Certificate Renewal, Previsit planning Cert Renewal, Remote Follow Up

Report for:

PT Molindo Raya Industrial

LRQA reference:	JKT6018099 / 4952928
Assessment dates:	31-January-2023 - 24-February-2023
Reporting date:	24-February-2023
Client address:	Jl. Sumber Waras No. 255,Lawang,Malang , ID
Assessment criteria:	FSSC 22000 Food Safety v5.1
Assessment team:	Hatta Djamil
LRQA client facing office:	JKT Indonesia OU

Contents

Attachments:

JKT6018099_APP_CR_FSSC_MRI_HDZ_Rev01.doc

This report was presented to and accepted by:

Name: Mrs. Erliess S

Job title: FSTL

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.

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	4952928_JKAHDZ01	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22000-8.5.3)
Grade	Minor NC	**Issue Date**	08-February-2023
Status	Closed	**Process / Aspect**	Validation
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Validation that the selected control measures are not capable of achieving the intended control of the food safety hazard.	
Requirement		ISO 22000:2018 Clause 8.5.3 Validation of control measure(s) and combinations of control measures The food safety team shall validate that the selected control measures are capable of achieving the intended control of the significant food safety hazard(s). This validation shall be done prior to implementation of control measure(s) and combinations of control measures to be included in the hazard control plan.	
Evidence		It was found the validation of life-time storage of molasses 1.5 years is not yet analyzed in accordance with relevant food safety requirement.	
Proposed correction, corrective action and timescales			
Correction		Remote review on dated 24 February 2023 Validation of life-time storage of molasses was conducted by.internal laboratory related to the test to be carried out in order to verify of microbiology parameters (pathogen bacteria such as E. coli, Salmonella, and staphylococcus) and the results are in accordance with the internal requirements that have been determined. Noted: Microbiology analysis results (Pathogen Bacteria Analysis Results) issued by Internal Laboratory on dated 14 February 2023; No deviations result observed.	
Root Cause analysis		Remote review on dated 24 February 2023 Root cause analysis was done through 5 why analysis by the food	

Root Cause analysis	safety team, the following is the outcome: Ineffective FSMS verification. During the FSMS verification of life time of molasses test that FSMS Teams are not conducted caused of lack of analysis of retained sample until 1.5 years and actually the molasses will used under 1.5 years.	
Corrective action	Remote review on dated 24 February 2023 The Food safety team already has a data base related to ensure provided evidence for the monitoring life time of mollasses requirements and the results according the internal specification standard. Corrective actions verified and noted to be effective. NC is closed.	
LRQA has reviewed and verified the implementation of actions taken.	**Date of closure**	24-February-2023

Reference number	4952928_JKAHDZ02	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22002-1-5.3)
Grade	Minor NC	**Issue Date**	08-February-2023
Status	Closed	**Process / Aspect**	Floor Condition
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Building and facility for storage of material are still found are not designed to minimize of foreign material.	
Requirement		ISO TS 22002:2009 Clause 5.3 Internal Structures and Fittings Process area walls and floors shall be washable or cleanable, as appropriate for the process or product hazard. Materials shall be resistant to the cleaning system applied.	
Evidence		It was found that there are broken floor at supporting material warehouse area.	
Proposed correction, corrective action and timescales			
Correction		Remote review on dated 24 February 2023 Floor condition has been repaired, no deviations observed. Noted: Correction Maintenance Records (CM/ENG/II/2023) and PRP Verification Records (FRM-PRP-II-23) Remote tour indicates good floor condition, no damaged observed.	
Root Cause analysis		Remote review on dated 24 February 2023 Root cause analysis done by 5 Why analysis by the food safety team. 1. Stricken by hand stracker 2. Floor construction is not good	
Corrective action		Remote review on dated 24 February 2023 1- Standard related to the placement of material loads on hand pallets has been determined in accordance with the load capacity 2- Work instruction for unloading material in the area has been determined to ensure it does not have the potential to destroy floor conditions 3- FS Team was verified along with production and engineering team periodically to ensure compliance with the floor construction in accordance with the capacity at supporting material warehouse area Corrective actions verified and noted to be effective. NC is closed.	
LRQA has reviewed and verified the implementation of actions taken.		**Date of closure**	24-February-2023

