MANAGEMENT SUMMARY

Food Safety Management System Certification FSSC 22000 Version 4.1 – Food Manufacturing ISO/TS 22003:201

COMPANY: SPACK B.V. / SPACK TRADING

TYPE OF AUDIT: Surveillance

Prepared By: ALWE
Audit date: 10/12/2019 11/12/2019

Contents

ACTIVITY OVERVIEW

Organization Details

Registered legal name of the assessed organization	**Spack B.V. / Spack Trading**
Street address, city, country	Oudelandsedijk 10a, 3244 LR Nieuwe-Tonge, Nederland
FSSC Company number	
Key contact name, function Phone and e-mail address	Mr. J.W. Smitshoek / janwillem@spackbv.com
Scope	Filling of vegetable oil in glass/plastic bottles, plastic cans, plastic bags, metal drums and IBC bulk containers. Category C-IV. BRC Food: Filling of vegetable oils in glass bottles, glass jars, plastic bottles, plastic cups, plastic buckets and plastic cans and also in metal drums and plastic IBC bulk containers. ISO 22000: Trading of vegetable oils, seeds and expellers. Category C-IV.
Exclusions	no

Audit Team	Name	DNV GL ID #
Lead Auditor	Alex Wesseling	0042378
Audito		

Standard and Categories

Applicable Standards, Prerequisite Programs and food categories.	☒ ISO 22000:2005 ☐ ISO 9001:2015 ☒ FSSC Additional requirements (22003 :2013) ☐ ISO 22002-1 :2009 Food manufacturing ☐ CI - Processing of perishable animal products ☐ CII - Processing of perishable plant products ☐ CIII - Processing of perishable animal and plant products ☒ CIV - Processing of ambient stable products ☐ DII - Production of Pet Food for cats and dogs ☐ - Production of (Bio) Chemicals ☐ ISO 22002-6:2016 - Feed and animal food production ☐ DI - Production of Feed ☐ DII - Production of Pet Food except for cats and dogs ☐ ISO 22002-2:2013 – Catering ☐ E - Catering ☐ PAS 221:2013 - Food retail ☐ FI - Retail / Wholesale ☐ NTA 8059:2016 - Transport and storage ☐ GI - Provision of Transport and Storage Services for Perishable Food and Feed ☐ GII - Provision of Transport and Storage Services for Non-Perishable Food and Feed ☐ ISO 22002-4:2013 - Food and feed packaging manufacturing ☐ I - Packaging materials (Metal) ☐ I - Packaging materials (Wood) ☐ I – Packaging materials (Paper and board) ☐ I - Packaging materials (Plastics) ☐ I - Packaging materials (Glass and ceramics) ☐ I – Packaging materials (Other e.g. burlap, textile etc.)

Head Office Details

Registered legal name of the head office	

Certificate Details

Previous CB	n/a
Certificate Number	186066-2015-FSMS-NLD-RvA,
Expiry date	27-03-2022

List of Participants During Opening and Closing Meeting

Name	Function	Meeting Attendance	
		Opening	Closing
ALWE	LA	☒	☒
Mr. Smitshoek	QA	☒	☒
		☐	☐
		☐	☐
		☐	☐
		☐	☐

OVERALL SUMMARY OF THE AUDIT

Key points observed during the audit but not included in the Focus Areas

Positive indications	
Main areas for improvement	
Effectiveness of processes for Management Review and Internal audits	In the yearly Management review (verified last MR Nov..-2019) all required items are discussed, FS objectives are set. Internal audits are performed according planning. Internal audit plan is a rolling 1-year program. All chapters of the system are audited with the related implementation in production. The audits are carried out by internal auditors who are not part of the process that was audited so impartiality was guaranteed. The last year's internal audit plan was reviewed, and the findings related to food safety were all closed. The root cause analysis, correction and corrective actions showed satisfactorily the closure of the non-conformance. Verified the internal audit (Nov.-2019)
Effectiveness of process for handling of customer and/or stakeholder complaints, including effectiveness of implemented identified corrective actions	Customer and consumer complaints are captured by QA and communicated to the responsible employees. An extended trend analysis is performed in the management review. Complaints in 2019 were 16. This year to date, the company has received complaints. Verified complaint of Q2/Q3-2019. The root cause analysis, correction and corrective actions showed satisfactorily the closure of the non-conformance
The management system documentation has been changed to reflect changes in the organization	The management system documentation is maintained and well controlled and easily accessible and updated regularly or if changes occur. Documents were sampled across the system, including nonconforming products procedure, food safety and HACCP procedure, audit procedure and corrective action procedure. Documents are controlled with password access
Progress of planned activities and objectives are monitored by management to ensure continual improvement	Food safety management activities and objectives are monitored through the HACCP meeting (last one on Nov..-2019). Quality plans are also reviewed every year. The management reviews are done every year and all food safety related matters are discussed in that meeting as per the standards requirement,
Effectiveness of the management system to ensure the organisation is capable to meet applicable statutory, regulatory and contractual requirements	Site has a list of all relevant legislation . No issues were observed during the audit that could be considered as non-compliant with legislative/regulatory requirements

