Pre-visit planning SV1, Remote Review, Surveillance 1

Report for:

PT Molindo Raya Industrial

LR reference:	JKT6018099 / 3460866
Assessment dates:	22-January-2021 - 01-April-2021
Reporting date:	18-May-2021
Client address:	Jl. Sumber Waras No. 255,Lawang,Malang , ID
Assessment criteria:	FSSC 22000 Food Safety v5
Assessment team:	Mochamad Iqbal Anton Nurkholis
LR Client Facing Office:	JKT Indonesia OU

Contents

Attachments:

JKT6018099_APP_FSSC_SV1_2021.docx
JKT6018099_Audir Plan SV1_2021MIXANX.doc

This report was presented to and accepted by:

Name: Mrs Erliess

Job title: QA Manager

01. Executive report

Assessment outcome:

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.

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	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	Open	**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	
Root Cause analysis		miss identification in HACCP has been follow up by reviewing hazard identification	
Corrective action		review of HACCP study has been done direct after audit by adding chemical hazard in all material contact to product	
LR has reviewed and verified the implementation of actions taken.		**Date of closure**	

Reference number	3460866_JKAMIX02	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5 (22002-1-11.3)
Grade	Minor NC	**Issue Date**	10-March-2021
Status	Closed	**Process / Aspect**	Cleaning
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		post cleaning inspection was not consistently done properly	
Requirement		ISOTS22002-1 clause 11.3	
Evidence		It was found that post cleaning inspection was not conducted for the production tank that has been done clean by third party in Feb 2021, There is no evidence for parameter inspected that cleaning activity is one effectively, however there is no product deviation found until present.	
Proposed correction, corrective action and timescales		C: established the parameter for cleaning post inspection CA : refresh the understanding of cleaning to the production team TS: 15 March 2021	
Correction		A form for in production has been establish with supporting of picture after cleaning done	
Root Cause analysis		production team mis awareness for recording the evidence	
Corrective action		the procedure for inspection after cleaning has been reviewed and revised that include how to do and record inspection after cleaning	
LR has reviewed and verified the implementation of actions taken.		**Date of closure**	01-April-2021

Reference number	3460866_JKAANZ01	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5 (22000-7.2)
Grade	Minor NC	**Issue Date**	10-March-2021
Status	Closed	**Process / Aspect**	HR GA (MCU and Training)
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		It was found that FSMS has not been conducted consistently, such as implementation of Refresh Training of GMP/FSMS in organization. Records of evidence refresh training of GMP/FSMS year 2020 has not been provided yet, even though actual briefing/training has been conducted by other method due to Pandemic Covid-19 condition.	
Requirement		**ISO22000:2018 clausal 7.2** Organization shall ensure that these persons, including the food safety team and those responsible for the operation of the hazard control plan, are competent on the basis of appropriate education, training and/or experience;	
Evidence		Training Records in year 2020	
Proposed correction, corrective action and timescales		**C:** records and conduct refresh training of GMP/FSMS in Semester 1 year 2021. CA : review mandatory training program TS end March 2021	
Correction		Training program for GMP has been reviewed by HRD function in 29 March 2021	
Root Cause analysis		miss identification due to COVID issu which can not held training program for social distancing	
Corrective action		the training program has been reviewedd and revised for 2021 and schedule in June 2021 due to know thew COVIDsituation is decrease	
LR has reviewed and verified the implementation of actions taken.		**Date of closure**	01-April-2021

03. Assessment summary

Visit generic objective:

This was a Pre-visit planning SV1, Remote Review, Surveillance 1 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	**Visit type**	Focus Visit
Audit days	3.00 DAY	**Due date**	January, 2022
Team			

Site	Audit days	Delivery Method	Remote Effort	Activity codes
Jl. Sumber Waras No. 255,Malang,ID	3.00 DAY	Onsite	0 DAY	096531,096202

05. Change to certification details

Customer has requested the following changes.

The following scope or scope changes have been reviewed and verified, and are agreed subject to Technical Review.

