Unannounced Focus Visit, Unannounced Pre-visit planning Focus Visit, Unannounced Remote Review, Unannounced Transition

Report for:

PT Molindo Raya Industrial

LRQA reference:	JKT6018099 / 4070088
Assessment dates:	11-February-2022 - 18-March-2022
Reporting date:	20-April-2022
Client address:	Jl. Sumber Waras No. 255,Lawang,Malang , ID
Assessment criteria:	FSSC 22000 Food Safety v5.1, FSSC 22000 Food Safety v5
Assessment team:	Mochamad Iqbal Yen Fun Chen
LRQA client facing office:	JKT Indonesia OU

Contents

Attachments:

JKT6018099_APP_FSSC_22000_Food_v5.1_FV_Tr51_Mix.docx
DAP_unannounce audit.docx

This report was presented to and accepted by:

Name: Mrs Erliess S.

Job title: FSMS TL

01. Executive report

Assessment outcome:

Based on the assessment outcome the Assessment Team recommends the FSSC 22000 Food Safety v5.1 certification of PT Molindo Raya Industrial for the agreed scope.
This visit was to assess the compliance of the management system of PT Molindo Raya Industrial against FSSC 22000 Food Safety v5 as defined in the audit planning documentation. The outcome of the visit is recorded below.

The Assessment Team Leader confirms the contractual arrangements for FSSC 22000 Food Safety v5.1 are correct. This includes any changes required as a result of the outcome of the Stage 1 visit (including changes to the scope of assessment, duration of the Stage 2 visit, and duration of subsequent surveillance visits).

Continual improvement:

Not Applicable

Areas for senior management attention:

Not Applicable

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity
The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity
A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	4070088_JKAMIX03	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22000-8.3)
Grade	Minor NC	**Issue Date**	23-February-2022
Status	Closed	**Process / Aspect**	Traceability
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Traceability for the use of urea and phosphoric acid was not maintain adequately.	
Requirement		ISO 22000:2018 clause : 8.3 Traceability system The traceability system shall be able to uniquely identify incoming material from the suppliers and the first stage of the distribution route of the end product	
Evidence		It was found based on SAP data for Jan 2022, there is no lot number or batch identify recorded during production such as for urea received in 4 October 2021 and Phosphoric acid receive in 18 Jan 2022 with lot number 45CX20210515	
Proposed correction, corrective action and timescales			
Correction		record for lot number of phosphor acid has been made in the SAP program by warehouse function for trace ability purpose	
Root Cause analysis		why lot number not of phosphoric acid not recorded in Sap program why lack of control from warehouse supervisor during data input in SAP program why lack miss understanding from warehouse employee for trace ability purpose	
Corrective action		re coaching and training specific for trace ability purpose to the warehouse team has been conducted by QA team in 25 Feb 2022 review the procedure to ensure the trace ability for material are implemented by QA and warehouse team in Feb 25 Feb 2022 as recorded in corrective action plan form	
LRQA has reviewed and verified the implementation of actions taken.		**Date of closure**	18-March-2022

Reference number	3460866_JKAMIX01	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5 (22000-8.5.1.5.2)
Grade	Minor NC	**Issue Date**	10-March-2021
Status	Closed	**Process / Aspect**	Raw material specification
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Not all material equipped with chemical food safety parameter	
Requirement		ISO 22000:2018 clause 8.5.1.2	
Evidence		It was during audit that salt received and used for softened the water did not specify the chemical food safety hazard characteristic, the salt was supplied from "PT Garam Sejatera Multi Guna" the COA only contain for quality purpose.	
Proposed correction, corrective action and timescales		C: ask the supplier to provide the food safety parameter CA : Miss identification by team followed by review hazard for all product contact material TS : 15 March 2021	
Correction		the evidence is still waiting from the supplier, there for the finding left remain open observed the evidence for the salt documentation that comply with food, the COA contain heavy metals inspection result i.e pb, As and Hg.	
Root Cause analysis		miss identification in HACCP has been follow up by reviewing hazard identification miss identification in HACCP analysis by team	
Corrective action		review of HACCP study has been done direct after audit by adding chemical hazard in all material contact to product review of HACCP study has been done in March 2021 direct after audit by adding chemical hazard in all material contact to product. done closed out.	
LRQA has reviewed and verified the implementation of actions taken.		**Date of closure**	23-February-2022

Reference number	4070088_JKAMIX01	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22002-1-16.2)
Grade	Minor NC	**Issue Date**	23-February-2022
Status	Closed	**Process / Aspect**	warehouse work environment
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Several part of warehousing area were not implement PRP adequately	
Requirement		16.2 Warehousing requirements Effective control of warehousing temperature, humidity and other environmental conditions shall be provided where required by product or storage specifications.	
Evidence		it was found during plant tour dirty floor in supporting material warehouse and found also some rubbish was not collected properly in front of loading dock and near the security fence.	
Proposed correction, corrective action and timescales			
Correction		dirty floor in supporting material warehouse and some rubbish in front of loading dock and near the security fence has been removed and clean directly after the audit as shown during	
Root Cause analysis		why : people are throwing rubbish not in the rubbish bean why : Lack of control from the GA team Why : lack awareness from employees for cleanliness outside area and mit of rubish bin in the loading dock area and security fence	
Corrective action		new revised Checklist for outside area are establish by GA team for outisde area dated 25 Feb 2022 regulara control by approving the cleanliness checklist form by GA team improve awareness employee for warehouse function by Re fresh knowledge and coaching for PRP implementation as record observed.from internal training dated in 25 Feb 2022	
LRQA has reviewed and verified the implementation of actions taken.		**Date of closure**	18-March-2022

Reference number	4070088_JKAMIX02	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22000-8.7)
Grade	Minor NC	**Issue Date**	23-February-2022
Status	Closed	**Process / Aspect**	Calibration
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Calibration for thermometer was not conducted properly	
Requirement		ISO 22000:2018 clause: 8.7 Control of monitoring and measuring The organization shall provide evidence that the specified monitoring and measuring methods and equipment in use are adequate for the monitoring and measuring activities related to the PRP(s) and the hazard control plan. The monitoring and measuring equipment used shall be: a) calibrated or verified at specified intervals prior to use;	
Evidence		It was found the thermo couple calibration for measuring the distillation process was not covering the range of process define. i.e the process required minimum for 121 C, however the thermocouple calibration in 2021 only cover until maximum 100 C.	
Proposed correction, corrective action and timescales			
Correction		Calibration for thermometer has been conducted in 5 March 2022 with covering range until 121 C	
Root Cause analysis		why: themometer not calibrated within range of used why : miss understanding from engineering team for calibration the measuring equipment why lack of control in calibration program established by engineering team	
Corrective action		re coaching for calibration pogrom to engineering team by QA team. as observe in the operational meeting dated 24 Feb 2022 revise the calibration program by adding the range of process parameter used that need to be cover in calibration program as revised in the form dated 24 Feb 2022	
LRQA has reviewed and verified the implementation of actions taken.		**Date of closure**	18-March-2022

03. Assessment summary

Visit generic objective:

This was a Unannounced Focus Visit, Unannounced Pre-visit planning Focus Visit, Unannounced Remote Review, Unannounced Transition visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

Not Applicable

Visit specific objective:

Not Applicable

Introduction:

Not Applicable

04. Next visit details

Standard(s) / Scheme(s)	FSSC 22000 Food Safety v5.1	**Visit type**		Certificate Renewal	
Audit days	4.00 DAY	**Due date**		February , 2023	
Team					
Site		**Audit days**	**Delivery Method**	**Remote Effort**	**Activity codes**
Jl. Sumber Waras No. 255,Malang,ID		4 DAY	Onsite	0 DAY	096531,096202

05. Approval details

It is confirmed that all sites and scopes as detailed in the contract for FSSC 22000 Food Safety v5,FSSC 22000 Food Safety v5.1 are approved, or are being recommended for approval at this visit or remain unapproved, apart from any new approvals, suspensions and withdrawals shown below.