Effective control of logo use, certification marks and refrence to certification	DNV-GL's Logos are not used within the company. The only documents with the logos are the certificates.

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Audit Findings and Compliance Status

Number of critical non-conformities identified during this audit	
Number of major non-conformities identified during this audit	
Number of minor non-conformities identified during this audit	
Number of non-conformities from previous audits that weren't closed	

The non-conformities including the applicable clause of the standard are listed in the attached 'list of findings'.

FOCUS AREAS FOR NEXT AUDIT

Focus area 1	This will be discussed during the openings meeting of the next audit
Focus area 2	
Focus area 3	

RESULTS AND CONCLUSION PER CLAUSE OF THE NORMATIVE STANDARD

The results and conclusions per clause are laid down in attached Excel Sheet 'Checklist for auditors'.
This overview includes a summary per main clause of the ISO 22000 standard, the FSSC additional requirements and the applicable prerequisite programs (PRP).

CONCLUSION

- *All findings were agreed with Management as being a true record of the facts observed. In the closing meeting the general conclusions and non-conformities were presented and discussed.*

- *The audit objectives have been fulfilled and the audit plan was followed without major changesExcept for any non-conformities listed in the "List of findings", the management system was found to be in compliance with the standard.*

- *The analysis of cause and the actions taken in respect of the nonconformities identified at the previous audit were reviewed and were found to be effective in dealing with the issues raised. As such, all previous nonconformities are now closed, as per attached "List of Finding" (LOF).*

- *The Team Leader will recommend the organisation for maintaining certification when all Non-Conformities have been reviewed and accepted. Final approval is at the sole discretion of independent personnel, based on a complete technical review.*

- *The certificate remains valid under the condition that identified non-conformities are satisfactorily corrected and responded to as indicated above☐ Based on a review of appropriate documentation at the office of the lead auditor.*
☐ Follow-up to take place on the customer's site.

- *Next audit is proposed to take place at:*

DEFINITIONS OF FINDINGS AND CONDITIONS FOR HANDLING NON-CONFORMITIES

Definition of findings:

Critical:

A critical nonconformity is issued when a direct food safety impact without appropriate action by the organization is observed during the audit or when legality and/or certification integrity are at stake:

- When a critical nonconformity is issued at a certified site the certificate is immediately suspended for a maximum period of six (6) months.
- When a critical nonconformity is issued during an audit, the organization must provide DNV GL with objective evidence of an investigation into causative factors, exposed risks and the proposed Corrective Action Plan. This shall be provided to the CB within 14 days after the audit.
- A follow-up audit shall be conducted by the CB within the six (6) month timeframe to verify the closure of the critical nonconformity.
- The certificate shall be withdrawn when the critical nonconformity is not effectively solved within the six (6) month timeframe.
- In case of a certification audit, the full certification audit shall be repeated.

Major:

A major nonconformity is issued when:

- the finding affects the capability of the management system to achieve the intended results.
- A group of minor non-conformities indicating inadequate implementation or effectiveness of the system relevant to an element of the standard.
- A minor non-conformity remains persistent (or not corrected as agreed by the organisation).

