Operational Control

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Document Control

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1. About this Procedure:

This is a second layer document of the organisation, provides the requirement and guidelines for the operational control within the organisation. All people engaged in Certification process, appointing & management of franchisee, deciding on information shall go public will refer this procedure to understand what to do, how to do, when to do and how much needs to be done. This procedure will not restrict any one to work in the interest of the organisation, but to guide them to fulfil the requirements of the international standards and to fulfil the bare minimum requirement of the organisation.

2. Scope:

This procedure covers all the activities of the operational control which comprises off operational risk control, Public information, pre-certification requirements, planning audit, conducting audit, initial audit, certification decision, certification documents, Maintaining Certification, outsourcing (franchising) for the organisation and client record.

3. Operational Risk Control

The organisation identifies, analyse, evaluate, treat/control, monitor and document the risks related to Impartiality, Conflict of interest and confidentiality arising from finance & liability, Public information, pre-certification requirements, planning audit, conducting audit, initial audit, certification decision, certification documents, Maintaining Certification and outsourcing (franchising). The record of the same is kept in risk sheet.

Risk sheet determines the appropriate level and method of control of activities undertaken including its processes, technical areas of the organisations operations, competence of personnel, lines of management control, reporting and remote access to operations including records.

This record is evaluated and reviewed at least once in a year by relevant people and advice the changes if any. Any changes can be made as per the control of documents and records.

Whenever organisation plans to start its operations in any new location in the world, scheme manager will identify risk associated to that location in risk sheet for foreign location (Risk Sheet for Business Associates-F45v.1/05.01.2022). Decision will be taken by the CMD/CEO in consultation with impartiality committee and communicate to all members in MRM.

In order to start operating in new location, organisation will appoint franchisee. That franchisee will be responsible for providing all information required by the head office and find the competent auditors. QFS has established legally enforceable agreement with the Business Associates entity to include but not be limited to:

- The Contractor entity will conform to the applicable requirements including legal status, impartiality, competence requirements of Auditor, process requirements with the QFS's management system, to the extent that the Business Associates entity is involved in the delivery of certification services.

- The Business Associates entity will confirm whether they operate the QFS's management system or under its own accreditation or not.

- QFS's Ensure, The Business Associates, based on the risk assessment, additional controls has defined and implemented or not.

- QFS will control internal audit and ongoing performance remotely. Due to COVID 19 or Force Majeure conditions QFS will conduct Online internal audit of Business Associates entity on ongoing basis. The audits shall include all activities performed by the Business Associates entity on behalf of the QFS'S Procedure. The audit frequency shall depend on the risk assessment and the results of previous audits. Also

- The Business Associates entity has to Mandatory reporting to QFS'S on an annually basis of key performance indicators (KPIs), including specified in

- QFS will Monitor and Access any time to Business Associates Entity when deemed Necessary about all Certification activities, Roles, Responsibilities, authority and liability of each party, Resources, Training and Continuous professional development, Intellectual property, Confidentiality, data Security and protection, outsourcing any activities, it performs on behalf of the QFS's activities.

If the franchisee stop working in the location. Head office may start working directly in that location. The process of certification will be same for all clients. Organisation will not operate in the location where head office is not aware of law of land and auditors are not available either on the land or to visit that place.

4. Public information

Public information is the information which public shall know about the organisation. The organisation decided to split this information in to two parts.

1. Information goes public without request
2. Information provided upon request

4.1 Information goes public without request

This information is provided on the website (http://www.qfscerts.com) so that anybody can have the access of the information from anywhere in the world. The website is not restricted for any geographical location. The category of this information can not be change to the other in any case. The information falls under this category are as follow:

a. Audit process: This includes the process starting from receiving application from the potential client to recertification audit. This information is limited to the client needs.
b. Processes for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification or expanding or reducing the scope of certification
c. Types of management systems and certification schemes in which the organisation operates
d. The use of the organisation's name and certification mark or logo
e. Processes for handling requests for information, complaints and appeals
f. Policy on impartiality.

4.2 Information provided upon request

This information is provided to the people upon request if deemed fit. The category of this information can be changes to the other as decided by the management. The information falls under this category are as follow:

a. Geographical areas in which it operates
b. The status of a given certification
c. The name, related normative document, scope and geographical location (city and country) for a specific certified client

The organisation ensures that the Information provided by the organisation to any client or to the marketplace, including advertising, be accurate and not misleading in any manner.

5. Pre-Certification Requirements

Pre-certification requirements includes Application, application review, information exchange between the organisation and the client to be certified, audit program, determination of audit time, Multi-site management including sampling.

5.1 Application

Application is an instrument by which potential client can send the information to start the process of certification.
Client to be certified ask for the application form from the organisation by mail or contact the office by any means.
The sector for which QFS Scheme is accredited is made known to the applicant and precisely defined the FSMS scope of certification in terms of levels of the food chain (Annex A) food chain categories allotted to QFS by accreditation board. The applicant agrees with the terms and conditions by signing the application form.