Product	Site	Status
FSSC 22000 Food Safety v5.1	Jl. Sumber Waras No. 255,Malang,ID	Approved

06. Appendix

FSSC 22000 v5.1				
☒ Food	☐ Feed	☐ Catering	☐ Packaging	☐ T&S

Executive summary

Audit recommendation	
Visit type of this audit	Unannounced Surveillance 2/Focus Visit + Transition
Conclusion	Continue certification

With no Major nonconformity identified, the lead assessor recommends certification to FSSC 22000 v5.1, pending technical review by LRQA.

Confirmation that the audit objectives have been fulfilled. The company fulfils:	this visit objectives

Summary of the audit:

A 3 day assessment resulted in the identification of <e.g. 3 Minor> nonconformities. All findings from the previous assessment have been closed out. Details can be found in the findings log.

An overall effective FSMS is in place. Programs are well managed. The management system is capable of meeting applicable requirements, food safety objectives and expected outcomes. This is evidenced by:

- Effective periodic (management) meetings and reviews were done in Jan 2022, which provide the site with a clear overview of its performance. A good example of this is the evaluation of data from monthly GMP inspections which has been reported to top ,management complete by picture also its correction after the audit . Top management is actively involved in the FSMS.
- Overall strong PDCA cycles, especially regarding internal audits and complaint management. Thorough root cause analyses are carried out which allows the site to apply effective corrective actions and drive continuous improvement. Last internal audit were done in 2-10 September 2021 and about 11 finding mostly in PRP aspect are closed in Dec 2021
- Good control of CCPs and OPRPs was demonstrated by personnel and through (monitoring) records such as shown in filtering process and metal detector . PRPs are implemented generally effectively. Production areas were clean and tidy.
- Objectives are monitored closely both for quality aspect and food safety aspect are being achieved. Targets for 2021 regarding Recalls (0) and food safety complaints (0) have again been achieved. Even in the COVIDS pandemic the target still well achieved by plant
- Management reviews are effective in assessing FSMS performance. Internal audit program is effective in identifying nonconformances and opportunities for improvement. Detailed audit reports are in place.

There are no significant food safety issues that require senior management attention.

For the new NCs raised, a corrective action plan (CAP) shall be provided within 3 weeks from the last audit day to Mochamad.iqbal@lr.org . A remote review has been planned on 18 March 2022 to review the CAP.

Unresolved issues

None.

Significant changes since last audit
None
Recalls and/or withdrawals
No recalls/withdrawals have occurred since the last FSSC audit. For details about the site recall/withdrawal system see ISO/TS 22002-5 Chapter 4.8.

Remote auditing (in case of split or full remote audit)			
Audit approach utilized	Choose an item.		
ICT used for desk reviews	☐ Skype	☐ MS Teams	☐ Other, namely:
ICT used for live video auditing	☐ N/A	☐ LRQA Remote	☐ Other, namely:
Duration live video auditing	Hours hrs	Describe the processes/departments that were covered.	
The ICT tools that have been used were effective and supported the remote audit successfully.	Choose an item.	If no, describe the actions that have been taken.	
Is there a need for an additional on-site audit (special surveillance) based on the outcome of the remote audit	Choose an item.	If yes, provide reason.	

(*) In case of a split audit (part remote / part onsite), the requirements assessed during the remote audit shall be identified by placing an "R" at the beginning of the information in the summary sections.

Summary of findings this audit (indicate numbers only)	
Critical nonconformities (CR NC)	None
Major nonconformities (Major NC)	None
Minor nonconformities (Minor NC)	3

Audit details previous audit		
Audit type	Surveillance 1	
Audit date(s)	9 – 10 March 2021	
CB conducting	LRQA Jakarta	
Closure of NC's from previous audit	Yes	For details of findings, see findings log

Focus visit (only in case of Surveillance 2)
Review Trends information on (food safety) complaints and other performance indicators, system documentation improvement, lessons learned from audits, trends in LRQA findings

There is no complaint regrading food safety in the past 3 years ago, performance for food safety implemented are good with only 4 minor NC, documented regarding FSSC were reviewed and updated based on actual risk, currently the document were updated in regards to transition FSSC 5.1 version
Preview Longer term expectations of the company related to strategy and objectives, business and operational risks on food safety issues, review of use of their FSMS
The strategy is reviewed annually, and objectives are set and reviewed in the annual management review (14 Jan 2022). Risks and opportunities are reviewed annually also FSMS review and updates are done annually through food safety team meetings and after internal audits
Planning Specific topics or objectives for the coming certification cycle Necessity to perform extra Stage 1? Exact planning: see Audit Program Plan
There is no specific topic for next visit due to there is no changes in short term for the operational . Next visit will be entering regular surveillance program, with of the surveillance will b eun announced audit

Organization profile

Certified organization	
Registration number	1018050
Contact person	Mrs Erlies Sartini
Email contact person	Erlies.sartini@mri.co.id
General description of audited organization	The company is manufacturing of Etanol which intermediate product for is consumed. (need further process or added to other product before consumed). . The plant is constructed and designed that meet the food hygiene standards. The company is located at the industry area with factory built up area about 4 Hectare. Products are supply to local markets and export other country with mostly the customer is beverages company. The food safety system of the company has been established since 2006. The company is certified for ISO 9001 by LRBA.
Seasonal activities	No

Head Office	Choose HO structure.

Registered legal name	
Trading name(s)	
Registration number	
Location	
Contact person	
Email contact person	
Number of sites	1
Head office functions	Only fill out this section if HO "with pertinent functions" is selected.
Multi-site activities	Only fill out this section if HO "multi-site certification" is selected.