Reference number	4952928_JKAHDZ03	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22002-1-12.3)
Grade	Minor NC	**Issue Date**	08-February-2023
Status	Closed	**Process / Aspect**	Wall Condition
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Storage area of material, as observed, are not maintained in order to prevent potential entry of insect.	
Requirement		ISO TS 22002:2019 Clause 12.3 Preventing Access • Buildings shall be maintained in good repair. Holes, drains and other potential pest access points shall be sealed. • External doors, windows or ventilation openings shall be designed to minimize the potential for entry of pest	
Evidence		It was found the wall at warehouse area is not closed tightly .	
Proposed correction, corrective action and timescales			
Correction		Remote review on dated 24 February 2023 Wall repairs have been carried out by engineering team to ensure that the conditions do not have the potential to become entry of pest that can contaminate the material. Noted: Correction Maintenance Records on dated 14 February 2023 (FRM-CM-MRI-II-23)	
Root Cause analysis		Remote review on dated 24 February 2023 Root cause analysis was done through 5 why analysis by the food safety team, the following is the outcome: 1. Room design before being used as supporting material warehouse 2. The hole in the wall is not closed when it will be used as a warehouse	
Corrective action		Remote review on dated 24 February 2023 The warehouse team has implemented, controlled, maintained and updated the processes related wall standard as per PRP requirements and FS Team was verified along with warehouse and engineering team periodically to ensure compliance with the GMP/5S	

Corrective action	in accordance with the ISO TS 22002-4 requirements. Corrective actions verified and noted to be effective. NC is closed.	
LRQA has reviewed and verified the implementation of actions taken.	**Date of closure**	24-February-2023

Reference number	4952928_JKAHDZ04	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (22002-1-16.2)
Grade	Minor NC	**Issue Date**	08-February-2023
Status	Closed	**Process / Aspect**	Ceiling condition
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		Building and facility for storage of material are still found are not designed to minimize entry of foreign matter and pests.	
Requirement		ISO TS 22002:2009 Clause 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 that there is hole on the ceiling at dry yeast warehouse area.	
Proposed correction, corrective action and timescales			
Correction		Remote review on dated 24 February 2023 Ceiling condition has been repaired, no deviations observed. Noted: Correction Maintenance Records (CM/ENG/II/2023) and PRP Verification Records (FRM-PRP-II-23) Remote tour indicates good ceiling condition, no damaged observed.	
Root Cause analysis		Remote review on dated 24 February 2023 RCA was conducted by the food safety team through 5 Why analysis. The following the root cause identified is: The material of ceiling already friable because it had to be replaced	
Corrective action		Remote review on dated 24 February 2023 The FS team has taken action(s) to prevent potentially broken ceiling at the warehouse, it can demonstrate that the construction related to material of ceiling have been reviewed and standardization has been determined. Corrective actions verified and noted to be effective. NC is closed.	
LRQA has reviewed and verified the implementation of actions taken.		**Date of closure**	24-February-2023

Reference number	4952928_JKAHDZ05	**Assessment Criteria (Clause)**	FSSC 22000 Food Safety v5.1 (FSSC-3.1)
Grade	Minor NC	**Issue Date**	10-February-2023
Status	Closed	**Process / Aspect**	TACCP
Location(s)		Jl. Sumber Waras No. 255,Malang,ID	
Statement of Non Conformity		The organization was conducted TACCP however the does not cover the entire processed that can have an influence on the threat of its supporting material.	
Requirement		Additional requirements FSSC 2.5.3.1 TACCP (Threat Assessment) Susceptibility of threat shall be determined in different table for each step process, personnel, provider for services. The mitigation to the motivation and impact shall be detailed including the procedure shall be established.	
Evidence		Evidence Identification of potential threats has not been fully carried out in accordance with the process activities regarding the possibility of potential threat at defoamer warehouse area.	
Proposed correction, corrective action and timescales			
Correction		Remote review on dated 24 February 2023 Identification of potential threats has been fully carried out in accordance with the process activities regarding the possibility of potential threat at defoamer warehouse area. Updated of mitigation in TACCP regarding of influence on the threat of its supporting material has been fulfilled in accordance with the requirements. 1. Revise TACCP plan by identify of potential threats at defoamer warehouse area 2. Mitigation of defoamer warehouse area	
Root Cause analysis		Remote review on dated 24 February 2023 Root cause analysis was done through 5 why analysis by the food safety team, the following is the outcome: Ineffective TACCP verification. During the TACCP verification of mitigation that FSMS Teams considered it is enough to build a fence and lock it however the fence still has the potential for hands to enter	