Scope Details	Scope Type	
	Product	**Site**
Manufacture of Ethanol for food industry with distillation and purification process an d delivered by plastic drum and bulk tank	FSSC 22000 Food Safety v5	

06. Appendix

ARF022 FSSC22000 Food v5

FSSC 22000 Food Choose an item. Choose an item.

Index:

Executive summary	
Audit recommendation	
Visit type of this audit	Surveillance 1 Choose an item.
Conclusion	Continue certification
Confirmation that the audit objectives have been fulfilled. The company fulfils:	this visit objectives
Summary of the audit:	
Unresolved issues:	
Significant changes since last audit:	
Recalls and withdrawals:	

Remote auditing (only in case of split or full remote audit)		
Audit approach utilized	Full remote audit	
ICT used for desk reviews	☐ Skype / ☒ MS Teams / ☐ Other, namely:	
ICT used for live video auditing	☐ N/A /☐ LR Remote / ☐ Other, namely:MSteams	
Duration live video auditing	8 hrs	Production, QC
The ICT tools that have been used were effective and supported the remote audit successfully.	Yes	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	No	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 (indicate numbers only)	
Critical nonconformities (CR NC)	None
Major nonconformities (Major NC)	None
Minor nonconformities (Minor NC)	3

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
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
Planning: Specific topics or objectives for the coming certification cycle

Necessity to perform extra Stage 1? Exact planning: see Audit Program Plan

Organization profile	
Certified organization	
Registration number	1018050
Contact person	Mrs Erlies Sartini/ Kartika Afriardhini
Email contact person	Erlies.sartini@mri.co.id/ qa.qc@molindo.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 an item.
Registered legal name	NA
Trading name(s)	
Registration number	
Location	
Contact person	
Email contact person	
Number of sites	
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			
Certificate number	This section not to be completed by the auditor		
CB Name and office location (city)	Lloyd's Register Click or tap here to enter text.		
Audit language	Click or tap here to enter text., 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 (if applicable)	Not applicable		
Exclusions (if applicable)	NA		
Verification scope statement	Does the scope of certification continue to be appropriate to the activities / products / services of 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		☒	☒
Anton Nurkholis		☒	☒
		☐	☐

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	☒	☒
Mrs 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 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	Choose an item.	
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	09/02/2021	8 hrs	Mochamad Iqbal
	09/03/2021	8 hrs	Anton Nurkholis
	10/03/2021	8 hrs	Mochamad Iqbal
	Date.	Hours hrs	Auditor
	Date.	Hours hrs	Auditor
Total time on-site (hours)	8 hrs		
Head Office (if applicable)	0 hrs		
Audit time deviations	NA		
Additional time for off-site activities	0 hrs		
Number of HACCP Studies	1		
Number of Employees (FTEs) in total	100		
Number of shifts	3		
Employees per shift (FTE) + office	100		

Checklist ISO 22000:2018

Specific for Stage 1 only (review of client's preparedness for Stage 2)

In case of a Stage 1 visit, it is mandatory to report at minimum on the following ISO22000:2018 clauses. Throughout the checklist the clauses are indicated with [1 or 2]

4-10	System regarding organizational risks and method(s) of control[1]
7.5	Management system documentation[2]
8	Operational planning and control[1]
9.2	Internal Audit[2]
9.3	Management Review[2]

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
4	**Context of the organization[1]**	☒	☐	
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:

Sighted the company has identified the internal and external issues. Interested parties identified such as stakeholder, employees, regulator, customer and supplier. The internal and external issues including the opportunities was addressed and based risk table the risk category medium, high risk or threat being documented. It is cover the statutory and customer requirement.

The scope of the system was defined which cover from the receiving, processing, packing until delivery of product.

No external storage/warehouse or outsource of the process.

In general, the compliance with the requirements of ISO 22000:2018 were demonstrated and the elements outlined in section 4 have been addressed.

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
5	**Leadership**[1]	☒	☐	
5.1	Leadership and commitment	☒	☐	
5.2	Policy	☒	☐	
5.3	Organizational roles, responsibilities and authorities	☒	☐	

Summary:

Top Management has been set the strategic directions, developing strategic goals and formulating strategies to meet the strategic goals was defined in company's Vision and Mission.