Off-site activities	Choose an item.
Registered legal name(s)	
Trading name(s)	
Registration number(s)	
Location(s)	
Contact person	
Email contact person	
Activities at locations	

Audit details

CB Name and office location (city)	LRQA Jakarta/Indonesia		
Audit language	Bahasa, as mutually agreed during audit		
Audit scope			
Food Chain Category	K	Choose an item.	Choose an item.
Scope statement	Manufacture of Ethanol for Food Industry with Distillation and Purification Process and Delivered by Plastic Drum and Bulk Tank		
Head Office reference to be added to the scope (fill in only if applicable)	This audit included the following central FSMS processes managed by <name and location of HO>: <describe FSMS processes controlled by HO>		
Exclusions (if applicable)			
Verification scope statement	The scope of certification continues to be appropriate to the activities / products / services of the organization:	Yes	**If no** then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.

Audit team, role and attendance sheet			
Name	Role in audit team	Opening meeting	Closing meeting
Mochamad Iqbal	Team Leader	☒	☒
		☐	☐
		☐	☐
Organization representatives, function and attendance sheet			

Name	Role in audit team	Opening meeting	Closing meeting
Mrs Erlies S.	Top Management/QA mgr.	☒	☒
Mr. Indrayanto	Production Manager	☒	☒
Ms Kartika	Quality Manager	☒	☒
Mr. Umar	Engineering Manager	☒	☒
Mr Yudi	Logistic Manager	☒	☒

Audit specifications			
Visit type of this audit	As defined in the executive summary on page 2.		
Audit objective(s)	As defined in Client Information Note 'Assessment process – FSSC 22000' as separate document in the report package.		
Audit criteria	The requirements of: a) ISO22000:2018 b) Pre-requisite program applicable to the food safety category c) FSSC22000 V5.1 part 2 Additional Requirements In addition: - The defined processes and documentation of the management system developed by the organization - Statutory/ regulatory requirements applicable to the type of organization - Customer requirements		
	FSMA requirements	N/A	
Audit complexity			
Audit complexity	☒ Standalone FSSC 22000 audit ☐ Combined/Integrated with other standards – Provide details: ☐ Joint with another audit function (i.e. regulatory inspectors – Provide details:		
Audit dates, times and locations (where applicable)			
Audit dates/on-site time for FSSC	21/02/2022	09.00AM – 17.00PM	Mochamad Iqbal
	22/02/2022	09.00AM – 17.00PM	Mochamad Iqbal
	23/03/2022	09.00AM – 17.00PM	Mochamad Iqbal
	Date.	00:00AM - 00:00PM	Auditor
	Date.	00:00AM - 00:00PM	Auditor
Total time (hours) excluding reporting time.	24 hrs		
Head Office (if applicable)	Hours hrs		
Audit time deviations	Identify reduction or extra time applied and detail justifications.		
Additional time for off-site activities	Hours hrs		
Number of HACCP Studies	2		
Number of Employees (FTEs) in total	150		
Number of shifts	3		
Employees per shift (FTE) + office	100		

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
4	**Context of the organization**	☒	☐	
4.1	Understanding the organization and its context	☒	☐	
4.2	Understanding the needs and expectations of interested parties	☒	☐	
4.3	Determining the scope of the food safety management system	☒	☐	
4.4	Food safety management system	☒	☐	

Summary:
Relevant internal and external issues have been determined using a SWOT analysis. Interested parties (i.e. stakeholders) with their relevant requirements are included in the stakeholder's analysis and relevant to the organization's purpose. This is reviewed during the management review and updated annually. There have been no significant changes to legislation which impacts the FSMS. No regulatory inspections or actions have occurred since the last visit. The scope of the FSMS is defined accordingly and complies with FSSC v5.1 requirements. The context of the organization has been determined in an effective manner.

The following evidence was reviewed:
Context of the organization: detail in Corporate Manual CM-01
Needs and expectations of interested parties: detail in Corporate Manual CM-01 integrated with qualty
FSMS scope: Manufacture of Ethanol for Food Industry with Distillation and Purification process and delivered by plastic drum and bulk tank

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
5	**Leadership**	☒	☐	
5.1	Leadership and commitment	☒	☐	
5.2	Policy	☒	☐	
5.2.1	Establishing the food safety policy	☒	☐	
5.2.2	Communicating the food safety policy	☒	☐	
5.3	Organizational roles, responsibilities and authorities	☒	☐	
5.3.1	Top management shall ensure that responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization.	☒	☐	
5.3.2	The food safety team leader shall be responsible for: a) - d)	☒	☐	
5.3.3	All persons shall have responsibility to report problem(s) with regards to the FSMS to identified person(s)	☒	☐	

Summary:
Top management demonstrates leadership and commitment to the FSMS. This is evidenced by the supply of necessary resources and engagement with all aspects of the FSMS. The food safety policy is documented covering relevant food safety aspects and signed by Mr Adikin Basirun as CEO. Policy is communicated (i.e. displayed in key

areas and part of induction program new employees), understood and applied at all levels within the organization. Responsibilities and authorities for relevant roles have been established in the food safety manual. The food safety team leader is Mrs. Erlies Sartini. Team meetings (HACCP) are held anually. Meeting minutes have been reviewed. Outcomes regarding effectiveness and suitability of the FSMS are reported to top management.

Food safety culture aspects are communicated through various channels (policy, induction programs, newsletters). An annual food safety training is provided. Feedback from personnel on shop floor demonstrates that personnel are actively involved in safeguarding food safety. Production performance and food safety issues are shown through dashboards and pre-start up meetings. Results are discussed during management reviews. The site food safety culture is emphasized from top down and found to be effective.

Effective leadership and commitment has been demonstrated. Interview with top management took place with the following auditees: Mr. Ananto Wardono as Plant, Research & Development Director

The following evidence was reviewed:
Food safety policy: Corporate Manual CM-01 dated 01 September 2021
Minutes of team meetings: 14 January 2022
Food Safety culture: training, PRP banner/poster, Policy displayed in several area, hand washing station available at several area

ISO 22000:2018		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
6	**Planning**	☒	☐	
6.1	Actions to address risks and opportunities	☒	☐	
6.1.1	When planning for the FSMS, the organization shall consider the issues referred to in 4.1 and the requirements in 4.2 and 4.3 and determine the risks and opportunities that need to be addressed to: a) - d)	☒	☐	
6.1.2	The organization shall plan: a) - d)	☒	☐	
6.1.3	The actions taken by the organization to address risks and opportunities shall be proportionate to: a) - c)	☒	☐	
6.2	Objectives of the FSMS and planning to achieve them	☒	☐	
6.2.1	The organization shall establish objectives for the FSMS at relevant functions and levels. The objectives of the FSMS shall: a) - f)	☒	☐	
6.2.2	When planning how to achieve its objectives for the FSMS, the organization shall determine a) - e)	☒	☐	
6.3	Planning of changes	☒	☐	

Summary:
The site has a Risk & Opportunities Matrix that uses a SWOT analysis to identify and categorize risk and opportunities. Action plans to address the identified risks and opportunities have been established. Actions are implemented into the FSMS processes. Effectiveness of those actions is evaluated during management meetings.

The objectives of the FSMS have been established conform 6.2.1 and are SMART. Notable examples include:

- Provide food grade ethanol with zero complaint for food safety aspect

An effective objective monitoring and review process is in place. The organization is achieving established targets. A management of change procedure is available. Planning for the FSMS is done in an effective manner.