Root Cause analysis	the area due to the threat of sabotage not be a concern.	
Corrective action	Remote review on dated 24 February 2023 The following corrective action plan have been defined. 1- TACCP assessment has been carried out fully covered the entire processed that can have an influence on the threat of its supporting material. 2- During the TACCP review, the site has established mitigation by adding a fence cover so that there is no potential access to the area Corrective actions verified and noted to be effective. NC is closed	
LRQA has reviewed and verified the implementation of actions taken.	**Date of closure**	24-February-2023

03. Assessment summary

Visit generic objective:

This was a Certificate Renewal, Previsit planning Cert Renewal, Remote Follow Up 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**		Pre-visit planning SV1	
Audit days	0.25 DAY	**Due date**		January, 2024	
Team	Mochamad Iqbal				
Site		**Audit days**	**Delivery Method**	**Remote Effort**	**Activity codes**
Jl. Sumber Waras No. 255,Malang,ID		0.25 DAY	Remote	0.25 DAY	096202,096531

05. Appendix

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

Executive summary

Audit recommendation	
Visit type of this audit	Certificate Renewal Choose an item.
Conclusion	Continue certification
With no Major nonconformity identified, the lead assessor recommends certification to FSSC 22000 v5.1, pending technical review by LR.	
Confirmation that the audit objectives have been fulfilled. The company fulfils:	this visit objectives

Summary of the audit:

A 4 days assessment resulted in the identification of 5 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, 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, due to adequate action plans, now demonstrate a consistent mark of 90% since January 2022. 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.
- Good control of CCPs and OPRPs was demonstrated by personnel and through (monitoring) records. PRPs are implemented generally effectively. Production areas were clean and tidy.
- Objectives are monitored closely and are being achieved. Targets for 2022 regarding Recalls (0) and food safety complaints (0) have again been achieved.
- 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 hatta.djamil@lrqa.com. A remote review has been planned on 24 February 2023 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 22002-1 Chapter 15.

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	☐ LR 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)	N/A
Major nonconformities (Major NC)	N/A
Minor nonconformities (Minor NC)	5

Audit details previous audit		
Audit type	Focus Visit	
Audit date(s)	21-23 February 2022	
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

N/A
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
N/A
Planning Specific topics or objectives for the coming certification cycle Necessity to perform extra Stage 1? Exact planning: see Audit Program Plan
N/A

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 Ethanol 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 LRQA.
Seasonal activities	N/A

Head Office	Choose HO structure.
Registered legal name	
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

CB Name and office location (city)	Lloyd's Register Quality Assurance (Jakarta)		
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 Packing in Plastic Drum and Bulk Tank		
Head Office reference to be added to the scope (fill in only if applicable)	N/A		
Exclusions (if applicable)	N/A		
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
Hatta Djamil	Team Leader	☒	☒
		☐	☐
		☐	☐

Organization representatives, function and attendance sheet			
Name	Role in audit team	Opening	Closing meeting

		meeting	
Mr. Ananto Wardono	Director	☒	☒
Mrs. Erlies S	QA 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	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	07/02/2023	09.00AM – 17.00PM	Hatta Djamil
	08/02/2023	09.00AM – 17.00PM	Hatta Djamil
	09/02/2023	09.00AM – 17.00PM	Hatta Djamil
	10/02/2023	09.00AM – 17.00PM	Hatta Djamil
	Date.	00:00AM - 00:00PM	Auditor
Total time on-site (hours)	32 hrs		
Head Office (if applicable)	N/A		
Audit time deviations	N/A		
Additional time for off-site activities	N/A		

Number of HACCP Studies	2
Number of Employees (FTEs) in total	150
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:
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 QMS
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[1]**	☒	☐	
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 Erlies S. Team meetings (HACCP) are held yearly. 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: Kebijakan Mutu, K3 dan Keamanan Pangan
Minutes of team meetings: HACCP reanalysis & HACCP Verification result
Food Safety culture: Placement of Kebijakan Mutu, K3 dan Keamanan Pangan in Plant Areas

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	☒	☐	
6.1.1	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:

- Zero food safety complaint

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: Internal and External Risk Assessment
FSMS objectives: Key Performance Indicator
Management of change: Manual and Risk Assessment

ISO 22000:2018		**Conform***		**Remark**
Clause	Requirement	Yes	No	If No – detail NC reference Justify "not applicable" clauses
7	**Support**[1]	☒	☐	
7.1	Resources	☒	☐	
7.1.1	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[2]	☒	☐	
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, waste, and maintenance. Management of external providers, including criteria, is described in various documents (e.g. SLAs). Samples have been taken of Rentokil. 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 Operation, QA, HSE and operations manager following a fixed agenda which addresses food safety aspects, status of objectives and progress of project.