Top management, implemented and maintained a food safety policy that is appropriate to the purpose and context of the organization, provides a framework for setting and reviewing the objectives of the FSMS includes a commitment to satisfy applicable food safety, statutory and regulatory requirements.

The Food Safety Policy has been documented in the Food Safety Manual. Socialization of food safety management system has been conducted to all of management and staff. Role and responsibility of top management and management team was defined and established in the Food Safety Manual
The organization structure was sighted as on company manual. QA Manager has been appointed as Food Safety Team Leader. The role and responsibilities were maintained. Personnel to liaise and update on the external statutory and regulatory requirement has been identified

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
6	**Planning**[1]	☒	☐	
6.1	Actions to address risks and opportunities	☒	☐	
6.2	Objectives of the FSMS and planning to achieve them	☒	☐	
6.3	Planning of changes	☒	☐	

Summary:

From the issues identified, the action to address the risk and opportunities was documented in the log register it is combined also with requirement of ISO 9001:2015. The Food Safety Objectives established for example training, customer complaint, PRP compliance and comply with the food safety requirements. The action plan to achieve and how to measure/evaluate was included. It was reviewed in the Top Management in the Management Review. Mitigation to minimize risk was conducted and monitored.
Food Safety Objectives were established at relevant functions and it was also monitored in monthly bases.
Planning of change procedure was clearly defined.

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
7	**Support**[1]	☒	☐	
7.1	Resources	☒	☐	
7.2	Competence	☐	☒	**NC JKAANX01**
7.3	Awareness	☒	☐	
7.4	Communication	☒	☐	
7.5	Documented information**	☒	☐	

Summary:

It was observed that organization was determined, provided and maintained the infrastructure for the operation of its processes to achieve conformity of products and services.

Food Safety team found to be competent and has been trained with cover multi-disciplinary of teams. Relevant training to the critical position found adequately planned and carried out by FSSC team. Records for training were also maintained well by HR department. Training effectiveness evaluation carried out upon training completion via quiz & training evaluation. The activity includes introduction to food safety system and its implementation.
Training is limited due to COVID issue, however there is one minor NC regrading training that detail in finding log section

The Food safety manual was established, documented, implemented and maintained. Changes made to the documentation to upgrade the FSSC 22000 v5 was sighted done as per procedure. Master list of documents and records are updated. External documents master list available which include the list of regulatory and exporting country standard. Records sampled throughout the audit are found legible, retrievable and identifiable.

The system was found no major change.

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
8	**Operation[1]**	☒	☐	
8.1	Operational planning and control[2]	☒	☐	
8.2	Prerequisite programs (PRPs)	☒	☐	
8.3	Traceability system	☒	☐	
8.4	Emergency preparedness and response	☒	☐	
8.5	Hazard control	☐	☒	**Minor NC JKAMIX01**
8.6	Updating the information specifying the PRPs and the hazard control plan	☒	☐	
8.7	Control of monitoring and measuring	☒	☐	
8.8	Verification related to PRPs and the hazard control plan	☒	☐	
8.9	Control of product and process nonconformities	☒	☐	

Summary:

Summary:

The characteristic and intended used of the finished products were maintained in the FSMS documentation. Sample of raw material specifications was reviewed such as Nacl, and molasses. The potential food safety hazard (biological, chemical, physical and allergen) was assessed in the hazard analysis not consistently identified for all the raw materials (see NC finding JKAMIX01) During site visit the process flow for ethanol was reviewed. The documented flow diagram was found no discrepancies.

Reviewed of the CCPs:

CCP1 De-Methanol column

Critical limit: minimum pressure 0.05 bar

It was done by checking the pressure minimum for the process. The production parameter was found meet the minimum pressure required. The monitoring records were found maintained. The records were checked and found in order.