The following evidence was reviewed:
Risks & Opportunities: Company risk register 14 February 2022
FSMS objectives: Integrated objective report for 2021 and 2022
Management of change: Document number RNI/P-09

ISO 22000:2018		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
7	**Support**	☒	☐	
7.1	Resources	☒	☐	
7.1.1	General	☒	☐	
7.1.2	People	☒	☐	
7.1.3	Infrastructure	☒	☐	
7.1.4	Work environment	☒	☐	
7.1.5	Externally developed elements of the FSMS	☒	☐	
7.1.6	Control of externally provided processes, products or services	☒	☐	
7.2	Competence	☒	☐	
7.3	Awareness	☒	☐	
7.4	Communication	☒	☐	
7.4.1	General	☒	☐	
7.4.2	External communication	☒	☐	
7.4.3	Internal communication	☒	☐	
7.5	Documented information	☒	☐	
7.5.1	General	☒	☐	
7.5.2	Creating and updating	☒	☐	
7.5.3	Control of documented information	☒	☐	

Summary:
Resources are available to maintain and improve the FSMS in an effective manner. Employee competency requirements are detailed in a competence matrix, job descriptions, etc. A training plan is established. Employees were found to be competent to perform assigned roles. The food safety team is multi-disciplinary and has the right expertise. The food safety team leader meets the job description requirements.

The following services are performed by external providers: pest control, transport, waste and maintenance. Management of external providers, including criteria, is described in various documents (e.g. SLAs). Samples have been taken of PT. Rentokil, PT. Sumber Waras Sukses. Performance evaluation is done annually. Results are provided as input for management reviews. An effective system is in place.

Effective internal and external communication was demonstrated. Besides HACCP meetings, monthly meetings are held by the director, QSHSE and operations manager following a fixed agenda which addresses food safety aspects, status of objectives and progress of projects (instalment of new filling line).

Documented FSMS is electronically available. Requirements regarding control of documented information are defined in a procedure. It meets the expectations of this standard. No issues observed during the audit regarding uncontrolled documents.

The following evidence was reviewed:
Competency (matrix): Job Profile HRD/S-01/01
Training plan: SDM HRD/P-04
Employee competency records: Job Profile HRD/S-01/01
Food safety team (leader) competency: Job Profie HRD/S-01/01
External providers records: Approved suppliers list/F-03/03
Communication (internal/external): Matrix Communication
Documented information: Document Numbers RNI/P-01

ISO 22000:2018		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
8	**Operation**	☒	☐	
8.1	Operational planning and control[2]	☒	☐	
8.2	Prerequisite programs (PRPs)	☒	☐	
8.2.1	The organization shall establish, implement, maintain and update PRPs to facilitate the prevention and/or reduction of contaminants (including food safety hazards) in the products, product processing and work environment.	☒	☐	
8.2.2	The PRPs shall be: a) - d)	☒	☐	
8.2.3	When selecting and/or establishing PRPs, the organization shall ensure that applicable statutory, regulatory and mutually agreed customer requirements are identified. The organization should consider: a) - b)	☒	☐	
8.2.4	When establishing PRPs the organization shall consider: a) - b)	☒	☐	
8.3	Traceability system	☐	☒	Minor NC_ 4070088_JKAMIX03
8.4	Emergency preparedness and response	☒	☐	
8.4.1	General	☒	☐	
8.4.2	Handling of emergencies and incidents	☒	☐	
8.5	Hazard control	☒	☐	
8.5.1	Preliminary steps to enable hazard analysis	☒	☐	
8.5.2	Hazard analysis	☒	☐	
8.5.3	Validation of control measure(s) and combination of control measures	☒	☐	
8.5.4	Hazard control plan (HACCP/OPRP) plan	☒	☐	
8.6	Updating the information specifying the PRPs and the hazard control plan	☒	☐	
8.7	Control of monitoring and measuring	☐	☒	Minor NC_ 4070088_JKAMIX02

8.8	Verification related to PRPs and the hazard control plan	☒	☐	
8.8.1	Verification	☒	☐	
8.8.2	Analysis of results of verification activities	☒	☐	
8.9	Control of product and process nonconformities	☒	☐	
8.9.1	General	☒	☐	
8.9.2	Corrections	☒	☐	
8.9.3	Corrective actions	☒	☐	
8.9.4	Handling of potentially safe products	☒	☐	
8.9.5	Withdrawal/recall	☒	☐	

Summary:
PRPs are appropriate for the scope of approval and generally effectively implemented across the site. Details are reflected in the PRP checklist. Actions determined in 6.1 are addressed appropriately.

Traceability testing is done anually. Last test was conducted on 16 December 2021 for product Prime Grade Ethyl Alcohol. A traceability exercise was not successfully conducted during this audit for product Prime Grade Ethyl Alcohol. Reviewed mass balance and relevant documents. All information could not be retrieved within the specified time limit. (see Finding log section)

An emergency preparedness and response procedure is in place. No emergency situations have occurred since the last audit. Procedure is tested annually. Last test was conducted on 29 December 2021.

Flow charts are included and last updated on 8 Maret 2021. They are revised accordingly following changes to processes. Preliminary information is collected, maintained and updated effectively, including intended use and vulnerable groups. Hazards include physical, microbiological, chemical hazards and allergens. Hazard assessment is based on probability (category 0-4) and severity (category 0-4). Risks identified as low are considered significant and are further analysed through a decision tree. Out of the decision tree 1 CCP and 5 OPRP have been determined:

- CCP: DMC column : methanol with (L) Temperature for min 121 C
- OPRP: Receiving material

CCPs and OPRPs are effectively validated following a documented procedure. Based on live demonstrations and records checked, CCPs and OPRPs are in control conform the work instructions. Calibration records have been reviewed. The process of calibration is not fully managed effectively. (see finding Log section)

Procedures are followed accordingly in case critical limits have not been met. Corrective actions are verified effectively. Non-conforming products are physically labelled and put on hold in the ERP system. An effective Recall/Withdrawal system is in place. For further details on recalls, see ISO/TS 22002-5 checklist (clause 4.8). Operational planning and control is not managed fully effectively (see findings log).

The following evidence was reviewed:
Emergency situation procedure: Penarikan Produk dan Penanganan Produk pada Keadaan Darurat RNI/P-07
Hazard control: Identifikasi Bahaya dan Pengendalian Titik Kritis (HACCP) RNI/P-08
Validation: Verifikasi CCP RNI/P-10
Production control records: Pengendalian Proses Fermentasi PRO/P-01 & Pengendalian Proses Distilasi PRO/P-02
Calibration: Kalibrasi Alat Uji dan Alat Ukur QCT/P-05
Nonconforming products: Penanganan Produk Tidak Sesuai QCT/P-04

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
9	**Performance evaluation**	☒	☐	
9.1	Monitoring, measuring, analysis and evaluation	☒	☐	
9.1.1	General	☒	☐	
9.1.2	Analysis and evaluation	☒	☐	
9.2	Internal audit	☒	☐	
9.2.1	The organization shall conduct internal audits at planned intervals to provide information on whether the FSMS: a) - b)	☒	☐	
9.2.2	The organization shall: a) - g)	☒	☐	
9.3	Management review	☒	☐	
9.3.1	Top management shall review the organization's FSMS, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness.	☒	☐	
9.3.2	The management review shall consider: a) - g)	☒	☐	
9.3.3	The outputs of the management review shall include: a) - b)	☒	☐	

Summary:
A monitoring and measurement plan has been determined to assess FSMS performance, including several KPIs. Results are analysed and evaluated accordingly and retained as documented information. Results are reported to top management through management reviews.

