Audit Report Global Standard Food Safety Issue 9

1. Audit Summary			
Company name	Distrifresh Coldstore Den Bosch	Site code	10007268
Site name	Distrifresh Coldstore Den Bosch		
Scope of audit	Plate, crate and box freezing of unpacked and packed meat. Tempering of packed meat. Packing meat in crates, carton boxes and foils.		
Exclusions from scope	No		
Justification for exclusion	N/A		
Audit start date	2023-04-24	Audit finish date	2023-04-25
Re-audit due date	2024-08-09	Head office	No

Additional modules included			
Modules	Result	Scope	Exclusions from Scope
Choose a module	Choose an item		
Choose a module	Choose an item		

2. Audit Results					
Audit result	Certificated	Audit grade	A+	Audit programme	Unannounced – mandatory 1 in 3 years
Previous audit grade	AA		Previous audit date	2022-07-12	
Certificate issue date	2023-05-30		Certificate expiry date	2024-09-20	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	

2. Audit Results

	Minor	9

3. Company Details

Site address	Goudenheuvel 51 5234 GA ‘s Hertogenbosch		
Country	Netherlands	Site telephone number	+31 88 99 53 555
Commercial representative name		Email	
Technical representative name		Email	

4. Company Profile

Plant size (metres square)	10-25K sq.m	No. of employees	1-50	No. of HACCP plans	1-3

Shift pattern	shift day	
Seasonal site	No	
Seasonal opening times (Start/end date)	Click or tap to enter a date.	Click or tap to enter a date.
Other certificates held	BRC Storage & Distribution, Beter Leven (BLK), Organic (SKAL), IFS PIA	
Outsourced processes	No	
Outsourced process description	Not applicable	
Regions exported to	Europe Asia Africa South America	

4. Company Profile	
	North America Oceania
Company registration number	NL-EG543
Major changes since last BRCGS audit	No

Company Description

Distrifresh Coldstore Den Bosch is situated in ‘s Hertogenbosch (the Netherlands) and specialized in plate, crate and box freezing of unpacked and packed meat. Tempering of packed meat. Packing meat in crates, carton boxes and foils.
The company exist since 1986 and the site was original built in 1986 extension 1994. The ownership of the company is part Distrifresh.
Product produced were for business to business the company was not the product owner. The intended use was defined by the customer. No products were excluded.
Abou j temporary people are working with the company.
Plant size warehouse production m2.
Annual production volume / turnover is not shared.
No outsourced processing and packing.
There are 3 plate freeze lines connected to one conveyor belt equipped with a metal detector at the end of this line, one variable cell used for tempering, one area for packing fresh or frozen meat products with one-line conveyor belt and multiple weigh units. One automated robot pack-line with metal detection in use on customer request. Four segregated units of shock freeze cells – mainly in use for pallet/ crate freezing
This is the unannounced audit and is conform BRCGS requirements 1 in 3 years unannounced and the site tour started within 30 minutes after arrival.

No head office or BRCGS certified sister site.
No seasonality.

Commercial representative is and Technical representative is

5. Product Characteristics	
Product categories	01 - Raw red meat Category Category Category
Finished product safety rationale	cooled products (<:2°C, <=3°C, <=4°C or 7°C, short shelf life) and frozen (<-18°C, long term shelf life determined by client

5. Product Characteristics

High care	No	High risk	No	Ambient high care	No

Justification for area	Determined with help of BRCGS definitions Appendix 2 no high-care and high-risk areas were necessary motivation only raw products. Determined with help of BRCGS definitions Appendix 2 no ambient high-care areas were necessary motivation only chilled or frozen products. Low risk, enclosed and non-product areas as per BRCGS definitions Appendix 2.
Allergens handled on site	None Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen
Product claims made e.g., IP, organic	Organic, BLK
Product recalls in last 12 months	No
Products in production at the time of the audit	Plate freezing of pork shoulders packing conform article 20 kg block, stacking of frozen meat on pallets, tempering of meat

6. Audit Duration Details

Total audit duration	14 man hours	Duration of production facility inspection	7 man hours
Reasons for deviation from typical or expected audit duration	Justification as duration being sufficient according BRCGS audit time calculator, simple process		
Combined audits	None		
Next audit type selected	Announced		

Present at audit					
Note: the most senior operations manager on site should be listed first and be present at both opening & closing meetings (ref: clause 1.1.11)					
Name	Job title	Opening meeting	Site inspection	Procedure review	Closing meeting
	operation manager			x	
	QA	x	x	x	x
	Warehouse operation manager	x		x	x
	BRCGS consultant			x	x
	HR			x	
	Chauffeur ranger			x	
	maintenance		x	x	
	Chief production		x	x	
	Planning and adminstartion			x	x

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
2021-08-09	BRCGS food issue 8	announced	Pass
2022-07-12	BRCGS food issue 8	announced	Pass

Document control	
CB Report number	NL/VOE/236094

Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16
Directory allocation	Food	*Version*	1.1

Non-Conformity Summary Sheet

Critical or Major Non-Conformities Against Fundamental Requirements			
Clause	Detail	Critical or Major	Re-audit date

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
1.1.3	Verified objectives ref. LijstTD-300 issued 30-03-2023. For some objectives targets and schedule was missing for example harmonize with Vion.	Updated LIJSTD_300.v2 replaced for LIJSTD_300.v3 “Masterplan doelstellingen Distrifresh Coldstore Den Bosch” including harmonizing targets and scheduling with Vion.	Minimal every 4 months LIJSTD_300.v3 will be discussed / verified and adjusted in QA-MT meeting trough the x-Matrix.	Due to the acquisition, the objectives were drawn up too globally because the Distrifresh Den Bosch organization from and Distrifresh Boxtel, along with the possible requirements from Vion, were not yet fully understood.	2023-05-13	
2.7.4	PRP's were validated during HACCP verification and monthly hygiene inspection. Validation OPRP metal detection was external. Validation OPRP temperature incoming goods and temperature outgoing goods was not demonstrable.	Updated the validation of OPRP’s for Temperature Incoming goods and outgoing goods. Seen report issued 11-05-2023	Once a year the PRP’s and OPRP’s will be validated	During the conversion from to Distrifresh, the outgoing and incoming temp. OPRPs were verified / validated but report was not recorded.	2023-05-13	
4.4.1	Most walls were sufficiently maintained except the wall high pressure entrances.	Reparation of the wall seen photo repaired wall.	With the creation of the maintenance management plan, these issues are monitored.	When the property was taken over, certain items were not yet Distrifresh proof. Periodically, these issues are addressed on	2023-05-13	

Minor						
				a priority basis. As a result, this had not yet been addressed.		
4.4.11	Most plastic strip curtains were well maintained but some flaps in the freezer entrance had some old dirt. Flaps "krattenwas" had some slight damage.	Reparation of the flaps “krattenwas” and flaps in the freezer are cleaned. Seen photo repaired and photo clean flaps freezer	By creating the maintenance management plan and adding LIJSTD_200, these issues are monitored.	When the property was taken over, certain items were not yet Distrifresh proof. Periodically, these issues are addressed on a priority basis. As a result, this had not yet been addressed.	2023-05-13	
4.7.2	Most equipment was included in to be inspected at predetermined intervals for risk of product contamination by foreign bodies arising from equipment damage except the grabber plastic plates.	Repair is the grabber and added to inspection for foreign bodies. Seen photo repaired grabber and record of inspection week 19	By creating the maintenance management plan and adding Grabber to the daily and monthly checklists (LIJSTD_045_040, LIJSTD_200, LIJSTD_550), these issues are monitored.	The grabber had not yet been included in the monitoring lists and it had not been recognised during normal production as foreign body risk.	2023-05-13	
4.8.1	Cleaning facility for footwear was used with brushing equipment but the chemical disinfection was not connected.	Repair of the chemical disinfection for footwear seen photo connected container.	Adding the Cleaning facility for footwear to LIJSTD_045_040 will ensure daily monitoring for operation.	After repair, the unit was put back in, but forgotten to connect chemistry. Staff instruction and monitoring on this matter was missing.	2023-05-13	
4.11.1	Most equipment was in a sufficient hygiene condition during the site	Removal of the apron washer seen photo empty space	During the monthly rounds, machines that are out of service are looked	During the acquisition, machines were left in place even though they	2023-05-13	