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): Skill Matrix and Competency Dictionary
Training plan: Training Plan 2022
Employee competency records: Employee Training Records (Absence & Post Test)
Food safety team (leader) competency: FSTL training records
External providers records: External provider contract
Communication (internal/external): Changes communication through RFC (Request for Change)
Documented information procedure: Prosedur Pengendalian Dokumen

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)	☒	☐	
8.2.1	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	☒	☐	
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	☐	☒	**NC 495298_JKAHDZ01**
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	☒	☐	
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 yearly. Last test was conducted on 09 December 2022 for product batch 231122P. A traceability exercise was successfully conducted during this audit for product batch 080223P for production dated on 04 July 2022 (Source Tank: T.6010 C). Reviewed mass balance and relevant documents. All information could be retrieved within the specified time limit (2 hours and 40 minutes).

An emergency preparedness and response procedure are in place. No emergency situations have occurred since the last audit. Procedure is tested annually. Last test was conducted on 08 September 2022.

Flow charts are included and last reviewed on January 2023. They are no 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 1-3) and severity (category 1-3). Risks identified as Moderate are considered significant and are further analyzed through a decision tree. Out of the decision tree <#> CCP and <#> OPRP have been determined:

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

CCP and OPRP are effectively validated following a documented procedure. Based on live demonstrations and records checked, CCP and OPRP are in control conform the work instructions. Calibration records have been reviewed. The process of calibration is managed effectively.

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 22002-1 checklist (clause 15). Operational planning and control is managed in an effective manner.

The following evidence was reviewed:
PRP overview: Extraneous material control plan, Allergen control procedure, GMP monitoring
Emergency procedure: Procedure Contingency Plan
Hazard control: HACCP Plan
Validation reports: Total Sulphur verification records
Production control records: Production checklist
Calibration: Flow Meter and Temperature from accredited laboratory
Nonconforming products: Hold and Release Procedure CPL-P-001

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	☒	☐	
9.1.1	General	☒	☐	
9.1.2	Analysis and evaluation	☒	☐	
9.2	Internal audit[2]	☒	☐	
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[2]	☒	☐	
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 analyzed and evaluated accordingly and retained as documented information. Results are reported to top management through management reviews.

Internal audits are carried out yearly conform a risk-based audit program. Audit criteria covers the elements of ISO22000, ISO/TS 22002-1 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 10 January 2023. 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. As an output of the review new objectives had been defined (see chapter 6). FSMS performance is evaluated effectively.

The following evidence was reviewed:
Monitoring and measurement data/information: KPI 2022
Internal audits: Internal Audit Procedure, Internal Audit Report
Internal auditor training records: auditor training records
Management review: Management Review report & record (Minutes of Meeting)

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	☒	☐	
10.1.1	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:
LTP is used for recording nonconformities and management of corrective actions detailing timelines and action owners. This includes complaint management. Since the last audit no have 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. The organization is effectively improving its FSMS.

The following evidence was reviewed: Non- Conformity / Complaint samples: Non-Conformity/complaint records Complaint management procedure: Consumer/ Customer Complaint Handling Procedure QCP004-R6

*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	☐	☒	**NC 495298_JKAHDZ02**
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 controlled effectively. There are no temporary mobile structures or vending machines used. Storage of non-food chemicals is not effectively managed therefore minor non-conformity is raised (See Finding Log). This section does not fully meet the requirements of ISO/TS 22002-1 (see findings log).

The following evidence was reviewed:
Site tour: Layout with traffic patterns of materials, products and workers

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:
Own well water is supplied and used for cleaning purposes only. 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 not used.