OPRP identified was filtering during filling process storage. Checked before and after filing were recorded well

OPRP in distillation with process parameter set for Temperature with range 121 – 127 C

Review production log sheet Jan and Feb 2021

<u>Calibration</u>

Equipment calibration schedule which cover the production and lab equipment 2020 was reviewed. Master thermometer was calibrated by external calibration company on yearly basis.

Sample : pressure gauge and thermocouple in Jan 2020

Emergency Preparedness & Response

Procedure was established and tested annually. no emergency found since initial assessment However mock recall were conducted in December 2020 and found well managed

Inspection & Testing

Microbiological testing of finished product was done for TPC, yeast & mould, coliform and E. coli. Result was found acceptable.

Annual test for heavy metals and preservative test. Annual full water test for microbiological and chemical parameters was done and result was acceptable.

Monthly swab test of equipment and hands for food handler in regards to TPC Yeast & mould, coliform, E. coli and air testing is done.

Sample done for external laboratory result November 2020

ISO 22000:2018		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
9	**Performance evaluation[1]**	☒	☐	
9.1	Monitoring, measuring, analysis and evaluation	☒	☐	
9.2	Internal audit[2]	☒	☐	
9.3	Management review[2]	☒	☐	

Summary:

Management review date is 15 Jan 2021 it is conducted yearly based on the required agenda stated in the procedure. IQA was conducted in 22-29 Dec 2020 for annually against FSSC v FSSC v5. regulatory audit conducted by trade ministry due the nature of product, the food /product safety objectives mainly achieved for customer complaint and food safety defect that resulted zero until Feb 2020.

No Customer complaint has been received since previous year 2020

ISO 22000:2018		Conform*		Remark
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
10	**Improvement**[1]	☒	☐	
10.1	Nonconformity and corrective action	☒	☐	
10.2	Continual improvement	☒	☐	
10.3	Update of the FSMS	☒	☐	

Summary:

Corrective actions have been taken on the findings raised from the internal audit that conducted in 22 – 29 Dec 2020 the follow for improvement is based on 3 minor NC and found closed. There is no Customer complaint in year 2020 related to quality and food safety in product delivered. Update FSMS has been taken by takin consideration of COVID issue.

There is no evidence of NC product found in this 2021, all by product were transfer to dedicated tank and approved by authorized function

*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**	☒	☐	
Summary: The building is good and maintained well. Situated in a rural section of industrial area. There are no obvious hazards from the surrounds at the site is located on level ground. Fully fenced with adequate parking for staff.				
5	**Layout of premises and workspace**	☒	☐	
Summary: Site Map and flow of production process lay out of plant are documented well. There is a linear flow from intake to the point where goods are transferred for further processing. The drainage map also indicated no cross flow of potable and wastewater. There is a great deal of stainless steel and processes are mostly enclosed. The flooring is excellent as epoxy painted resin and walls are either panelled or clad in stainless steel in more corrosive areas.				
6	**Utilities – air, water, energy**	☒	☐	
Summary: Air compressor is used, and maintenance was reviewed. It was found the compressed air that may contact product or packaging (contact surface) has been tested on the microbiology level and quality parameter and found comply Water used is a deep well water and it is potable water meet the Indonesian regulation for PERMENKES 492/2010. Result of microbiological, physical and chemical analysis was acceptable. Lighting was covered to avoid glass breakage.				
7	**Waste disposal**	☒	☐	
Summary: CIP fluid flows directly to WWT and channel drains as per drainage map Certificate of registration under the Indonesian Waste Regulation. General waste collections are via the local authorized body For disposal of printed finish product packaging (with logo and marks), trade mark/brand will be defaced and crashed before dispose and recorded.				
8	**Equipment suitability, cleaning and**	☒	☐	

	maintenance			

Summary:

Record of the maintenance was well maintained for each machine. Mostly the maintenance activity was maintained by permanent workers. Records for preventive maintenance which the oven, air condition, chiller, pump. Filling machine and robotic packaging is in place. Cleaning of the area after maintenance was recorded.