Minor						
	tour. The old apron washer not in use anymore was not in a hygiene condition.		at. This is included in LIJSTD_200.	were not used. Removal required a consultation with the landlord. This consultation had not yet taken place.		
4.14.4	Traps were used for pest control. Rodent trap inspection is done by the companies own personnel but there was no record keeping.	Update LIJSTD_42 added trap inspection seen trap inspection report 12-05-2023.	The pest plan (PROD_3200) will be updated, in which Distrifresh states to include LISTD_42. This will be verified through the internal audit.	It was included on LIJSTD_200, but this did not sufficiently demonstrate that Distrifresh was adequately monitoring the pest plan. Lijst_200 format was not suitable to record traps inspection.	2023-05-13	
6.1.1	Most work instructions / procedures were followed to ensure product safety except it was noticed that during the site two employees stacked naked products without the required protection of disposable aprons.	Re-instruction employees that re-stacking should be done with white clothing and yellow gloves. Seen training record 11-05-2023	Replacement and training matrix will be followed. Will be monitored on the basis of LIJSTD_045_040.In case of deviation this will be discussed in the HACCP Team consultation and will be included in refresher courses.	The employees who normally perform this work were not present this day. The instruction was not adequately conveyed to the substitutes. Competence and replacement was not implemented sufficiently for this specific task.	2023-05-13	

Comments on non-conformities
Click or tap here to enter text.

Additional Modules / Head Office Non-Conformity Summary Sheet

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Lead auditor		
Auditor number	**First name**	**Second name**

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Remote or physical	Professional recognition number
			Lead auditor,	2023-04-24	08:00	17:30	Physical	
			Lead auditor,	2023-04-25	08:00	13:00	Physical	

1. Senior management commitment

There was a documented food safety policy ref. ALGD-0030 signed 05-01-2023 by manager operations. Policy included the continuously improvement of the food safety and quality culture. Policy was communicated seen examples of company objectives progress discussed in meetings.

Objectives were documented LijstD-300 and in the management review for example further improve the hygiene score, introduction 5S and to improve the overall score for complaints. Targets and measures of success were minimal quarterly monitored for relevant staff, seen last evaluation 30-03-2023 including attendance. Fore some objectives see minor.

In ref. P-Food-10059 issue 18-01-2022 / ALGD-035 the development and continuing improvement of a food safety and quality culture was scheduled. Effectiveness was among other things measured during monthly inspections and discussed during monthly QA-MT meeting. Review of this plan was at least annually last two reviews 18-02-2022 and 12-01-2023. To further improve the awareness of the food safety, authenticity, legality and quality on the work floor monthly hygiene inspections were used. A positive culture change was achieved among other things by open communication and training on the job for all staff and department managers during these monthly inspections including feed-back from staff during the inspections. The inspections were part of training on the job concerning behaviour to maintain and improve product safety, authenticity, legality and quality. During the audit the plan was discussed with manager operations who was involved in developing the food safety and culture plan in consultation with manager operations.

Management review minutes dated 12-01-2023 were verified during the audit. All mandatory subjects were included sufficiently. Annual frequency was verified last two reviews 12-01-2023 and 18-02-2022. Objectives were revised, action were time scaled and implemented. Investigation objectives not been met was implemented sufficiently.

Meeting program was in place, frequency was scheduled for minimal 12 times per year verified Microsoft teams. Seen were the last minutes meeting held on 17-04-2023. Included were food safety, legality, authenticity and quality issues.

During the audit it was clear that staff was aware to whom they can report product safety, authenticity, quality and legality issues. Closed mailbox was used for confidential reporting systems ref. PBSD-5600 / P-DSF-NL-10062. No significant issues reported.

Resource requirements were included in the last management review held on 12-01-2023. Ongoing resources were provided if necessary e.g., after inspection or audits.

Company was kept sufficiently informed concerning changes subscriptions were used to be kept informed about; legislative-, fraud-, industry code of practice and scientific developments. For product safety, authenticity, legality and quality the next management deputies were responsible; senior management, QA (coordinator), purchase and maintenance.

Original issue 9 of the BRCGS food standard was used and present during the audit. This audit was the unannounced audit and was within 120 days of the due date 2023-07-12. During the opening- and closing meeting manager operations was present. The effective implementation of the food safety and quality culture plan was discussed with senior manager see explanation above.

The 3 non-conformities from the previous inspection were verified as implemented sufficiently.

Checked products and products packaging no reference to BRCGS Global Standards was made. BRCGS certificate status used conform requirements.

The legal HACCP system and corresponding registrations were implemented sufficiently. Company had registration number NL-EG543. Last official authority inspection on 16-01-2023 was reviewed no official remarks.

The audit and site inspection confirms the organisational structure as documented in organisation chart issued 09-09-2022 ref. ALGD-1010 v14. Absence for holidays was arranged ref. job description verified for Quality Assurance Employee/ operational ALGD-1115 issue 24-10-2021. Management team includes all relevant managers. During the audit personnel was interviewed, see attendance list, concerning their responsibilities. Verified for management and staff (commitment, resources, objectives and improvements) verified for production employees was among other things, personal hygiene, process control, foreign body control, allergen handling, cleaning etc.

Personnel was instructed conform ref. PBSD-4300 issue 07-01-2022 notification was done to the legal product owner/ customer. Non-conforming products were identified with distinguishable forms which accompany products that were blocked. Non-conforming products were also blocked in (software WMS, ERP), and then the expedition (scanning) cannot take place. Rejected products were listed and this list was part of regular meetings e.g., HACCP-meeting. Product returned to the site this included reporting out of spec and unsafe product. No significant issues reported.

Day-to-day control of the company was the responsibility of the management and on request the HACCP team was assisted by BRCGS consultant.

Minor 1 of 9

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

2. The Food Safety Plan – HACCP

HACCP team was multi-disciplinary, team members were management, production, engineering and QA manager. The HACCP team was educated enough for their tasks. HACCP team leader manager operations demonstrated competence in the understanding of HACCP principles and application, education internal HACCP training certificate 24-01-2028. No legal requirements for HACCP training required. HACCP team was sufficiently trained. The relevant scope for the HACCP study was determined by HACCP team. The number of HACCP studies included within the scope was 1. Prerequisite programs were documented sufficiently in ref. ALGD-1800 issue 30-06-2016. PPR's implemented were among other things, cleaning and sanitising, pest management, maintenance programmes for equipment and buildings, personal hygiene requirements, transportation arrangements and allergen controls canteen.