Air is not in direct product contact. Specific air and humidity control is needed in high-risk areas (i.e. dried ice room). 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: water analysis report
Air: PM (Preventive Maintenance) for filters
Temperature & humidity records: checklist RH% & temperature in dried ice processing room
Specification(s): air filter specification
Chlorine: N/A

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 hazardous and Non-hazardous. Containers are clearly identified, lidded and foot operated. No issues observed regarding 7.2. Waste is collected and discarded by a licensed waste collection company. Contract has been reviewed for Mitra Bersama. No accumulation of waste observed during the audit. Risk of re-use of trademarked materials is well managed. 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 2022, Dec 2022 and Jan 2023
Drainage: clean, no stagnant water Destruction records: Waste Disposal Approval
Drainage: Waste management procedure

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. Preventive and corrective maintenance program is managed through SAP. All devices used to monitor and/or control food safety are included, including filter, pressure, and column. 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: SS 316
Overview cleaning program equipment/utensils: Sanitation Plan & Program
Maintenance records: PM task list
Specifications food grade lubricants: food grade lubricant list

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. Samples have been taken of PT Liku Telaga. Process is in control according to the purchasing procedure.

Verification method regarding incoming materials is defined. 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. No bulk receiving lines are present. An effective system is in place.

The following evidence was reviewed:
Procurement procedure: Procedure Supplier Qualification
Supplier approval process document(s): Procedure Supplier Qualification
(New) supplier acceptance checklists: Approved Vendor List (AVL)

Verification method/program documented in: raw material testing plan
Verification monitoring records seen (COAs, internal lab results): COA incoming material
Documented procedure non-conforming materials: Hold and Release Procedure
Delivery vehicle inspection records: checklist inspeksi kendaraan

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 water scrubber, alcohol scrubber, carbon active bed and drier. 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.
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 program are established. The document(s), as reviewed, specify the elements as described in 11.3. Only manual cleaning is done, which includes cleaning of detail significant examples of equipment, tools, etc. Cleaning activities are carried out by internal on daily basis. Cleaning agent specifications are in place. Food grade cleaning chemicals are used. Verification of cleaning is done through visual inspections and 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: Sanitation Plan & Program
Cleaning agent specifications: Sanitation Plan & Program
Cleaning reports/records reviewed: Sanitation Log
MS-PD-001-02 Master Cleaning Schedule

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	☐	☒	**NC 495298_JKAHDZ03**
12.4	Harbourage and infestations	☒	☐	
12.5	Monitoring and detection	☒	☐	
12.6	Eradication	☒	☐	

Summary:
Pest control service performed by ARIMA. A contract is in place specifying the following target pests: rodents, flies, insects, and cats). A map of traps and detectors is available and accurate. Contractor visits site weekly. Inspection reports have been reviewed. PDCA principles are followed accordingly. Annual evaluation report shows very limited pest activity (No mouse caught in 2020). Competency of persons involved in pest control program has been reviewed for Mr. Budi Prasetyo. Approved chemicals are used. No eradication measures have been taken since the last audit and no significant pest activity trends have been identified however minor non-conformity is raised caused of Storage area of material, as observed, are not maintained in order to prevent potential entry of insect. The pest control program, as reviewed, is not managed fully effectively (see findings log).

The following evidence was reviewed:
Procedure(s): Pest Control Procedure
Traps/detectors map: Pest control report
Inspection reports: Pest control report
Annual evaluation report: Pest control KPI review
Trend data: Pest control monthly report
Competency: (operators/PCO) technician certificate
Specification(s): (spec chemicals) Pest Control Plan, MSDS

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:
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.).

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: Lembar Penerimaan Tamu
Personal behaviour policy: GMP standard

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	☒	☐	
14.2	Storage, identification and traceability	☒	☐	
14.3	Rework usage	☒	☐	

Summary:
Summary:
No Rework were applied along the process. If there is NC product in storage tank, QC coordinates with other departments to find the cause of the nonconformity. QC keeps product defects in special tanks for non-food. Handling NC product is done under controlled conditions with approval by QC. Traceability is maintained.

The following evidence was reviewed:
Rework procedure: NA
Traceability records: P. Mampu Telusur Produk

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 09 December 2022. No improvements have been required as result of the outcome.

The following evidence was reviewed:
- Recall procedure: Hold and Release Procedure, Traceability Procedure
- Records: Mock recall record

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	☐	☒	**NC 495298_JKAHDZ04**
16.3	Vehicles, conveyances and containers	☒	☐	

Summary:

Warehouse contains both ambient stable humidity 43 – 45% and temperature-controlled storage (20 – 22 deg C) 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 however minor non-conformity is raised cause of It was found that there is hole on the ceiling at dry yeast warehouse area. 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, key access, 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 both internal and external laboratories. The following tests are conducted: microbiological pathogen (E Coli and Methanol) . External lab is accredited to ISO 17025. Proficiency tests are performed and have been reviewed. Successful results were shown.