- When a major nonconformity is issued during an audit, the organization must provide the CB with objective evidence of an investigation into causative factors, exposed risks and the proposed Corrective Action Plan layed down in the DNV GL provided LOF. This shall be provided to DNV GL auditor within 14 days after the audit.
- Corrective action shall be implemented by the organization within 14 days after the audit. The organization shall submit objective evidence of implementation to the CB.
- The DNV GL Auditor will review the corrective action plan and related objective evidence of implementation, challenge it if necessary and determine its effectiveness and approve the CAP and CA through recording his/her name and date of review on the LOF.
- DN VGL will conduct a follow-up audit to verify the implementation of the CA to close the major nonconformity. In cases where documentary evidence is sufficient to close out the major nonconformity, DNV GL may decide to perform a desk review.
- The completion of corrective actions might take more time depending on the potential severity of the major nonconformity and the amount of work necessary to eliminate the causative factors. In such cases the CAP shall include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented. A follow-up audit shall be conducted to verify the permanent corrective action and to close the major nonconformity.

- A critical nonconformity is raised in the event of non-completion of the approved corrective action.

Minor:

A minor nonconformity is issued when the finding does not affect the capability of the management system to achieve the intended results.

- When a minor nonconformity is issued during an audit, the organization must provide the DNV GL auditor with objective evidence of an investigation into causative factors, exposed risks and the proposed corrective action plan (CAP). This shall be provided to the auditor within three (3) months after the audit.
- Corrective action (CA) shall be implemented by the organization within 12 months after the audit.
- Implementation of the corrective action plan will be reviewed by DNV GL, at the latest, at the next scheduled on-site audit.
- A major nonconformity is raised (on management responsibility and resource allocation) in the event of non-completion of the approved action plan at the next scheduled on-site audit.

Conditions for handling of non-conformities:

The standard deadline to handle the NCs is maximum 28 days for Major NCs and 3 Months for Minor NCs. Within this timeframe the following is expected to be performed by the organization:

- Immediate action(s) to eliminate the non-conforming situation (if relevant for the NC)
- Root cause analysis to identify corrective actions to prevent recurrence of the NC
- With regard the Major NCs, the proposed Corrective Actions Plan, including corrections, shall be sent to the DNV GL Audit Team Leader within 14 days following this audit
- Implement corrective actions and verify the effectiveness of action(s)
- Fill in the pertinent part of the List of Findings and submit to DNV GL Audit Team Leader with relevant supporting documentation as evidence (when applicable)

As a prerequisite before a certificate can be issued, the following conditions apply:

- Major NCs: Evidence of effectively implemented corrections and corrective actions shall be provided within 28 days. If the CA cannot be concluded within the 28 days period, the corrective action plan must include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented, maximum within 3 months of the audit.
- Minor NCs: Corrective Action Plan, including corrections, shall be sent to the Team Leader within 3 months. The implementation of planned actions will at latest be verified during next audit.

Response deadline for Re-certification

Where the certificate expires within the 3 months period a shorter deadline will be set to ensure proper follow-up and renewal of the certificate within the expiry date. This is to provide for the continual validity of certification. If the expiry date is exceeded without the process being finalized, the current certificate is not allowed to be extended and will be regarded suspended until renewal of the certificate.

DNV GL will normally perform an on-site follow-up when Major NCs are issued. For Minor NCs follow-up is normally performed as a desk review based on received documentation.

Insufficient responses to NCs or lack of corrective actions may be grounds for suspension or withdrawal of a certificate.

ACCREDITED UNIT

Name of the accredited legal entity:	DNV GL Business Assurance B.V.
Address of the accredited legal entity:	Zwolseweg 1, 2994 LB, Barendrecht, The Netherlands
Accreditation body:	RvA, Raad van Accreditatie, Dutch National Accreditation Council

DISTRIBUTION

This report will be sent to the Organisation's Contact Person, hardcopy or electronic as agreed with the organisation and to the DNV GL Technical Review responsible as/if required by the DNV GL process, an Electronic copy will be kept in DNV GL File.

STATEMENT OF CONFIDENTIALITY

The contents of this Report, including any notes and checklists completed during the Audit will be treated in strictest confidence, and will not be disclosed to any third party without the written consent of the customer, except as required by the appropriate Accreditation Authorities.

DISCLAIMER

A management system audit is based on verification of a sample of available information. Consequently, there is an element of uncertainty reflected in the audit findings. Also, if no non-conformities were identified this does not mean that they do not exist in audited and/or other areas. Prior to awarding or renewing certification this report is also subject to an independent DNVGL internal review which may affect the report content and conclusions.

ATTACHMENTS:

1. *Audit Plan (Agenda)*
2. *List of findings (LOF) - spreadsheet*
3. *Periodical Audit Program (PAP)*
4. *Technical Report*
5. *FSSC Audit Import Sheet - spreadsheet*