Verified specifications; deep freeze meat article number . "bio varken bevroren snippers 80/20", ensured compliance with all important food safety information including intended use and expected alternative use by the customer. Products were not designed for specific vulnerable target group e.g., infants, elderly. Products were not designed for specific vulnerable target group allergy sufferers. All information used by the HACCP team for the hazard analysis was available during the audit, scientific literature, HACCP plan, relevant legislation, customer requirements, water distribution plan and map of the premises. There was product produced which were not likely to be eaten without adequate cooking. No cooking instruction were provided on the packaging / labels. The fresh raw products must be prepared to make an edible product not for product safety. Product safety rational was based on cooled products (<:2°C, <=3°C, <=4°C or 7°C, short shelf life max 1 month determined by the client) and frozen (-18°C, long term shelf life max 3 years determined by client. Product produced were for business to business the company was not the product owner. The intended use was defined by the customer.

Number of flow schemes was 13 (per process step separate flow chart). Verified production flow scheme during this audit ref. PROD-1090 issue 24-01-2017 . Main steps included receiving goods, storage, conditioning, plate freezing, repack automatic or manual, shock freezing, tempering and loading. No outsourced processing and packing in flow scheme. No rework in flow scheme. Verification onsite by customer was 08-07-2022 and 12-01-2023 annual frequency maintained. In case of process changes the HACCP team will update the flow scheme.

A multi-disciplinary HACCP team had analysed all significant potential hazards; raw materials ref. LIJST-415 v1, processes ref. PBSD-1200 and PBSD-1250 issue 21-11-22, Fraud ref. PBSD-5100 v5, Food Defence ref. PBSD-1200 v26. Subscriptions were used to keep the HACCP team informed about; legislative-, industry code of practice and scientific developments.

Food safety method used; severity and occurrence were scaled form 1 till 4. Used definition for severity and occurrence were documented. Risk was determined by severity x occurrence. Risk > 3 were further analysed with the decision tree. Included were spore forming and non spore forming pathogenic bacteria, The assessment of microbiological, chemical, physical, fraud, food defence and allergen risks resulted in an operational validated system. Seen validated prerequisite programs and were included in the hygiene inspects.

No CCP's were analysed by the HACCP team, motivation was verified. No CCP's training applicable.

Next OPRP's were identified, temperature incoming goods, metal detection, temperature outgoing products. OPRP Validation incoming goods and temperature outgoing products not demonstrable see minor. Verified last OPRP training for OPRP metal detection issued 14-06-2022 including assessment. Changes to the equipment settings only allowed by OPRP trained staff.

No significant changes in processes were reported by the customer since last audit the HACCP plans were unchanged.

The HACCP system was reviewed annually, last HACCP verifications 08-07-2022 and 12-01-2023, also in the event of significant product / process changes. Included in annual verification were among other things, changes in raw materials, suppliers, cleaning and disinfection, process flow, equipment, process conditions, used packaging, consumers use and incidents / recalls. Verified documentation and record-keeping were sufficient to enable the site that the HACCP and food safety controls and prerequisite programmes were in place and maintained.

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Details of non-applicable clauses with justification

Clause/Section Ref	Justification

3. Food safety and quality management system

3.1 Food safety and quality manual, 3.2 Document control, 3.3 Record completion and maintenance

Manual structure: organisation information, HACCP system, procedures, work instructions and registration forms.

Procedure ref. ALGD-1410 v7 described the way documents must be maintained. No uncontrolled copies were noticed during this audit. Documents were available in the form of hardcopies and electronic system ( ) on the company intranet for personnel to record data. Documents available in; Dutch, Polish, German, Romanian and English.

The procedure for document control ref. ALGD-1410 v7 was verified during this audit at different places. Complete manual with under laying documents (ref. manual summary ALGD-0001 issue 15-12-2022) was checked by sampling and was found implemented sufficiently.

QA was responsible to update documents and to make documents available. Verified significant document changes since last BRCGS audit.

Back up for electronic documents / records was implemented and was password protected. Backup stored on external server password protected but the company can also choose for backups with tape saved externally. Authorised access, password protection implemented. Records were retained for 1825 days; max shelf life was 730 days (determined by customer) plus 365 days = 1095. The longest shelf life according to customer was recorded for end product deep freeze meat.

3.4 Internal audits

The requirements of clause 3.4 were covered sufficiently in the procedure for internal auditing ref. PBSD-0110 v8. The audits were scheduled ref. LIJSTD-100 "kwaliteitsplan 2023" and their scope and frequency were established in relation to the business. Audits planned at 4 different moments per year frequency was based on risk e.g., results former audits. Notes of the internal audits shows clearly that the auditors did not audit their own work. Internal audits were carried out by trained auditors. Records of the internal audits were maintained, verified were internal audit report 03-11-2022, 16-12-2022 and 23-03-2023. Conformities and non-conformities including objective evidence were reported sufficiently and personnel responsible were made aware of the corrective actions to be taken. Significant corrective actions were verified for implementation procedure ref. PBSD-2000 v2 action list was used to ensure root cause, identification of the corrective action, time scaling and effective implementation. Summary of the internal audits were topic in the management review.

Seen last monthly hygiene reports 11-01--2023, 09-02-2023 and 16-03-2023 including action taken. Corrective actions and timescale were reported to staff responsible. Implementation checked during next hygiene inspections. In last management review 12-01-2023 a summary of the hygiene inspections was included.

3.5 Supplier and raw material approval and performance monitoring

3.5.1 Management of suppliers of raw material and packaging

The conducted hazard analysis: raw materials and primary packaging ref. LIJST-415 v1, Fraud ref. PBSD-5100 v5 and Food Defence ref. PBSD-1200 v26, formed the basis for the supplier approval and supplier monitoring.

Annual review in HACCP verification was established and updated in case of significant changes in raw material, changes in supplier or recall of a specific raw material.

Approval and monitoring of suppliers primary packaging were documented in procedure ref. PBSD-7000v6 packing materials and processing aids and was based upon GFSI certification. No purchase of raw materials the company was not the product owner. No questionnaire was used for approval suppliers' raw materials. Verified for supplier records sampled as part of the vertical audit / traceability test. Ongoing supplier monitoring was based among other things on complaints / receiving goods. In the management review supplier performance was included and also throughout the year.

Demonstrable was the up-to-date list approved suppliers up to date in The list was available at the goods receipt. Company does not accept any exception to the approval procedure for suppliers, no exceptions seen during this audit.

No agents or brokers used for raw material.

The agents and brokers for primary packaging were requested for a BRCGS Agent & Brokers certificate or a benchmarked GFSI certificate or supplier audit of the manufacturer / packer of the purchased products. In case of supplier audit food defence plan and product authenticity will be included in the audit. Seen GFSI of the manufacturer blue foil BRCGS-pack 7990977 valid till 26-01-2024. No questionnaire approval A&B.

Procedure describes exception to the supplier approval and in case no approval was possible product testing must be used.

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

On receipt the raw materials were assessed conform procedure ref. PROD-1010 issue 10-11-2022, verified receipt records and explanation by interviewed person gave enough evidence for a correct implementation. Seen record keeping " receiving goods on issues like temperature, correct labelling, Bio, BLK, best before, damaged packaging etc.

In case there were deviating deliveries remark for personnel goods receipt was made.

3.5.3 Management of suppliers of services

Procedure ref. PBSD-7000 for approval and monitoring suppliers of services was implemented, verified were the agreements for laboratory, pest control, employment agency and external consult , service expectations including food safety issues were sufficiently addressed. Approval was based on risk to the safety and quality of products, compliance with legal requirements and potential risks to the security of the product. Ongoing monitoring was based among other things on complaints / service delivered. Service suppliers' performance was ongoing and was part of the management review.

3.5.4 Management of Outsourced processing

No outsourced processing and packing.