Internal audits are carried out twice a year conform a risk-based audit programme. Audit criteria covers the elements of ISO22000, ISO/TS 22002-5 and additional FSSC requirements. Internal auditors were found to be competent and impartial. Several reports were reviewed during the audit. Minor deviations had been identified. Corrective actions resulting from internal audits are dealt with effectively.

Management reviews are conducted annually. Last review was conducted on 14 January 2022. Minutes are available that address the requirements of 9.3.2 and 9.3.3. No significant issues were raised. The site concludes to have an effective FSMS in place. FSMS performance is evaluated effectively.

The following evidence was reviewed:
Monitoring and measurement data/information: Sasaran Terpadu
Internal audit procedure/plan/reports: Internal Audit RNI/P-03
Auditor training records: Internal audit training by Prima Qualita
Management review: Rapat Tinjauan Manajemen RNI/P-05

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
10	**Improvement**	☒	☐	
10.1	Nonconformity and corrective action	☒	☐	
10.1.1	When a nonconformity occurs, the organization shall: a) - e)	☒	☐	

10.1.2	The organization shall retain documented information as evidence of: a) - b)	☒	☐	
10.2	Continual improvement	☒	☐	
10.3	Update of the FSMS	☒	☐	

Summary:
A central log (SAP) is used for recording nonconformities and management of corrective actions detailing timelines and action owners. This includes complaint management. Since the last audit 1 external complaint (small particle was found) has been reported. No significant trends were identified. Based on the samples taken, effective follow-up is done addressing root causes into sufficient depth. PDCA principles are followed accordingly.

Information is gathered from periodic management meetings, HACCP meetings and annual management reviews regarding the need for updates to the FSMS. There are numerous examples of the site initiating continuous improvement, including: development of food safety culture employee questionnaire, migration to electronic documentation system. The organization is effectively improving its FSMS.

The following evidence was reviewed:
Nonconformity / Complaint samples: Small particle
Complaint management procedure: Penanganan Komplain SLS/P-02

*Indicate compliance (Y), non-conformance (N), nonconformities to be detailed in findings log.

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
4	**Construction and layout of buildings**			
4.1	General requirements	☒	☐	
4.2	Environment	☒	☐	
4.3	Locations of establishments	☒	☐	

Summary:
Plant located in an industrial area in a rural environment. Site boundaries are clearly identified. Premises is fenced off with gate access to the facility. Types of buildings include production facility, storage building, offices, laboratory and maintenance workshop. Good condition of constructions noted. No risks have been identified related to the external environment. Site area is properly maintained. This section meets the requirements of the ISO/TS 22002-1.

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
5	**Layout of premises and workspace**			
5.1	General requirements	☒	☐	
5.2	Internal design, layout and traffic patterns	☒	☐	
5.3	Internal structures and fittings	☒	☐	
5.4	Location of equipment	☒	☐	
5.5	Laboratory facilities	☒	☐	
5.6	Temporary or mobile premises and vending machines	☒	☐	
5.7	Storage of food, packaging materials, ingredients and non-food chemicals	☒	☐	

Summary:
Internal design, layout, equipment and traffic patterns are found to be adequate. No standing water (i.e. insufficient drains) and risks regarding external openings have been observed during the audit. Laboratory facilities are present on-site and segregated from production areas. Only chemical tests are conducted. Risks are not controlled effectively. There are no temporary mobile structures or vending machines used. Storage of food, packaging materials, ingredients and non-food chemicals is not effectively managed even control measures are in place (cardboard layers), due during audit found forklift battery store the same area with packaging material. This section meets the requirements of the ISO/TS 22002-1.

The following evidence was reviewed:
Layout with traffic patterns of materials, products and workers are observed during audit and maintain well.
Zoning area mapping High Medium Low are observed as documented in Factory lay out.

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
6	**Utilities – air, water, energy**			
6.1	General requirements	☒	☐	
6.2	Water supply	☒	☐	
6.3	Boiler chemicals	☒	☐	
6.4	Air quality	☒	☐	
6.5	Compressed air and other gases	☒	☐	

6.6	Lighting	☒	☐	

Summary:
In-house treated water is supplied and used as a product ingredient. Records of analysis have been reviewed. Specifications for water have been defined and requirements are met. There is no use of steam, ice or chlorinated water. Boiler chemicals are used, safe and stored away appropriately.

Air is in direct product contact. Specific air and humidity control is needed in high risk areas (i.e. meat slicing areas). This is monitored continuously. Compressed air is used, filtered and oil free. Air systems are maintained and managed effectively. Adequate lighting provided to facilitate hygienic operations. Light fixtures are suitably protected. Utilities are managed in an effective manner.

The following evidence was reviewed:
Water: Form-QA-025-04 Lembar Pengujian Sample Micro In Line, drinking water test report ID136058 issue dby SGS Indonesia on 14 Sep 21
Air: NA
Temperature & humidity records: Form/PD/047 Checklist Temperatur & KelembabanPacking Section
Specification(s): Sertifikat Analisa Air No.492/MENKES/PER/IV/2010

ISO 22002:1: 2009		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
7	**Waste disposal**			
7.1	General requirements	☒	☐	
7.2	Containers for waste and inedible or hazardous substances	☒	☐	
7.3	Waste management and removal	☒	☐	
7.4	Drains and drainage	☒	☐	

Summary:
Waste is categorized in General Waste and Hazardous Material. Containers are clearly identified, lidded and foot operated. Waste is collected and discarded by a licensed waste collection company. Contract has been reviewed for PT. Sinergi Prima Sejahtera. There is accumulation of waste observed during the audit and water drip came from the inside. Records of destruction are being retained. Drains are suitable and appropriate for the size of the premises. Drain management is linked to cleaning and maintenance. The waste management program is managed in an effective manner.