9	**Management of purchased materials**	☒	☐	

Summary:

No major changes to the approved vendors under food safety requirement, 5 supplier rated as high risk mainly for direct contact packaging and processing aid that contact product, evaluation was carried out and monitored in 6 monthly basis. Supplier with high risk will include review of supplier audit report, letter of guarantee, review of applicable specification including food safety certification. Observe the evaluation for INDOCERIA Plastic as main supplier for the packaging sated July 2020

Incoming material warehouse storage area found well managed and clean based on picture shows during audit

in addition to ISO 22000:2018 clause 7.1.6, the organization already have a procedure for procurement in emergency situations to ensure that products still conform to specified requirements and the supplier has been evaluated.

10	**Measures for prevention of cross-contamination**	☒	☐	

Summary:

Microbiological, chemical and physical hazard was identified, and analysis was conducted as per schedule. Result so far was found acceptable.

Check of pre inspection before production also after cleaning always taken thoroughly as This is an additional measure to prevent cross-contamination via product line clearance check.

11	**Cleaning & Sanitizing**	☐	☒	**NC Minor JKAMIX02**

Summary:
Cleaning frequency for equipment and area of production is based on the risk assessment. The cleaning method has been validated, and the procedure for waste handling and spillage control is defined. Cleaning parameters is monitored and adequately controlled to ensure product made within the required specification as per procedure. Cleaning monitoring records are signed and verified by authorized personnel.
Found in consistency implementation such as detail in finding log NC JKAMIX 02
Daily Cleaning and sanitation was conducted in organization. It was also recorded and updated in year 2020. There was no issue in cleaning and sanitation regarding microbiology in swab test program (personal swab test, machine swab test, air swab test
Overall production Cleanliness was maintained. Daily cleanliness checklist, pre-start up form, post cleaning form was maintained
Sample observed SOP- PROD-07
Form checklist cleanliness filling and warehouse Jan 2021

12	**Pest control**	☒	☐	

Summary:
Pest control ducted by certified pest controller i.e. Rentokill on monthly frequency, and covered for spraying (ant control, cockroach control), minimal pest activity at the plant area. UV light trap available in the production and warehouse was found in good condition. MSDS for pest chemicals found maintain. No pest rodent was evidence from the report until Feb 21.
Contract were established for annually period. It will be end on Dec 2020

13	**Personnel hygiene and employee facilities**	☒	☐	

Summary:
Staff hygiene was checked on site and found in order. Staff and visitor entering the production compliance to the procedure. Staff was not allowed eating at production area. Staff changing room was available before entering the production room. The laundry was managed by the company.
Verified on site and found in general the personal hygiene requirement was followed. Food handlers send for medical check-up every years, observed last Check up was in 2020 and still planned for year 2021

14	**Rework**	☒	☐	

Summary:
Currently there is no rework applied along the production process, for NC product it is directly segregated and put in separate area or designated tank which has to be approved by QA.

15	**Product recall procedures**	☒	☐	

Summary:
Mock recall procedure has been established and the activity is annually for product recall exercise. Last mock has been conducted dd Jan 2021 . During the audit an exercise was conducted on product that deliver to customer name “Sumber Kita Indah”l, delivery to Surabaya sighted receiving records of Finish good and its distribution from the customer), CCP monitoring records for lot with production date 11 January 2021. Time taken was within the target time (2 hours).
Traceability records was made available during the mock recall, including PRP records, incoming receiving material checklist, COA for ingredient.
Traceability records was satisfactory maintain for the trace back.
All record was supported with IT system

16	**Warehousing**	☒	☐	

Summary:
Finished goods are adequately identified with the batch number, production date and expiry date based on tank daily reocrd . Finished goods are kept in the warehouse with ambient temperature when its packed and ready to ship. Finished goods are adequately labelled and identified for the product with drum container . Stock are picked for delivery accordingly to FIFO practice.
Packaging material also have they’re on place that applied also for chemical

17	**Product information/consumer awareness**	☒	☐	

Summary:
The products information established are noted and comply with food requirements. Procedure in place to ensure the product labelling is correct. All ingredients were listed in the primary packaging include. The

product is intermediate which need more processing to the next food chain.				
18	**Food defense, biovigilance and bioterrorism**	☒	☐	

Summary:
Food defense procedure established for the plant areas (SOP_QA_007), which include CCTV monitoring. Food safety team is a mainly also food defense team.
Training was done to team. Control measures identified and found adequate.
Risks have been determined with no incidents since January 2020 and malicious damage events mitigated by loyal personal and supplier fraud would be noted during the . All product is positive released as well as an added preventative measure.