3.6 Specifications

No unauthorised end product specification was found during the inspection. The safety and legal requirements were documented verified for; end product specification article numbe "bio varken bevroren snippers 80/20" and packaging food safety declaration (blue foil) issue date 29-03-2023 including migration declaration.

During the inspection the verified end product specifications were authorised. Specification were kept up to date but at least every three years last review 13-09-2021 article number . Specification of the finished/end products = specifications (criteria) of the customer, specifying the following: description, ingredients, declaration, packaging, physical parameters, chemical parameters, microbiological parameters and allergens). Product specifications were sent to Distrifresh, controlled by the QA manager. verified for article number "bio varken bevroren snippers 80/20".

Specifications were available as hard copy and as electronic version.

3.7 Corrective and preventive actions

Procedure ref. PBSD-2000 v2 different action lists for handling Non-conformance (food safety, legality, authenticity and quality) was implemented, verified for internal audit report; 03-11-2022, 16-12-2022 and 23-03-2023. The non-conformities were brought to the attention of the personnel responsible for the activity and corrective actions were registered and checked for implementation. Root cause was implemented in case of trends or significant non-conformities effectiveness of root cause analysis was by checking reoccurrence. Action list was discussed in meetings.

3.8 Control of non-conforming product

Corrective action procedures ref. PBSD-4300 issue 07-01-2022 notification was done to the legal product owner/ customer. Non-conforming products were identified with distinguishable forms which accompany products that were blocked. Non-conforming products were also blocked ir (software WMS, ERP), and then the expedition (scanning) cannot take place. Rejected products were listed and this list was part of regular meetings e.g., HACCP-meeting. Product returned to the site was in place for non-conforming products confirmed by talking personnel responsible. Identification with labels and QA was authorised for release. Trends non-conforming products were discussed in QA-MT meetings. No products on hold seen during this audit. Returned products must be blocked conform ref. PBSD-4300 issue 07-01-2022 notification was done to the legal product owner/ customer. Non-conforming products were identified with distinguishable forms which accompany products that were blocked. Non-conforming products were also blocked in (software WMS, ERP), and then the expedition (scanning) cannot take place. Rejected products were listed and this list was part of regular meetings e.g., HACCP-meeting. Product returned to the site.

3.9 Traceability

During the audit traceability was tested on article numbe "bio varken bevroren snippers 80/20" lot cod pallet (580 kg) and pallets (190 kg) plate freezer day 23-12-2022 (mass balance stream up stream down 100% every thing in stock and stream down 99,7% normal product loss). For the trace test, a product produced about 90 days ago was chosen to verify whether records were properly kept. For trace test BIO claim was selected. No private labels were produced B2B. Results were demonstrable within 1 hour forward and backward. Quantities were in accordance with the production order. Key control records reviewed belonging to this traceability test; supplier specifications and GFSI certificates, dispatch and receiving records, weight control records and label check records. Tracking system was maintained with identification labels on the materials and on the production order forms / system. The effectiveness of the traceability system was sufficient. Verified packaging supplier was GFSI certified, and specifications were not older than 3 years. Seen corresponding receiving records for ingredients and packaging mentioned beneath.

Seen delivery of "inslag bon" for traceability test inspection vehicle included in ' '. For correct labelling procedure was verified during the site tour. Label checks were included in daily Checklist B,

include check of correct label and correct lot code. Label check was done prior expedition and records registered on the delivery note. Packaging staff interviewed could explained checks on label changes. Verified for traceability test on article numbe "bio varken bevroren snippers 80/20". The label use was inline with expected use. In case of inconsistencies cause must be investigated. Label checks at the start, during run, at the end and when changing batches.

To meet the requirements weights were monitored and customer specification requirements were taken into account. Verified quantity check for traceability test article number "bio varken bevroren snippers 80/20".

Checked quantity control system fulfilled the requirements monitoring was per dispatch. Industrial products packed to minimum weights in boxes of 10-20-25 kg or defined by the customer. No product owner, B2B delivery verified for traceability test.

The safety and legal requirements were documented verified for article number . "bio varken bevroren snippers 80/20" and packaging food safety declaration (blue foil) issue date 29-03-2023 including migration declaration.

Traceability was computer and paperwork based and was tested by the company forward and backward. Annual frequency was maintained last two test dates 14-07-2022 and 11-01-2023. In last test it was clear how records were linked and that the test was performed within 1 hour. Traceability system packaging was also implemented. Massa balance was calculated by the customer stream up 100 % and stream down 98 %.

No rework was allowed no rework seen during the site tour.

3.10 Complaint-handling

The company had a system for product complaints, without delay actions were taken seen procedure ref. PBSD-4100 issue 09-02-2021 for complaint handling. Verified complaint handling by following complaint dated; 20-03-2023 and 24-03-2023. Complaint trends were included in last management review 12-01-2023. Also, ongoing complaint handling during operational meetings for making improvements.

3.11 Management of incidents, product withdrawal and product recall

Recall procedure ref. PBSD-4200 issue 14-03-2023 was last tested by the company on batch
Recall included, incident deviating colour, timing of key activities, conclusion (no recall) and improvements. Annual frequency was maintained last two test dates 14-07-2022 and 11-01-2023. Recall procedure was adequate. In the recall procedure reference was made to the legal MOC decision tree from Dutch authority NVWA and to inform CB within 3 working days.

Incident procedure was documented in ref. PBSD-4200 issue 14-03-2023. Incident were among other things cyber-attack, floods, power outage, authenticity, product contamination, legality, reinforcements, negative media attention etc.

No actual recall reported since last BRCGS certification. In case of a recall CB must be notified within 3 working days including within 21 days corrective action, root cause analysis and a preventive action plan.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

3.5.1.6	No questionnaire was used for approval suppliers' raw materials. No questionnaire approval A&B.
3.5.4.1 till 3.5.4.6	No outsourced processing and packing.
3.9.4	No rework was allowed no rework seen during the site tour.

4. Site standards

4.1 External standards

From the inspection of the factory building and surroundings it was clear that there were no local activities and environment activities which may have potentially adverse impact, local neighbouring activities were clean industry, water treatment company and offices on industrial zone. No external buildings outside. There was a clear zone around the building and weed growth was managed. The inspected external areas were maintained in good order and the surroundings were regularly inspected by the company, traffic routes were maintained and paved. There was a sufficient clear zone around the building. Plants were trimmed sufficiently. Premises and plant construction and maintenance were in place verified during the site tour as sufficient. Company also included inspection of the building in the hygiene inspections. Maintenance of the exterior was outsourced. Staff must use staff entrance which was locked during the site tour and visitors must report their presence seen visitor registrations. No significant bird roosting seen during this site tour. Legal requirement for site registration see 4.2.

4.2 Site security and food defence

Seen documented risk / threat assessment, including internal and external threats and control measures to check the packaging quality of raw materials and final products. This plan was kept under review at least annually seen last two reviews 18-02-2022 and 12-01-2023. In case new risk were published or a significant incident occurred security plan must be reviewed. Staff was trained by signing for ref. PROD-3010 / P-DSF-NL-10062 issue 02-09-2020.

Food defence team had in-depth knowledge of the site security system and were trained on the food defence assessment and food defence plans.

Security for staff and visitors was controlled. Visitors' registration ref. PROD-3015 recorded on F-DSF-NL-10033 was implemented. During the site tour no unsecured area was found there was no doubt to the suitability of the site security plan. Staff must sign the house rules which included security / food defence arrangements . Staff was trained sufficiently for inspection incoming goods and dispatch end products. No legal requirement for specific food defence training.