The following evidence was reviewed:
Waste collection records: daily waste record from GA dept and OHS dept. for hazardous material
Destruction records: Available, certificate In Nov 2021, Dec 2021 and Jan 2022
Drainage: clean, no stagnant water

ISO 22002:1: 2009		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
8	**Equipment suitability, cleaning and maintenance**			
8.1	General requirements	☒	☐	
8.2	Hygienic design	☒	☐	
8.3	Product contact surfaces	☒	☐	
8.4	Temperature control and monitoring equipment	☒	☐	
8.5	Cleaning plant, utensils and equipment	☒	☐	

8.6	Preventive and corrective maintenance	☒	☐	

Summary:
(Food contact) equipment is found to be suitable and meets the principles of hygienic design. Food contact materials, as sampled, are food grade. The cleaning program regarding equipment and utensils is documented however during plan tour still several issue as highlighted in finding log. Preventive and corrective maintenance program is managed through SAP system. All devices used to monitor and/or control food safety are included, including filters, magnets, metal detectors and thermal process equipment. Samples of maintenance work have been reviewed. Corrective maintenance is carried out accordingly. Process of releasing maintained equipment back to production is well managed. Lubricants are food grade. For details about the calibration program see ISO22000:2018 chapter 8. An effective maintenance program is in place.

The following evidence was reviewed:
Food contact materials/equipment specifications: material used are SS304
Overview cleaning program equipment/utensils: cleaning program are established through SAP program as shown for Nov 2021 until Jan 2022 were well implemented
Maintenance records: available, preventive maintenance has been implemented according to the schedule records July – Dec 2021 and Jan 2022
Specifications food grade lubricants: lubricant has NSF certificate

ISO 22002:1: 2009		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify “not applicable” clauses
9	**Management of purchased materials**			
9.1	General requirements	☒	☐	
9.2	Selection and management of suppliers	☒	☐	
9.3	Incoming material requirements (raw/ingredients/packaging)	☒	☐	

Summary:
The site supplier approval process is documented. Procedure distinguishes between new and trusted suppliers. Several supportive documents are in place to support this process. Acceptance forms are in place. In case of absence of GFSI certificate, audits are conducted prior to accepting materials for production. A list of approved suppliers, service providers and subcontractors is available and updated. Samples have been taken of PT. Liku Telaga. Process is in control.

Verification method regarding incoming materials is documented. Based on risk assessment, food safety hazards are controlled through COAs, internal analysis etc. Samples have been taken (see below). No issues observed. Process is managed effectively. Non-conforming products are handled under a documented procedure to prevent unintended use. Bulk receiving lines are present and well managed. An effective system is in place.

The following evidence was reviewed:
Procurement procedure: Pembelian Barang dan Jasa PUR/P-02
Supplier approval process document(s): Seleksi dan Evaluasi Supplier PUR/P-03
(New) supplier acceptance checklists: Form Seleksi Supplier PUR/F-03/01
Verification method/program documented in: SAP
Verification monitoring records seen (COAs, internal lab results): COA Asam Sulfat PT. Liku Telaga, Inspection Report
Documented procedure non-conforming materials: SOP-QA-001-05 Incoming Raw Material Inspection, SOP-QA-005-15 NC, CAPA, & Hold-Release Procedures
Delivery vehicle inspection records: Form-LS-007-06 Container Checklist

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
10	**Measures for prevention of cross-contamination**			
10.1	General requirements	☒	☐	
10.2	Microbiological cross contamination	☒	☐	
10.3	Allergen management	☒	☐	
10.4	Physical contamination	☒	☐	

Summary:
Various programs are in place to prevent, control and detect contamination, including sieves, metal detectors, PRP inspections (including glass/hard plastic checks), environmental monitoring, etc. Measures are in place based on hazard assessment. Areas with potential microbial contamination sources have been identified and a dedicated zone is designed (i.e. slicing area is a high/critical care zone).

Regarding allergen management, PRP verifications and environmental monitoring, see summaries in the FSSC additional requirements checklist.

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
11	**Cleaning & Sanitizing**			
11.1	General requirements	☒	☐	
11.2	Cleaning and sanitizing agents and tools	☒	☐	
11.3	Cleaning and sanitizing programs	☒	☐	
11.4	Cleaning in place (CIP) systems	☒	☐	
11.5	Monitoring sanitation effectiveness	☒	☐	

Summary:
Cleaning and sanitizing programmes are established. The document(s), as reviewed, specify the elements as described in 11.3. Only manual cleaning is done, which includes cleaning of: product contact surfaces and machine body. Coloured cleaning materials are in place per area based on hygiene risk level. Cleaning activities are carried out by internal (based on master cleaning schedule) and external personnel (PT. SWS). Cleaning agent specifications are in place. Food grade cleaning chemicals are used. Verification of cleaning is done through visual inspections and EMP/ATP swabs and pre-/post-operation inspections.

Systems are monitored and well managed. Cleaning programs are managed in an effective manner.

The following evidence was reviewed:
Cleaning program documents: MS-PD-001-02 Master Cleaning Schedule
Cleaning agent specifications: alcohol, FC10
Cleaning reports/records reviewed: monthly
CIP system parameters defined in: N/A

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
12	**Pest control**			
12.1	General requirements	☒	☐	

12.2	Pest control programs	☒	☐	
12.3	Preventing access	☒	☐	
12.4	Harbourage and infestations	☒	☐	
12.5	Monitoring and detection	☒	☐	
12.6	Eradication	☒	☐	

Summary:
Pest control service performed by external provider PT. Ren to Kill . A contract is in place specifying the following target pests: rodents, flies, SGI (stored grain insects). A map of traps and detectors is available and accurate. Contractor visits site weekly. Inspection reports have been reviewed. PDCA principles are followed accordingly. Competency of persons involved in pest control program has been reviewed for M. Slamet. Approved chemicals are used. No eradication measures have been taken since the last audit and no significant pest activity trends have been identified. The pest control program, as reviewed, is managed in an effective manner.

The following evidence was reviewed:
Procedure(s): SOP-QA-015 Pest Management Procedures
Traps/detectors map: updated
Inspection reports: report presented by monthly basis
Annual evaluation report: yearly evaluation
Trend data: trend data refer to monthly report.
Competency: The pest control technician has passed in training “The Pesticide Technician and Technical Supervisor”
Specification(s): Chemical that used has been approved by The Ministry of Agriculture of Indonesia

ISO 22002:1: 2009		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify “not applicable” clauses
13	**Personnel hygiene and employee facilities**			
13.1	General requirements	☒	☐	
13.2	Personnel hygiene facilities and toilets	☒	☐	
13.3	Staff canteens and designated eating areas	☒	☐	
13.4	Workwear and protective clothing	☒	☐	
13.5	Health status	☒	☐	
13.6	Illness and injuries	☒	☐	
13.7	Personal cleanliness	☒	☐	
13.8	Personal behaviour	☒	☐	

Summary:
Staff canteens and consumption areas are segregated from production areas. Hygienic conditions are maintained. No issues observed during the audit. Changing rooms are located close to production facilities and found to be clean and tidy. Work wear of personnel includes suitable, protective clothing (coats, aprons, hair/beard nets, etc.). Specific requirements apply for high-risk areas (i.e. meat slicing areas). Laundering of clothing is done internally

Reporting of illness and injuries which might cause a risk to food safety must be reported according to the company hygiene rules. Adequate handwashing/sanitizing facilities are in place. The site personal behaviour policy complies with 13.8. Visitors to the site are required to complete a (health) questionnaire prior to entrance. This section meets the requirements of the ISO/TS 22002-1.

