in accordance with the criteria outlined in ISO 17065, the Freshcare Certification Body Resources document, Freshcare Interpretive Guide for Auditors and the current Freshcare Codes of Practice and associated normative documents.

Dealing with non-conformities

The client must analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected non-conformities, within a defined time.

When non-conformities are found at any individual sub-site through the central site's internal auditing, investigation by the central site shall take place to determine whether the other sub-sites may be affected. SQI shall require evidence that the central site has taken action to rectify all non-conformities found during internal audits and that all non-conformities are reviewed to determine whether they indicate an overall system deficiency applicable to all sub-sites or not. If they are found to do so, appropriate corrective action shall be taken both at the central site and at the individual sub-sites. The central site shall demonstrate to SQI the justification for all follow-up action.

When non-conformities are found at the central site or at any individual sub-site through auditing by SQI, action shall be taken by SQI as outlined above.

When non-conformities are found at the central site, SQI shall increase its sampling frequency until it is satisfied that control has been re-established by the central site.

At the time of the initial certification and subsequent re-certification a certificate shall not be issued to the central site and sub-sites until satisfactory corrective action is taken to close out all Non-conformances.

It shall not be admissible that, in order to overcome the obstacle raised by the existence of non-conformity at a single sub-site, the central site seeks to exempt from the scope of certification the "problematic" sub-site during the certification, surveillance or re-certification audit.

Major or minor non-conformities raised at the surveillance audit shall be closed out as indicated in section above.

The supplier's certificate shall be suspended by SQI if:

- The supplier fails to permit the surveillance audit within the required timeframe;
- A critical non-conformity is raised at the surveillance audit, or
- The supplier fails to close out major or minor non-conformities within the agreed timeframe.

Timeframe for addressing Non-Conformities

Majors – A major nonconformity shall be corrected and appropriate corrective action verified and closed out in the Freshcare database with twenty eight (28) days of the completion of the audit.

A Major is defined as:
An omission or deficiency in the Freshcare system producing unsatisfactory conditions that carry a food safety or quality risk and likely to result in a System element breakdown

Minors
A minor non-conformity shall be corrected, verified and closed out in the Freshcare database prior to, or at the next recertification audit.

The effectiveness of the client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

A Minor is defined as:
An omission or deficiency in the Freshcare system that produces unsatisfactory conditions that if not addressed may lead to a risk to food safety and quality but not likely to cause a System element breakdown.

Critical Nonconformity

Immediate suspension of business until nonconformity is addressed

A critical nonconformity is defined as:

- A breakdown of the controls at a critical control point, a pre-requisite program, or other process step and judged likely to cause a significant public health risk whereby product safety is compromised and judged likely to result in a Class 1 or Class 2 recall and effective corrective action is not taken.
- Falsification of records relating to food safety controls and the Freshcare System.
- A critical nonconformity is also raised if the supplier fails to take effective corrective action within the timeframe agreed with SQI, or if SQI deems that there is systemic falsification of records relating to food safety controls and the Freshcare System.

If the Freshcare auditor considers that a critical non-conformity exists during a facility audit, the auditor shall immediately advise the supplier and notify SQI. A critical non-conformity raised at a certification audit results in an automatic failure of the audit, and the supplier must re-apply for certification.

Seasonal Non-Conformity

The auditor may identify instances of non-conformances for some product lines, which cannot be closed out prior to the commencement of a new season. These will be issued as a Seasonal Non Conformance and the client will be required to close the non-conformity within 14 days of the commencement of the season.

Opportunities for Improvement

Opportunities for improvement are observations made by the auditor during an audit that identify issues that are not non-conformities but recognize that the practices conducted by the supplier are not industry best practice. They do not require a corrective action response by the supplier, but provide the supplier with an opportunity to improve their System.

Certification Documentation

Within 10 working days of granting certification, SQI shall provide the client with an electronic and/or hard copy certificate in the format approved by Freshcare, created and issued using FreshcareOnline for Certification Bodies. This is subject to payment of all outstanding invoices.

The certificate includes: business name, Code of Practice, certification number, scope of certification, category, certified sites, crops, audit date, certification achieved date, recertification audit due date, certificate expires date, certificate reference number.

The certificate shall also include the signature of SQI General Manager

Objective Evidence Requirements

Following is a summary of the kind of objective evidence SQI will see as part of the audit and certification process.

- Review of SOPs in view of application within the business being audited inclusive of application within the business;
- Review of process flow in conjunction with SOPs in view of application within the business being audited with verification of the process flow being undertaken during the Audit;
- Review of Monitoring Records in conjunction with relevant procedures within the business;
- Review of Verification Records in conjunction with relevant procedures within the business.

Maintenance of Accreditation

Sci Qual International will advise Freshcare immediately of any suspension or removal of JAS-ANZ accreditation against IEC/ISO 17065. Freshcare approval of Sci Qual International will be suspended until the situation has been satisfactorily resolved and the accreditation is reinstated.

Appendix 3 – Specific requirements for ISO27001 Information Security

Conflicts of interest

SQI will not provide internal information security reviews of the client's ISMS subject to certification, and will maintain independence from organizations or individuals which provide the client's internal ISMS audit.