Site registration by the legal Dutch authorities NVWA was demonstrable. Company had registration number NL-EG543 Last official authority inspection on 16-01-2023 was reviewed no official remarks.

No external storage tanks, silos or intake pipes with external opening.

4.3 Layout, product flow and segregation

Production risk zones for the products manufactured, processed / packed at the site were determined and documented in the site plan 14-10-2021 the correct risk zones were identified.

Determined with help of BRCGS definitions Appendix 2 no high-risk areas were necessary motivation only raw products.

Determined with help of BRCGS definitions Appendix 2 no high-care areas were necessary motivation only raw products.

Determined with help of BRCGS definitions Appendix 2 no ambient high-care areas were necessary motivation only chilled or frozen products.

Low risk enclosed and non-product areas as per BRCGS definitions Appendix 2.

House rules were included in the visitors' arrangements visitors must sign ref. PROD-3015 recorded on F-DSF-NL-10033, medical screening see comment § 7.3 in this matrix. Contractors were under the responsibility of the company and must also sign in.

Described site plan issue date 14-10-2021 was verified on different location during the site tour as implemented sufficiently. Verified process flows, waste management, access points and travel routes for personnel were arranged to minimise product contamination.

The inspected working and storage space was sufficient. For temporary construction the company will make the necessary measures to avoid contamination.

4.4 Building fabric, raw material handling, preparation, processing, packing and storage areas

No excessive dirt, condensation and mould growth on inspected walls and floors seen during this site tour. The design and maintenance of inspected drainage was suitable for intended use. Building was constructed by a specialised contractor company. Production walls constructed from plastic plates or tiles (plate freezer). Floors constructed from concrete with coating. Ceiling constructed from galvanised plates. Wall, floors and ceiling specific constructed for this kind of production.

No suspended ceilings in the production.

Elevated walkways were constructed to prevent contamination risks and were correctly maintained.

The preventive measures for ingress of pests were checked during this site inspection as sufficient, windows who posed a risk were protected against pest ingress with a screen. No open internal / external doors were seen during this site inspection and the inspected doors had a close fitting and were maintained properly.

The inspected lighting was adequate for its purpose, no inadequate lighting protection seen during this site inspection.

Ventilation was sufficient as could be stated during this site inspection for inspected areas.

Inspected plastic strip curtains were sufficiently maintained in sufficient good condition, fitted correctly except flaps "krattenwas" and flaps deepfreeze entrance see minor.

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4.5 Utilities – water, ice, air and other gases

Verified was the water distribution plan issue date 14-10-2021 key points marked. Used water posed no risk of contamination, verified last water analysis 13-04-2023, microbiological results were within legal

limits idem chemical results supplier. Annually frequency was maintained last two test dates 13-12-2022 and 13-04-2023. Only potable water from the water supplier was used.

No ice used. No steam used.

No gases were used for direct product contact. No air was used for direct product contact.

4.6 Equipment

No new equipment placed since last BRCGS audit.

For new equipment risk-based commissioning procedure must be followed for example: equipment must be created for food production (stainless steel, plastic etc.), maintenance program implemented, cleaning program must be implemented, and the equipment must be placed such that cleaning was possible.

The inspected equipment (stainless steel, plastic etc.) was well constructed and designed for food production, placement of the equipment for cleaning was sufficient. Seen some examples of food safety declaration for used plastic. Main equipment used; forklift, reach-trucks, conveyor belt, plate freezer, shock freezer, packers, palletizer.

When static equipment in production areas must be replaced food safety and the integrity of the equipment was maintained.

Equipment not in use was cleaned and stored in a safe manner so not pose a risk to the product. Staff was instructed that equipment was disinfected before use.

Inspected mobile equipment did not pose a risk to the product. Charging equipment was not stored in open product areas except when it was fully sealed.

4.7 Maintenance

Verified maintenance of equipment was documented in Excel overview, inspection for damage was demonstrable. Equipment was reviewed after repairing and frequency of main checks was depending on condition of the equipment. Seen overview all main equipment concerning internal and external maintenance, frequency based in risk but minimal yearly. Checked maintenance programmes were established and put into place verified LIJSTD-160 Failures and action list technical service including equipment cleaning check by chief of department-quality This clearance was recorded on the product quality record list.. Necessary temporary repairs were recorded sufficiently and repaired as soon as possible e.g., defined time scale.

Food grade lubricants were used verified for lubricant see 4.9.1 no allergens declared.

During the site tour the engineer workshop was inspected and looked sufficiently clean and did not open directly into production area with open products.

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4.8 Staff facilities

Designated staff facilities were provided, during the site tour entrance procedures were followed, procedures were to prevent contaminations. Hand-washing facilities were provided at access points and were with cold and hot water, advisory signs, liquid soap and single use hand drying facilities.

Inspected toilets were segregated sufficiently. Inspected hand-wash facilities were with advisory sign, soap, water of suitable temperature and adequate hand-drying facilities.

The checked smokers' facilities and waste handling were sufficient.

No home brought food was seen in production areas during this inspection, canteen was controlled and looked clean.

No serving of food by catering. Vending machines onsite was managed by supplier and verified on frequently.

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4.9 Chemical and physical product contamination control: raw material handling, preparation, processing, packing and storage areas

4.9.1 Chemical control

Chemical, metal, glass, brittle plastic, wood etc. contamination risks were included in the Hazard analysis ref. PBSD-1200 and PBSD-1250 issue 21-11-22 and prerequisite program ref. ALGD-1800 issue 30-06-2016.Chemical control was verified during this audit, checked were labels, storage conditions and the use of approved list with chemicals dated 11-01-2023 ref. LIJSTD-2700. Food safety declaration and safety data sheets were demonstrable verified for cleaning disinfectior
. Staff training on chemicals handling/use was demonstrable. Any spills were appropriate managed. Safe, legal disposal and empty chemical containers disposal was arranged with the supplier. In case of strongly scented or taint-forming materials must be used company will take appropriate measures to avoid taint contamination of product.

4.9.2 Metal control

Sharp metal policy e.g., clips, staples, snap off blades was documented in the house rules ref. PROD-3010 / P-DSF-NL-10062 issue 02-09-2020. During this site inspection the presence of snap-off knives, paper clips and staples were avoided. Knives and cutting equipment were visually checked and recorded on ref. LIJST-700.02 and LIJST-701 verified record keeping 01-03-2023 till 21-04-2023 minimal daily no damage reported.

4.9.3 Glass, brittle plastic, ceramics and similar materials

During this inspection no inadequate glass (windows, bulbs strip lights) protection was detected. Glass was protected with foil / plastic. This were the windows, bulbs, strip lights in production and storage. Glass and brittle material register, and inspection checks were seen. Inspection frequency was 3 times per year, verified was last inspection report, no significant breakage incidents recorded, breakage procedure ref. PROD-3240 was documented and staff was last trained 13-01-2023.

4.9.4 Products packed into glass or other brittle containers

No products were packed into glass or brittle containers.