The following evidence was reviewed:
Site entrance (health)questionnaire: Form-HR-014 Form /health visitor screening
Personal behaviour policy: PM-MRI-001 Workplace Hygiene Policy

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
14	**Rework**			
14.1	General requirements	☐	☐	NA
14.2	Storage, identification and traceability	☐	☐	NA
14.3	Rework usage	☐	☐	NA

Summary:
Rework is not applicable due to nature of the process for the process. Choose an item.

The following evidence was reviewed:
Rework procedure: NA
Traceability records: NA

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
15	**Product recall procedures**			
15.1	General requirements	☒	☐	
15.2	Product recall requirements	☒	☐	

Summary:
No recalls/withdrawals related to food safety have occurred. The site Recall procedure is defined. A list of key contacts is maintained and up to date. Last mock recall test was conducted on 10 March 2021. No improvements have been required as result of the outcome.

The following evidence was reviewed:
Recall procedure: Penarikan Produk RNI/P-07
Records: Surat Pemberitahuan Penarikan Produk RNI/F-07/01, Laporan Simulasi Penarikan Produk 03/QA/Spp/XII-21

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
16	**Warehousing**			
16.1	General requirements	☒	☐	
16.2	Warehousing requirements	☐	☒	Minor NC_ 4070088_JKAMIX01
16.3	Vehicles, conveyances and containers	☒	☐	

Summary:
Warehouse contains both ambient stable humidity 43 – 45% and temperature-controlled storage (20 – 22 deg C) Storage spaces, as observed, they are not fully maintained in hygienic conditions (see finding log section). Temperatures and humidity are effectively controlled. Cooling systems are monitored continuously through a central system. Chemicals and (raw) materials are stored separately from finished products. Only electric powdered fork-lift trucks are operated.
Goods are transported by trucks and bulk tankers. Transportation requirements have been specified. Contractors PT SKI are used for the transportation of: Finished Goods. Bulk containers are dedicated to food use only. This section does not fully meet the requirements of ISO/TS 22002-1 (see findings log).
See summary in section 2.5.10 for the stock rotation program and details.

The following evidence was reviewed:

Transportation requirements documented in: contract, verified on Form-LS-007 Container Checklist
Transportation records (temperature/cleaning between loads): Form-LS-007 Container Checklist

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
17	**Product information/consumer awareness**			
17.1	Product information/consumer awareness	☒	☐	

Summary:
Production information/awareness is effectively communicated to customers through recipes, finished product specifications and site website.
See summary in section 2.5.2 for the complete program and details.

ISO 22002:1: 2009		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
18	**Food defense, biovigilance and bioterrorism**			
18.1	General requirements	☒	☐	
18.2	Access controls	☒	☐	

Summary:
Site premises is fenced off. Various access controls are in place, i.e. locked doors with finger print, CCTVs. No breaches have been reported or observed during the audit. Site is well secured.
See summary in section 2.5.3 for the complete program and details.

*Indicate compliance (Y), non-conformance (N), nonconformities to be detailed in findings log; detail any not-applicable clauses with reasons

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.1	**Management of services and purchased materials**	☒	☐	

Summary:
Management of externally provided elements is detailed in ISO22000:2018 7.1.6.

Sites uses The following tests are conducted: microbiological pathogen (Salmonella) conducted by internal and heavy metals/residues conducted by Sucofindo. External lab is accredited to ISO 17025. Proficiency tests are performed and have been reviewed. Successful results were shown.

Product specifications are reviewed every 3 years by QA/QC Department to ensure continued compliance with food safety, legal and customer requirements.

The site procurement procedure regarding emergency situations is documented. No emergency suppliers were used since the previous audit.

The following evidence was reviewed;
Procurement procedure emergency situations: Pembelian Barang dan Jasa PUR/P-02

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.2	**Product labelling**	☒	☐	

Summary:
Site delivers products only B2B (business to business). Labelling is approved by Distribution Department. Responsibilities have been defined. Product specifications are in place. Sample(s) have been taken of Prime Grade Ethyl Alcohol, which were compared with the product end label. Labels, as reviewed, contain the required information, including traceability data. Allergens are declared according to the applicable food regulations. An effective system is in place.

The following evidence was reviewed:
Procedures: Distribusi FIN/P-02, Inspeksi Produk Jadi QCT/P-03
Labelling examples: Prime Grade Ethyl Alcohol label : Product Name, Bath number, Hazard identification

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.3	**Food Defense**	☒	☐	
2.5.3.1	Threat assessment	☒	☐	
2.5.3.2	Plan	☒	☐	

Summary:
Food defence threat assessment is documented. Assessment is based on the FDA food defence builder. Both internal and external potential threats are addressed, including site access, visitors, secure packaging (tamper proof seals), shipping, etc. No Significant threats have been determined. Appropriate mitigation measures are developed and implemented, which include: raw material inspection, entry access, selection & evaluation of supplier and transporter. The plan is kept up to date. The food defense plan is effectively implemented.

The following evidence was reviewed:
Procedures: Identifikasi TACCP dan VACCP RNI/P-12
Records: TACCP-01 14 February 2022

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.4	**Food fraud mitigation**	☒	☐	
2.5.4.1	Vulnerability assessment	☒	☐	
2.5.4.2	Plan	☒	☐	

Summary:
A risk-based food fraud vulnerability assessment has been conducted and is documented. Potential vulnerabilities have been identified, taking into consideration economic vulnerability, historical data, supplier relationship, etc. This is done in sufficient detail. No significant vulnerabilities have been determined. Examples include: molasses, supporting material, transporter. Appropriate mitigation measures are developed and implemented, which include: material inspection, evaluation of supplier and transporter. The plan is kept up to date. The food fraud plan is effectively implemented.

The following evidence was reviewed:
Procedures: Identifikasi TACCP dan VACCP RNI/P-12
Details samples taken: molasses, phosphoric acid

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.5	**Logo use**	☒	☐	

Summary:
Logo (i.e. UKAS, LRQA) use identified during audit and conform.

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.6	**Management of allergens (C, E, FI, G, I & K)**	☒	☐	

Summary:
No allergen identified during audit. And the allergen Management was stated in the Manual that stated no allergen used for all the process

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.7	**Environmental monitoring (C, I & K)**	☒	☐	

Summary:
Environmental monitoring have been done and conform.

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.8	**Formulation of products (D only)**	☒	☐	

Summary:
Not applicable to Category K.

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.9	**Transport and delivery (FI only)**	☒	☐	

Summary:
Not applicable to Category K.

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.10	**Storage and warehousing (all Food Chain categories)**	☒	☐	

Summary:
Stock rotation system is in place according to FIFO/FEFO principles. ERP-system in place which allows for effective management of warehouse and expiry dates. No issues observed regarding this aspect. The warehouse management system is effective.