Product specifications are reviewed yearly by QA 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: Supplier Qualification Procedure
Proficiency test: Supplier Qualification Procedure
Chemical and Microbiological Tests: Analysis Testing Report

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	☐	☒	**NC 495298_JKAHDZ05**

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. Significant threats have been determined. Examples include: product sabotage on delivery. Appropriate mitigation measures are developed and implemented, which include: Product is sealed and there is GPS on transporter tank however minor non-conformity is raised. The food defense plan is not implemented fully effectively (see findings log).

The following evidence was reviewed:
Procedures: Food Defense Plan
Records: TACCP checklist

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. Appropriate mitigation measures are developed and implemented, which include food contact equipment. 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
Details samples taken: Vulnerability assessment report -16.03.2021; control- supplier control, COA verification, incoming verification

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:
No logo (i.e. FSSC, UKAS, LR) use identified during audit.

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. Measures used to prevent cross- contamination included: cleaning, packaging and testing

system. There are no allergens on-site that are out of scope. Allergens are managed effectively.

The following evidence was reviewed:
Allergen management plan
Allergen Statement Records

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:
Summary:
Environmental monitoring program is specified in a documented procedure. The program is risk-based. The sampling program monitors for Aero plate count, yeast and mould. Swabs are performed on a defined frequency based on location such as on packaging area for dry Ice production. Results have been reviewed. No environmental positives for microbiology bacteria were obtained since Jan 2020. Due to nature of site ingredients and processes, environmental microbiological contamination is low risk.

The environmental monitoring program, as reviewed, is effectively implemented.

The following evidence was reviewed:
Environmental monitoring program procedure: PEM Plan
Swab Test Result October 2022
Details sampled records: PEM trend result

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:
N/A for FSSC Food.

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:
N/A for FSSC Food.

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: SAP records

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:
This Section is not applicable due to the organization is in K category

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 conform defined sampling criteria. The program is risk based and linked to ISO22002-1. Inspection records have been reviewed. Performance is measured based on a scoring system. Since January 2022, the site demonstrates a consistent mark of 90% achieving its KPI. Follow-up actions are demonstrable in case of deviations. Good system in place.

The following evidence was reviewed;
Procedure: GMP Standard, Sanitation Plan,
Records: sanitation, GMP/PRP Check list

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:
This section is not applicable for the organization due to There is no product development implemented for this organization, however Potential hazards have been identified and updated in the hazard analysis. Shelf-life study to define the expiry date have been taken and conducted as a validation process for the product age. Product development is well managed.

The following evidence was reviewed:
Procedure: Product Development
Records: Production Trial Test

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:
N/A for FSSC Food.

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: N/A for FSSC Food.				

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

Assessment plan PT Molindo Raya Industrial

Customer name:	**Client no.:**
PT Molindo Raya Industrial	JKT6018099

Assessment standard / module:				**Visit type:**		
FSSC Food	Choose an item.	Choose an item.	Choose an item.	Certificate renewal	Choose an item.	
Assessment criteria:				**Assessment start date:**	**Assessment end date:**	**Audit days (site)**
Standard:	ISO22000: 2018			7-2-2023	10-2-2023	4
PRP-program:	ISO/TS 22002-1:2009	Choose an item.	Choose an item.	**Assessment team:**		
FSSC additional requirements:	FSSCv5.1 additional requirements	Choose an item.		Hatta Djamil (Team Leader)		

Site address – Jl. Sumber Waras No. 255, Lawang,Malang
Scope (to be confirmed with the customer): Manufacture of Ethanol for Food Industry with Distillation and Purification Process and Delivered by Plastic Drum and Bulk Tank
Exclusions (when applicable):
NA

Day 1	**07 February 2023**
09.00-09.30	Introductory meeting with management to explain the scope of the visit, verification of product category, assessment methodology, method of reporting and to discuss the company's organisation, final check of the audit agenda and changes in the audit-program (approximately 30 minutes).

	The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system. Discussion of all outstanding issues from previous visits.
09.30-12.00	Mandatory Elements (Context of Organization, Food Safety Objectives, Risk and Opportunities, Customer Complaints, Internal Audit, Management Review and Use of Logo)
12.00-13.00	Lunch
13.00-16.00	HACCP Plan Review Including Inspection, Analysis and Testing
16.00-17.00	○ Follow up of missing/requested information. ○ Evaluation auditor findings / share information / reporting
17.00	Close, end of Audit Day 1.