4.9.5 Wood
The use of wood had been eliminated as far as possible. No significant risks off the use of wood were seen during the site tour. Wooden pallets allowed for packed raw material storage and packed end product. Wooden pallets in and out were checked if they were fit for purpose.
4.9.6 Other physical contaminants
Observed debagging / de-boxing raw materials staff was sufficiently aware to prevent physical contamination risks. To minimise the risk of physical contamination blue unbreakable pens were used. In the hygiene rules non, approved items were included e.g., mobile phones, tablets etc.
4.10 Foreign-body detection and removal equipment
4.10.1 Selection and operation of foreign-body detection and removal equipment
Based on risk assessment ref. PBSD-1200 and PBSD-1250 issue 21-11-22 the company installed metal detector on request of some customers. The detection equipment was placed after plate freezer and before stacking. Sensitivity of removal method was appropriate. Procedures were in place in case of failure, including re-inspection of the products since last successful test. In case of detected foreign bodies these were investigated to find source and to prevent reoccurrence no significant incidents reported.
4.10.2 Filters and sieves
No filters or sieves were used.
4.10.3 Metal detectors and X-ray equipment
For large packaging a belt stop with an alarm was used. The detection equipment was placed after plate freezer and before stacking. Critical limits with marked test pieces were StS: 7,0 mm, N-Fe: 7,0 mm, Fe: 7,0 mm. Minimal test frequency was at start-up and at the end of the production period and two times in-between checks recorded on LIJSTD-0425.. Testing was under normal production flow with product matrix and in the centre of the metal detector. Test included verification detection, rejection mechanisms. Seen demo during this audit test results were recorded, and corrective action was to re-inspection the products since last successful test. Staff interviewed had good understanding how to check the metal detector. Sensitivity of metal detector was appropriate no significant incidents reported. Seen documented justification ref. PBSD-1200 and PBSD-1250 issue 21-11-22 No X-ray was used.
4.10.4 Magnets
No magnets were used.
4.10.5 Optical sorting equipment
No optical sorting equipment was used.
4.10.6 Container cleanliness – glass jars, cans and other rigid containers
No inversion or rinsing equipment was necessary for these products.
4.10.7 Other foreign-body detection and removal equipment

No other removal foreign-body equipment.

4.11 Housekeeping and hygiene

For cleaning procedure ref. PROD-3120 / LIJSTD-060 / PROD-3121 (dismantling plate freezer) was used, cleaning activities were scheduled and done by own personnel and contractor Cleaning staff was sufficiently trained. Checks on the effectiveness of the cleaning was daily by visual checks also microbiological and chemical parameters were investigated for cleaning see also 4.11.8. Trends were used for improvements. Overall hygiene status of the inspected walls, floors, ceiling and overheads was sufficient. The overall hygiene status of inspected main equipment forklift, reach-trucks, conveyor belt, plate freezer, shock freezer, packers, palletizer was sufficient.

Cleaning processes had been validated included were microbiological and chemical performance.

Verified cleaning equipment was fit for purpose, suitable identified (colour coded) and stored in hygienic way.

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4.11.7 Cleaning in place (CIP)

No CIP equipment was used for cleaning.

4.11.8 Environmental monitoring

Environmental monitoring programs was based on risk and EG 2073 / Guide 85 verified Listeria swab results. Sampling locations were determined, and target organism were monthly swabs TPC, and pH checks recorded on LIJSTD-065. Limits for acceptable results were recorded including corrective action in case control limit was not realised or in case of upward trends. Environmental monitoring program was reviewed continuously but at least annually during the management review.

4.12 Waste and waste disposal

Cat 2 facilities were used, inspected recipients were correctly identified. Records of dispose by licensed contractor were demonstrable. Verified waste disposable meets the legal requirements. Good practise for segregation and recycling waste materials was implemented. Seen separate collection; plastic, cartons. Internal and external waste containers looked sufficiently clean. Checked waste movement were conform routing as documented on the lay out. Waste removal from open product areas was managed to ensure product safety.

4.13 Management of surplus food and products for animal feed

No customer branded products produced; surplus materials were destructed.

4.14 Pest management

Pest control (rodent trap inspection) was done by the companies own personnel. Also, the company had a contract with pest control organisation ' for rodents and insects. Regulatory diplomas were demonstrable. Non-toxic baits were used. Last review of the contract was 21-07-2019, inspection

frequency was 8 times per year, responsibilities for both parties were stated. Verified were inspection records 2023 actions were recorded and followed up. Site plan was documented. No significant infestations inside the buildings.

During this inspection no contamination risks of bait points were noticed, all bait stations inspected were tamper proof, robust and secured. No pest infestations seen during this site tour. Measures to prevent birds from entering were the same as for rodents and flying insects no roosting above loading or unloading areas seen during this site tour. During the inspection no incorrect sited electric fly killing device was found.

In-depth inspection for complete site by expert was 2 times per year based on risk assessment seen last two inspections 18-01-2022 and 08-08-2022 including follow up and assessment for trends by pest controller and site. Seen next in-depth inspection scheduled for January 2023.

Interviewed staff understand the signs of pest activity and to report this.

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4.15 Storage facilities

Raw materials storage was chilled and frozen and for end products storage was chilled and frozen.

Temperature control was on a OPRP level. Temperature control was continuously recorded with software system TCC monitoring. Limits were conform legal requirements. System had an alarm installed. Alarm consignment with telephone by "Top cold".

During this site inspection the storage facilities for packaging were inspected. Materials were packed appropriate; instruction were verified by interviewing employees FIFO system was used.

Storage outside was not allowed.

No specific atmospheric storage required.

4.16 Dispatch and transport

Temperature transport was recorded per delivery seen some examples. Transport was subcontracted seen GFSI L&D certificate valid till 29-05-2024.

Raw material and packaging transport arranged by suppliers.

Clients did not collect their own goods.

No tank cleaning applicable.

Expedition personnel inspects the vehicles before dispatch and were responsible that loading was done in a safe manner. Examples of vehicle inspections and correct bill of lading were seen during the site tour. Checked was the transport instruction by interviewing expedition staff. All requirements such as temperature condition. mixed loads, vehicle hygiene and load security were clearly stated. Seen delivery of "inslag bon" , and different cuts of pork trailer licence plate and dispatch of "boegpijp" container ' sealing by legal authorities recorded correctly during this site tour and verified for traceability test inspection vehicle included in ".

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.4.5	No suspended ceilings in the production.
4.5.3	No gases were used for direct product contact. No air was used for direct product contact.
4.9.4.1 till 4.9.4.3	No products were packed into glass or brittle containers.
4.10.2.1 and 4.10.2.2	No filters or sieves were used.
4.10.3.5	No X-ray was used.
4.10.4.1	No magnets were used.
4.10.5.1	No optical sorting equipment was used.
4.10.6.1 and 4.10.6.2	No inversion or rinsing equipment was necessary for these products.
4.10.7.1	No other removal foreign-body equipment.
4.11.7.1 till 4.11.7.4	No CIP equipment was used for cleaning.
4.13.1 till 4.13.3	No customer branded products produced; surplus materials were destructed.
4.15.4	No specific atmospheric storage required.
4.15.5	Storage outside was not allowed.

5. Product control

5.1 Product design/development

Developments mostly related to improvement operational (automated) processes, product quality/safety, packaging material and providing optimal (storage) condition. Product development takes place in cooperation with the customers. Changes were followed by validation HACCP-study/ HACCP-review conducted by QA manager during the HACCP meetings. To identify any new threats or impact on the HACCP system, approval was done by the HACCP team.

Validation and trial of new processes included in the ALGD-1250 “responsibilities validation team”.

Since previous audit, no use of new packing materials or processes.

No nutritional claims were made to satisfy a consumer group.

Microbiological analysis for shelf-life testing was scheduled on ref. ALGD-1250 / Microbiological testing PROD-3131 based on legal requirements and customer request for raw material and final product analyses E. coli, List. Mono, Salmonella.

5.2 Product labelling

Only B2B labels. QA was responsible for changing labels for designated countries verified for article numbe. "bio varken bevroren snippers 80/20".