The following evidence was reviewed: Rotation stock based on SAP program

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.11	**Hazard control and measures for preventing cross-contamination (C & I)**	☒	☐	

Summary:
Not applicable to Category K.

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.12	**PRP Verification (C, D, G, I & K)**	☒	☐	

Summary:
Monthly site inspections/PRP checks are performed by QA department conform defined sampling criteria. The program is risk based and linked to ISO22002-5. Inspection records have been reviewed. Follow-up actions are demonstrable in case of deviations. Good system in place.

The following evidence was reviewed;
Procedure: Verifikasi PRP
Records: Checklist Verifikasi PRP

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.13	**Product development (C, D, E, F, I & K)**	☒	☐	

Summary:
There is no new product developments since the previous audit. The product development function is not applicable for this organization. Product development is well managed.

The following evidence was reviewed:

- Procedure: NA
- Records: NA

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.14	**Health Status (D only)**	☒	☐	

Summary:
Not applicable to Category K.

FSSC 22000 Additional Requirements		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
2.5.15	**Requirements for organizations with Multi-site Certification (A, E, FI & G)**	☒	☐	
2.5.15.1	Central functions	☒	☐	
2.5.15.2	Internal audit requirements	☒	☐	

Summary:
Not applicable to Category K.

*Indicate compliance (Y), non-conformance (N), nonconformities to be detailed in findings log; detail any not-applicable clauses with reasons

Audit Programme/Plan (LRQA)

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons like e.g. changes with the client, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes concerning e.g. changes to the management system, extent, time or dates of the audit, competences etc.

Visit Type	CR Visit +Transition	SV1		Sv2/FV			CR	
Start Date	18 Feb 2020	9 March 21		21 Feb 2022			Feb 2023	
End Date	25 Feb 2020	10 March 21		23 Feb 22			TBA	
Audit Days	5.25	3.25		3.			4	
Separate assessment plan?	N	N		N			N	
Any change in workforce numbers That may impact visit duration (if yes add new number)	N	N		N			N	

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. The assessment standard and roles of the audit team are defined in the assessment visit confirmation to the client by LRQA. Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in this section of the previous LRQA visit report. Where identified above see separate assessment plan (latest issue) for further detail. Any additional observers will be as formally communicated to the client in writing. The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Process / aspect / theme / location *Final selection will be determined after review of management elements and actual performance*								
Opening meeting	✓	✓		✓			✓	
Closing meeting	✓	✓		✓			✓	

Changes to organizational context(2)	✓	✓		✓			✓	
Management Review	✓	✓		✓			✓	
Internal Audits	✓	✓		✓			✓	
Continual Improvement	✓	✓		✓			✓	
Management of change	✓	✓		✓			✓	
Corrective action	✓	✓		✓			✓	
Preventive Action(3)	✓	✓		✓			✓	
Complaint Management	✓	✓		✓			✓	
Use of Logo (LRQA & Accreditation Marks)	✓	✓		✓			✓	
Performance against the client management system objective	✓	✓		✓			✓	
Product characteristics and intense use, flow diagram ; process steps and control measures, Hazard Analysis ,HACCP Plan & Operational PRPs plan, Validation & Verification	✓	✓		✓			✓	
Emergency preparedness and response include Withdrawal /recall /Mock test Documentation for FSSC 4.1 version include Food fraud and Food defense	✓	✓		✓			✓	
Production Ethanol and filling process	✓	✓		✓			✓	
Warehouse Raw material, Finish good and supporting material include delivery	✓						✓	
PRPs: Infrastructure and work environment, Waste disposal control, Pest control, Water control, Glass control ,Personal Hygiene and health control, Cleaning & sanitation program,	✓	✓		✓			✓	
QA/ Laboratory	✓	✓		✓			✓	
Maintenance / Calibration	✓							
Control of document and record	✓	✓		✓			✓	
Purchasing including management outsources	✓	✓		✓			✓	
* Complete the list of organisation (parts), departments and/or processes of the different locations								

Note: if the visit involves more than one team member and/or is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

Audit objectives

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. The assessment standard and roles of the audit team are defined in the assessment visit confirmation to the client by LRQA. Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in this section of the previous LRQA visit report. Where identified above see separate assessment plan

(latest issue) for further detail. Any additional observers will be as formally communicated to the client in writing. The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Confidentiality
We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling
The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity
The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities
The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Areas of concern at stage 1
If during the stage 1 assessment, the auditor finds areas of concerns which could have a negative impact on the outcome of stage 2, the assessor will define these as non-conformities in the assessment findings table.

Audit report considerations			
LRQA Report considerations	Y/N/NA	Reference made if Yes	Ref:
Have there been any deviations from the original assessment plan?	No	**If yes** detail these in the Audit Statement section of the report along with the reasons for the deviations	
Have there been any significant issues impacting on the audit programme?	No	**If yes** detail these in the Audit Statement of the report and amend the APP	
Have there been any significant changes that affect the management system of the client since the last audit took place?	No	**If yes** detail these within the Audit Statement section of the report.	

If applicable, has the organization implemented effective corrective action(s) regarding previously identified nonconformities?	Yes	Record outcome in the findings log against the relevant findings.	
Stage 1 only	Y/N/NA	Reference made if Yes	Ref:
Have there been any changes in/to the organization to the extent that additional resources are required for the Stage 2 visit?	Choose.	**If yes**, create an office action with the request to plan for appropriate resource(s) for the Stage 2 (i.e. activity code(s))	
Are there any specific planning needs to ensure that during Stage 2 all processes activities will be assessed?	Choose.	**If yes**, ensure that this is detailed/recorded in the next visit details (NVD)	

1. Assessment plan

Assessment type	Assessment criteria
Focus /unnannouce /Transition	**FSSC 5.1**

Assessment team	Assessment dates	Issue date
Mochamad Iqbal and Chen Yen Fun(Witness)	**TBA**	**2022**

(Date	Day 1) Un announce visit
09.00	Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.
	LRQA team briefing for a team of two or more assessors or (experts).
	<MI> (Team Leader) on site
09.15	Production of Ethanol include site tour for drum filling and warehousing for PRP verification
12.00	Break
13.00	Management review (FSTL), legal requirement, improvement, internal audit, emergency response & preparedness include review Document changes to 5.1th version
16.00	Discuss outstanding issue
17.00	End day 1

(Date	Day 2)
08.30	Review of findings from previous day. Review of the assessment plan for the day.
09.00	QA production and process QA incoming and delivery
11.00	Maintenance utility and calibration
12.00	Break
13.00	HR GA/training/Medical check up and pest control
14.30	Report writing
16.00 -17.00	Closing meeting with management to present a summary of findings and recommendations.

Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqa.nl. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members, date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.

(Date	Day 3)
08.30	Review of findings from previous day. Review of the assessment plan for the day.
09.00	Food defence and food fraud
11.00	Warehouse of FG and delivery Warehouse of RM PM
12.00	Break
13.00	continue
14.30	Report writing
15.00 -17.00	Closing meeting with management to present a summary of findings and recommendations.

Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqa.nl. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members, date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.