Day 2	**08 February 2023**
08.30-09.00	**For Auditees:** Review of findings from previous day. Review of the assessment plan for the day.
09.00-11.00	Production Including ISO TS 22002-1:2009 review and PRP Verification
11.00-12.00	Warehouse RM/PM/FG Including ISO TS 22002-1:2009 review and PRP Verification
12.00-13.00	Lunch
13.00-16.00	Maintenance including Utility Including ISO TS 22002-1:2009 review and PRP Verification
16.00-17.00	o Follow up of missing/requested information. o Evaluation auditor findings / share information / reporting
17.00	**Close, end of Audit Day 2.**
	End of audit

Day 3	**09 February** 2023
08.30-09.00	**For Auditees:** Review of findings from previous day. Review of the assessment plan for the day.
09.00-11.00	HR (Medical Check Up, Training and Competency/Job Description)
11.00-12.00	Purchasing (selection and evaluation suppliers)

12.00-13.00	Lunch
13.00-15.00	Product Development
15.00-16.00	Pest Control and Waste Management
16.00-17.00	o Follow up of missing/requested information. o Evaluation auditor findings / share information / reporting
17.00	**Close, end of Audit Day 3.**
	End of audit

Day 4	10 February 2023
08.30-09.00	**For Auditees:** Review of findings from previous day. Review of the assessment plan for the day.
09.00-10.30	VACCP
10.30-12.00	TACCP
12.00-13.00	Lunch
13.00-16.00	Follow up of missing/requested information**,** report writing, NC typing time for the auditor, preparation closing meeting
16.00-17.00	**Closing meeting** with management to present a summary of findings and discusses deviations and non-conformities which have been identified. Also certificate awarding is discussed. Corrective action plan to be completed by the organisation and agree the date of forwarding of corrective action plan. FSSC requires approval of the corrective action plan within maximum 28 calendar days.
	End of audit

Final reporting off site: 0.5-day for FSSC 22000
Remote Review / Follow up < 28 days: 24-2-2023

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		Un-announced SV1		Focus visit		CR
Start Date		07/02/23		Feb 24		Feb 25		Feb 26
End Date		10/02/23		Feb 24		Feb 25		Feb 26
Audit Days		4 Days		3 Days		3 Days		4 Days
Separate assessment plan		Yes		Yes		Yes		Yes
Any change in workforce numbers That may impact visit duration (if yes add new number)		¥/N		Y/N		Y/N		Y/N
Process / aspect / theme / location *Final selection will be determined after review of management elements and actual performance*								
Opening meeting		X		X		X		X
Closing meeting		X		X		X		X
Changes to organizational context		X		X		X		X
Management Review		X		X		X		X
Internal Audits		X		X		X		X
Continual Improvement		X		X		X		X
Management of change		X		X		X		X
Corrective action		X		X		X		X
Complaint Management		X		X		X		X
Use of Logo		X		X		X		X
Performance against the client management system objective		X		X		X		X
*								
Product characteristics andintense use, flow diagram ;process steps and control measures, Hazard Analysis ,HACCP Plan & Operational PRPs plan, Validation & Verification		X		X		X		X
Emergency preparedness andresponse include Withdrawal /recall /Mock test		X		X		X		X
Purchasing food safety aspect		X		X		X		X
Production Ethanol, control of NC products		X		X		X		X
Warehouse Raw material, Finish good and supporting		X		X		X		X

material include delivery								
PRPs: Infrastructure and workenvironment, Waste disposal control, Pest control, Water control, Glass control ,Personal Hygiene and health control, Cleaning & sanitation Program		X		X		X		X
QA/ Laboratory		X		X		X		X
Maintenance / Calibration		X		X		X		X
Control of document and record		X		X		X		X
TACCP		X		X		X		X
VACCP		X		X		X		X
HRD GA		X		X		X		X
ISO TS 22002-1: 2009		X		X		X		X
FSSC Additional Requirements		X		X		X		X
Document Control		X		X		X		X
*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 LR. Any revised scope will be as agreed in formal correspondence between LR and the client or defined in this section of the previous LR 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?	Choose.	**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?	Choose.	**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?	Choose.	**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?	Choose.	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)	