Label approval was also the responsibility of the customer. Customer sends email with a sample label, information of the sample label input in the software packet, label created, label sent to the customer and approval by customer.

There was product produced which were not likely to be eaten without adequate cooking. No cooking instruction were provided on the packaging / labels. The fresh raw products must be prepared to make an edible product not for product safety.

5.3 Management of allergens

Risk assessment of raw materials formed the basis for the allergens assessment ref. PROD- 3160 PBSD-1200 / 1250. Allergens none were identified in production.

Interviewed staff were well aware of their responsibilities concerning allergen contamination caused by home brought food.

No cross-contamination warning on labels necessary.

No rework was allowed no rework seen during the site tour.

Products were not designed for specific vulnerable target group allergy sufferers.

No allergens used in production no cross contamination or equipment area cleaning applicable.

5.4 Product authenticity, claims and chain of custody

To be informed different subscriptions concerning threats of adulteration or substitution of raw materials were used by the company. Significant changes were subject in the meetings. Authenticity team was sufficiently trained on raw material risks and the method used ref. PBSD-5100 v5.

No significant potential risk of adulteration / substitution were left out the study ref. PBSD-5100 vulnerability assessment Distrifresh was not the product owner. In general intake procedure measures to prevent adulteration / substitution as service were among other things; delivery note data, BIO, BLK, product recognition, storage and traceability, including corrective and preventive actions in case results indicates failure customer decides. Historical, economic, ease of access, testing sophistication and nature of raw material were sufficiently included in the fraud analysis. The vulnerability assessment plan was kept under review in case of changes in raw materials / suppliers, significant incidents and new risks. Review was at least annually seen last two reviews 14-02-2022 and 12-01-2023.

Other certificates.

SKAL (Organic products), certificate No. 989824/ 1102 valid to 31.12.2023.

Beter Leven (pork): certificate No. 989824/ 1102 valid to 09.03.2024 、)

BRCGS Storage & Distribution: expiry date certificate 15.05.2023)

IFS PIS: valid till 31-01-2024 （ ）

Process flow for claim Organic was checked contamination / loss of identity was documented.
No claims on finished packs depending on the status of a raw material.

5.5 Product packaging

Verified was the food safety declaration (blue foil) issue date 29-03-2023 including migration declaration. In case of particular characteristics, the suppliers will be made aware of these requirements. During the site inspection the storage facilities for packaging were inspected. Materials were packed appropriate instruction were verified by interviewing employees. Obsolete packaging and labels were visually recognizable.

The contact liners used were blue: standard product, orange: Beter Leven Keurmerk (BLK) and green: organic and an example taken had sufficient strength.

5.6 Product inspection, on-site product testing and laboratory analysis

Schedule ref. ALGD-1250 / Microbiological testing PROD-3131 based on legal requirements and customer request for raw material and final product analyses E. coli, List. Mono, Salmonella. Methods, frequency and specified limits could be explained by QA. Microbiological analysis frequency was risk based but minimal based on EG 2073, Guide 64 and 85. QA or instructed staff picked samples method was determined laboratory picked up the samples. Limits for acceptable test results were recorded including corrective action in case control limit was not realised or in case of upward trends. QA was responsible for interpreting test results legal limits were known.

Shelf-life testing was scheduled ref. ALGD-1250 / Microbiological testing PROD-3131 based on legal requirements and customer request for raw material and final product analyses E. coli, List. Mono, Salmonella. No examples seen of out of legal specification.

No laboratory on site verified external labs were accredited under numbe and .. No testing in production. Corrective action in case control limit was not realised or in case of upward trends was explained by QA, legal requirements (EG 2073 and Guide 85) must be met.
5.7 Product release
In the examples investigated during the audit, release and positive release did not occur before every requirement was investigated by authorised person and were in line with the Quality- and HACCP-plans.
5.8 Pet food and animal feed
No pet food / medicinal pet food products produced.
5.9 Animal primary conversion
Risk assessment for potential prohibited substances was documented in cooperation with customer and exported requirements. No purchase of raw materials the company was not the product owner. Customers responsible for raw material testing procedures. No receipt of live animals.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
5.1.1	No nutritional claims were made to satisfy a consumer group.
5.2.4	No cooking instruction were provided on the packaging / labels.
5.3.5	No rework was allowed no rework seen during the site tour.
5.3.6	No cross-contamination warning on labels necessary.
5.3.7	Products were not designed for specific vulnerable target group allergy sufferers.
5.3.8	No allergens used in production no cross contamination or equipment area cleaning applicable.
5.6.5	No testing activities in production / storage areas.
5.6.7	No laboratory on site.

5.8	No pet food products produced.
5.9.2 till 5.9.4	No receipt of live animals.

6. Process control

6.1 Control of operations

The scope which was verified was plate, crate and box freezing of unpacked and packed meat. Tempering of packed meat. Packing meat in crates, carton boxes and foils. Processes also verified during this inspection were intake, storage, internal transport, dispatch and external transport. Process specifications and work instructions/procedures were reviewed prior to any changes. The production off plate freezing of pork shoulders packing conform , stacking of frozen meat on pallets, tempering of meat were seen.

Product safety rational was based on; cooled products (<:2°C, <=3°C, <=4°C or 7°C, short shelf life) and frozen (?-18°C, long term shelf life determined by client.

The following work instruction were verified; in-take, storage and allergens handling canteen, production planning, production instructions, line inspection, packing, labelling, weight control and non- conforming products. Registration which were verified during the audit; in-take, traceability, line inspection, recipe, storage fifo, cleaning records, non-conforming products, weight control and dispatch also verified for traceability test on article numbe "bio varken bevroren snippers 80/20".

No CCP's training applicable. Verified last OPRP training for OPRP metal detection issued 14-06-2022 including assessment. Changes to the equipment settings only allowed by OPRP trained staff.

If product were out of specification because of significant equipment failure or process deviation the procedure ref. PBSD-4300 issue 07-01-2022 notification was done to the legal product owner/ customer. Non-conforming products were identified with distinguishable forms which accompany products that were blocked. Non-conforming products were also blocked in (software WMS, ERP), and then the expedition (scanning) cannot take place. Rejected products were listed and this list was part of regular meetings e.g., HACCP-meeting. Product returned to the site was followed. In case of significant variation in processing conditions revalidation was practiced.

Waste products were disposed as such no by-products were processed.
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6.2 Labelling and pack control

Before commencing production and product changes line inspections were registered on LIJSTD-055 verified during the site tour. No product change over seen during this audit. Verified line clearance including hygiene clearance for traceability test on article number "bio varken bevroren snippers 80/20". Packing material were manually allocated to packing line for only that product no risk noticed for this allocation. Remnant packaging were put back in storage.

For correct labelling procedure was verified during the site tour. Label checks were included in daily Checklist B, include check of correct label and correct lot code. Label check was done prior expedition and records registered on the delivery note. Packaging staff interviewed could explained checks on label changes. Seen also label check for traceability test on article numbe "bio varken bevroren snippers 80/20". The label use was inline with expected use. In case of inconsistencies cause must be investigated. Label checks at the start, during run, at the end and when changing batches.

No on-line vision equipment used to check product labels and printing.

6.3 Quantity, weight, volume and number control

The company checks the legislation for weight control in country for sale and always consultants the client for any specific requirements.

To meet the requirements weights were monitored and customer specification requirements were considered. Verified quantity check for traceability test article numbe 'bio varken bevroren snippers 80/20".