Certification documents

Certification documents shall be signed by an officer who has been assigned such responsibility. The version of the SOA (Statement of Applicability) shall be included in the certification documents.

Audit Plan

In developing the audit plan for ISMS audits, SQI shall take the determined information security controls into account.

Audit program

The audit program for ISMS audits shall take the determined information security controls into account.

Audit methodology

SQI does not presuppose a particular manner of implementation of an ISMS or a particular format for documentation and records. Our certification process shall focus on establishing that a client's ISMS meets the requirements specified in ISO/IEC 27001 and the policies and objectives of the client.

General preparations for the initial audit

SQI requires that the client makes all necessary arrangements for access to internal audit reports and reports of independent reviews of information security.

Scope of certification

SQI will ensure that the client's information security risk assessment and risk treatment properly reflects its activities and extends to the boundaries of its activities as defined in the scope of certification. Auditors will verify that this is reflected in the client's scope of their ISMS and SOA, and that there is at least one SOA per scope of certification.

SQI will ensure that interfaces with services or activities that are not completely within the scope of the ISMS are addressed within the ISMS subject to certification and are included in the client's information security risk assessment. An example of such a situation is the sharing of facilities (e.g. IT systems, databases and telecommunication systems or the outsourcing of a business function) with other organizations.

Multi-site sampling

SQI will maintain compliance with the requirements of MD1 2007 and the specific requirements of ISO/IEC 27006 in relation to ISO 27001 certification.

Multi-site sampling for ISO 27001 can be adopted where the following conditions are met.

- all sites are operating under the same ISMS, which is centrally administered and audited and subject to central management review;
- all sites are included within the client's internal ISMS audit program;
- all sites are included within the client's ISMS management review program.

In conducting the initial contract review, SQI will verify to the greatest extent possible any variation in sites to ensure that an adequate level of sampling is achieved.

SQI will ensure that a representative number of sites have been sampled, taking into account the following factors.

- the results of internal audits of the head office and the sites;
- the results of management review;
- variations in the size of the sites;
- variations in the business purpose of the sites;
- complexity of the information systems at the different sites;
- variations in working practices;
- variations in activities undertaken;
- variations of design and operation of controls;
- potential interaction with critical information systems or information systems processing sensitive information;
- any differing legal requirements;
- geographical and cultural aspects;
- risk situation of the sites;
- information security incidents at the specific sites.

- SQI will ensure that a representative sample is selected from all sites within the scope of the client's ISMS; this selection shall be based upon judgmental choice to reflect the factors presented above as well as a random element.

- SQI will ensure that every site included in the ISMS which is subject to significant risks is audited prior to certification.

- SQI will ensure that the audit program has been designed in the light of the above requirements and covers representative samples of the scope of the ISMS certification within the three year period.

- In the case of a nonconformity being observed, both at the head office or at a single site, SQI will ensure that the corrective action procedure applies to the head office and all sites covered by the certificate.

SQI shall ensure that the audit addresses the client's head office activities to ensure that a single ISMS applies to all sites and delivers central management at the operational level. The audit shall address all the issues outlined above.

Stage 2 audit

To confirm that the client adheres to its own policies, objectives and procedures, the stage 2 audit shall focus on the client's:

a) top management leadership and commitment to information security policy and the information security objectives;
b) documentation requirements listed in ISO/IEC 27001;
c) assessment of information security related risks and that the assessments produce consistent, valid and comparable results if repeated;
d) determination of control objectives and controls based on the information security risk assessment and risk treatment processes;
e) information security performance and the effectiveness of the ISMS, evaluating against the information security objectives;
f) implementation of controls (see Annex D), taking into account the external and internal context and related risks, the organization's monitoring, measurement and analysis of information security processes and controls, to determine whether controls are implemented and effective and meet their stated information security objectives;
g) correspondence between the determined controls, the Statement of Applicability and the results of the information security risk assessment and risk treatment process and the information security policy and objectives;
h) programs, processes, procedures, records, internal audits and reviews of the ISMS effectiveness to ensure that these are traceable to top management decisions and the information security policy and objectives.

Surveillance activities

In addition to requirements already stated in the Surveillance section of this document, and as applicable, surveillance audits will cover:

- The system maintenance elements such as information security risk assessment and control maintenance, internal ISMS audit, management review and corrective action.
- Communications from external parties as required by the ISMS standard ISO/IEC 27001 and other documents required for certification.
- The functioning of procedures for the periodic evaluation and review of compliance with relevant information security legislation and regulations.
- Changes to the controls determined, and resulting changes to the client's SOA.

SQI will adapt its surveillance program to the information security issues related to risks and impacts on the client.

Surveillance reports will contain information on clearing of nonconformities revealed previously, the version of the client's SOA, and important changes from the previous audit. As a minimum, the reports arising from surveillance shall build up to cover in totality the requirements of ISO27006.

Access to Organisational Records
Before the certification audit, SQI shall ask the client to report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information. SQI shall determine whether the ISMS can be adequately audited in the absence of such information. If SQI concludes that it is not possible to adequately audit the ISMS without reviewing the identified confidential or sensitive information, it shall advise the client that the certification audit cannot take place until appropriate access arrangements are granted.