*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**	☒	☐	
Summary: External lab testing were done by accredited lab i.e Sarawanti Laboratory, also Bio_Chem laboratory which is accredited laboratory. Parameter tested, is for physical, chemical, microbiological, pesticide and found to be comply. For proficiency test it was cooperating with external accredited laboratory also				
2.5.2	**Product labelling**	☒	☐	
Summary: There is no specific product labelling due to the product is ship in bulk, all product identification were attached together with COA that delivered to the customer.				
2.5.3	**Food Defense**	☒	☐	
Summary: Food defense procedure define plan to respond to potential threat/ risk of unsafe product and mitigation/ measure to control the intention to adulterate/ contaminate food products, food defense team was consisting of Production cum maintenance Manager, QA Manager, Operation Manager, and HR Senior Manager. Mitigation plan included on outside security (security guard control), inside security – plant facility/utilities, laboratory, IT hardware/software, logistic, manufacturing/process plant.				
2.5.4	**Food fraud mitigation**	☒	☐	
Summary: Mitigated by loyal personal and supplier fraud would be noted during the process as changes in paste and pasteurization criteria. All product is positive released as well as an added preventative measure and moves on for secondary processing. The product material only has material i.e water, Fraud is currently in low probability occurred.				

2.5.5	**Logo use**	☒	☐	

Summary:
Not used at product packaging, use is on the company brochure and business card.

2.5.6	**Management of allergens (C, E, FI, G, I & K)**	☒	☐	

Summary:
Even there is no allergen material used, however a procedure for handling potential allergen were established, and training were done to the employee for improve the HACCP team and employee knowledge

2.5.7	**Environmental monitoring (C, I & K)**	☒	☐	

Summary:
Swab monitoring (weekly and monthly) for equipment, zone 1, 2 , 3 (especially in filling area)
Water test (full parameter) is done yearly, water filter change (backwash daily), filter media change yearly) found all parameter were comply

2.5.8	**Formulation of products (D only)**	☒	☐	

Summary:

2.5.9	**Transport and delivery (FI only)**	☒	☐	

Summary:

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

Audit details previous audit		
Audit type	Certificate Renewal	
Audit date(s)	21-Jan -25 Feb 2020	
CB conducting	LRBA Jakarta	
Closure of NC's from previous audit	Yes	For details of findings, see findings log

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		TBA			TBA	
End Date	25 Feb 2020	10 March 21		TBA			TBA	
Audit Days	5.25	3.25		3.25			4.25	
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.

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 deviation 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 an item.	**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 an item.	**If yes**, ensure that this is detailed/recorded in the next visit details (NVD)	

and documentation.

1. Separate Assessment Plan

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.

(Date Day 1) <MIX> (Team Leader) : / Ms. Erlis S.

08.30	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).		
	<M.Iqbal X> (Team Leader)		<Anton N>
09.00	Discussion of all outstanding issues from previous visits.	09.00	HRD/ Training/ MCU
09.30	Top Management/QA Activities Documentation review include PRP documentation	10.30	Maintenance and calibration
10.30	Production		
12.00	Lunch.	12.00	Lunch.
13.00	QC all inspection And Lab calibration	13.00	Purchasing and food fraud
16.30	Review day 1.	14.00	GA(security)/Food defense and Pest control
17.00	Close.		Close.

(Date Day 2)

08.30	Review of findings from previous day. Review of the assessment plan for the day.
09.00	RM storage
11.00	FG storage with delivery
12.00	Lunch
13.00	Mock recall and traceabiity
15.00	reporting
17.00	Closing meeting with management to present a summary of findings and recommendations.

Note; 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.com. 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.