Checked quantity control system fulfilled the requirements monitoring was per dispatch. Industrial products packed to minimum weights in boxes of 10-20-25 kg or defined by the customer. No product owner, B2B delivery, no products for retail packed with a defined minimum weight. Verified during site tour and for traceability test.

No online check weighers were used.

6.4 Calibration and control of measuring and monitoring devices

Verified control equipment was calibrated, well marked ad protected for unauthorised adjustments. Procedure ALGD-1500 v3 was implemented for calibration, scheduled on LIJSTD-080 / 090 and verified for metal detector and thermometers. Uncertainty of the calibration was taken into account for temperatures. Metal detector external seen last check 20-04-2022 re-scheduled April-May 2023.

Action when device was out of specified limits dependents on the deviation e.g., recalibrate, blockade product, inform stake holders etc.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
6.2.4	No on-line vision equipment used to check product labels and printing.
6.3.3	No online check weighers were used.

7. Personnel

7.1 Training: raw material handling, preparation, processing, packing and storage areas

As part of the training prior to commencing work personnel, including engineers, agency-supplied staff, temporary staff and contractors must sign ref. PROD-3010 / P-DSF-NL-10062 issue 02-09-2020. Included were food defence and general allergen instructions.

No CCP's training applicable. Verified last OPRP training for OPRP metal detection issued 14-06-2022 including assessment. Changes to the equipment settings only allowed by OPRP trained staff.

Training program was established including relevant packing / labelling training and covered relevant needs. Interviewed staff were appropriately trained, training records were demonstrable. Assessment program was sufficient. General hygiene training was established verified refresh training held on 13-01-2023 recorded on Lijst-730. Personnel signed for attendance. Training included site's allergen-handling procedure. All staff involved in packaging / labelling received on the job training seen last training record. Verified competence overview Excel. New staff must sign for PROD-310 verified for including assessment.

Training records shown included name of the trainee, attendance, duration, title of the course, provider and training material used to include version.

Training needs were evaluated in the management review also in case specific deviation were found during the year related to training needs. Annual frequency was strived for refresh.

7.2 Personal hygiene: raw material handling, preparation, processing, packing and storage areas

Personal hygiene rules were documented in ref. PROD-3010 / P-DSF-NL-10062 issue 02-09-2020 included were the requirements for; watches, jewellery, rings and studs in exposed parts of the body, fingernails, false fingernails, nail, hand washing, excessive perfume and the rules concerning the use and storage of personal medicines no medicines intake allowed in production. Rules must be signed. Handwash facility was provided at the entrance of the production areas.

Plasters were blue coloured verified metal detection recorded on LIJST-2250 checked 23-01-2023 batch

7.3 Medical screening

Relevant infection diseases must be reported rules about this were included in ref. PROD-3010 / P-DSF-NL-10062 issue 02-09-2020. Visitors must fill in question about their health status / notification of possible diseases before entering production area.

7.4 Protective clothing: employees or visitors to production areas

Clothing rules for staff were documented in ref. PROD-3010 / P-DSF-NL-10062 issue 02-09-2020. During eating, smoking protective white clothing was not allowed idem for toilet use and outdoor use.

Disposable aprons and sleeves were used after each break. Clothing rules for visitors were the same as for staff ref. PROD-3015 recorded on F-DSF-NL-10033. No outside pockets above waist allowed, no-sew on buttons allowed. Scalp hair must be fully protected. At the entrance to production areas hairnet were available. No snoods were necessary, no significant risk to product safety.

Laundering was outsourced contracto was audited by a third party every year seen certificate ISO 22000 valid till 07-12-2025 including declaration "hygiene and washing temperature" based on EN 14065. Clothing was suitable protected against contaminations and commercial sterile. Protective clothing was changed minimal every day. Effectiveness of the cleaning of clothes by the company was visual.

Yellow coloured gloves were used and must be changed when damaged and washed and disinfected idem hand washing, after each break and in case of contamination risks e.g., grasping contaminated objects.

Routinely cleaning of other personnel items was arranged based on risk assessment minimal daily.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

8. Production risk zones – high risk, high care and ambient high care production risk zones

8.1 Layout product flow and segregation in high-risk, high-care and ambient high-care zones

Described site plan issue date 14-10-2021 was verified on different location during the site tour as implemented sufficiently. All zones were sufficiently included on the site plan. The map of the site included the location of the pathogen control measures.

Determined with help of BRCGS definitions Appendix 2 no high-risk areas were necessary motivation only raw products.

Determined with help of BRCGS definitions Appendix 2 no high-care areas were necessary motivation only raw products.

Determined with help of BRCGS definitions Appendix 2 no ambient high-care areas were necessary motivation only chilled or frozen products.

Low risk, enclosed and non-product areas as per BRCGS decision tree Appendix 2.

8.2 Building fabric in high-risk and high-care zones

Drain plan was not applicable no high-care area or high-risk area identified.

No filters were used for air filtering, no high-risk areas identified.

No removable walls.

8.3 Equipment and maintenance in high-risk and high-care zones

Maintenance activities in high-risk and high-care areas not applicable no high-care area or high-risk area identified.

8.4 Staff facilities for high-risk and high-care zones

Staff facilities for high-risk and high not applicable no high-care area or high-risk area identified.

8.5 Housekeeping and hygiene in the high-risk high-care zones

Housekeeping and hygiene in high-risk and high-care not applicable no high-care area or high-risk area identified.

8.6 Waste/Waste disposal in high risk, high care zones

Waste and waste disposal in high-risk, high-care not applicable no high-care area or high-risk area identified.
8.7 Protective clothing in the high-risk high-care zones
Protective clothing in high-risk and high-care not applicable no high-care area or high-risk area identified.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
8.2 till 8.7	No high-risk, no high care as per BRCGS definitions Appendix 2.

9. Requirements for traded products
9.1 The food safety plan - HACCP
There were no trade products on site. Traded products were excluded from this audit
9.2 Approval and performance monitoring of manufacturers/packers of traded food products
Not applicable
9.3 Specifications
Not applicable
9.4 Product inspection and laboratory testing
Not applicable
9.5 Product legality
Not applicable
9.6 Traceability

Not applicable

Module 11: Meat Supply Chain Assurance	
Scope	Click or tap here to enter text.
11.1 Traceability	
Click or tap here to enter text.	
11.2 Approval of meat supply chain	
Click or tap here to enter text.	
11.3 Raw material receipt and inspection	
Click or tap here to enter text.	
11.4 Management of cross-contamination between species	
Click or tap here to enter text.	
11.5 Product testing	
Click or tap here to enter text.	
11.6 Training	
Click or tap here to enter text.	

Module 13: Meeting FSMA Requirements for Food – July 2022
Preventive Controls for Human Food: 21 CFR Part 117 (Clauses 13.1.1 – 13.1.33)
Click or tap here to enter text.
Preventive Controls for Animal Food: 21 CFR Part 507 (Clause 13.2.1)
Click or tap here to enter text.

Food Defence: 21 Part 121 (Clauses 13.3.1 – 13.3.11)
Click or tap here to enter text.
Sanitary Transportation: 21 CFR Part 1 Subpart 0 (Clauses 13.4.1 – 13.4.9)
Click or tap here to enter text.
Produce Safety: 21 Part 112 (Clauses 13.5.1 – 13.5.18)
Click or tap here to enter text.

14.1 Additional Specifier Requirements
14.1 Traceability
Click or tap here to enter text.
14.2 Environmental Monitoring
Click or tap here to enter text.
14.3 Product inspection and laboratory testing
Click or tap here to enter text.
14.4 Protective clothing: Employees or visitors to production areas
Click or tap here to enter text.