Representative of client to be certified fills the application form and submit to the organisation. Application form is known as Client application form (CAF) consists of many pages, which are as follows:

Page 1. KYC Details, standard intended to be certified for, scope, no. Of employees and other general information
Page 2. Multi-site Information
Page 3. Transfer from other C.B.
Page 4. QMS/MDQMS Specific Queries
Page 5. EMS Specific Queries
Page 6. OHSMS Specific Queries
Page 7 Integrated Management Systems
Page 8. FSMS Specific Queries
Page 9. ISMS Specific Queries
Pages 11 ABMS Specific Queries
Page 12 BCMS Specific Queries
Last Page. Terms and conditions.

The pages in CAF increases as standard increase, but last page remains for terms and conditions.

5.2 Application Review

Upon receiving the CAF, it has to be reviewed and the record of this review is kept in Application Review Form (ARF). IAF code is being allotted t
o every scope in ARF to start the review.
Application review is done by the auditor of the same management system as technical area.
The application review will include the following but not limited to:

1. The information about the applicant organization and its management system is sufficient to develop an audit programme
2. Any known difference in understanding between the organisation and the client to be certified is resolved
3. The organisation has the competence and ability to perform the certification activity
4. The scope of certification sought, the site(s) of the client to be certified operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality)

The decision of review is being recorded in ARF as accepted or rejected.
If it is rejected, then the client to be certified is being communicated with the justification.
If it is accepted, then the Audit team and Certification decision maker are appointed and recorded in the same ARF.

5.3 Information exchange between the organisation and the client to be certified

Once the application reviewed and accepted, then the client to be certified gets Certification Agreement to sign it to accept the terms and condition written in this agreement. This agreement is legally enforced.
This agreement includes:

a) A detailed description of the initial and continuing certification activity, including the initial audits, surveillance audits, and the process for granting, maintaining, reducing, extending, suspending, withdrawing certification and recertification;
b) The normative requirements for certification;

c) Information about the fees for application, initial certification and continuing certification;
d) The organisation's requirements for client to be certified
    1) To comply with certification requirements,
    2) To make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints, and
    3) To make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation auditors or trainee auditors);
e) Documents describing the rights and duties of client to be certified, including requirements, when making reference to its certification in communication of any kind in line with the requirement of management system;
f) Information on procedures for handling complaints and appeals
g) The organisation gives its client to be certified due notice of any changes to its requirements for certification. Ensure that each certified client complies with the new requirements.
h) The certified client inform the organisation, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification. These include, for example, changes relating to :

1. The legal, commercial, organizational status or ownership,
2. Organization and management (e.g. key managerial, decision-making or technical staff),
3. Contact address and sites,

4. Scope of operations under the certified management system, and
5. Major changes to the management system and processes.

g) In the event of failure on the part of the client to inform about the changes or matters that may affect the capability of the management system to continue to fulfill the requirements of the Standard, the organisation may take the appropriate action and communicate to the client to be certified.

h) The confidentiality requirements from the organisation and from the client to be certified .

After the Audit is done successfully and certification decision is taken, the client to be certified is converted to certified client.

The certified client receives the Audit summary report, which consists of Non-conformances.

Certification document, which is called certificate includes:

1. The name and geographic location of each client whose management system is certified (or the geographic location of the headquarters and any sites within the scope of a multi-site certification)
2. The dates of granting, extending or renewing certification
3. The expiry date or recertification due date consistent with the recertification cycle
4. the current certification cycle start and expiry date are clearly indicated; — the last certification cycle expiry date be indicated along with the date of recertification
5. A unique identification code;
6. The standard and/or other normative document, including issue number and/or revision, used for audit of the certified client;
7. The scope of certification with respect to product (including service), process, etc., as applicable at each site;
8. The name, address and certification mark of the organisation; other marks (e.g. accreditation symbol) may be used provided they are not misleading or ambiguous;
9. Any other information required by the standard and/or other normative document used for certification;
10. In the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents any other information required by the standard and/or other normative document used for certification.
11. Certification documents shall be signed by an officer who has been assigned such responsibility. The version of the Statement of Applicability (SOA) shall be included in the certification documents. The certification documents may reference national and international standards as source(s) of control set for controls that are determined as necessary in the organization's Statement of Applicability (SOA) in accordance with

ISO/IEC 27001:2013, 6.1.3 d). The reference on the certification documents shall be clearly stated as being only a control set source for controls applied in the Statement of Applicability (SOA) and not a certification thereof.

The effective date on certification documentation is never before the date of the certification decision.

Along with the certification document, the certified client gets the document "use of logo & mark" This document talks about how to use the certification mark and other logos, where the certified client can use it and other terms and conditions.
The organisation has a policy written in use of logo & mark governing any mark that it authorizes certified clients to use. This assures, among other things, traceability back to the organisation. There is no ambiguity, in the mark or accompanying text, as to what has been certified and which certification body has granted the certification. This mark shall not be used on a product or product packaging seen by the consumer or in any other way that may be interpreted as denoting product conformity. Other relevant things are written in use of logo & mark.

6. Audit Program

The organisation has developed an audit program for the full certification cycle to clearly identify the audit Activity(ies) required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative document(s).
Audit program includes a two-stage initial audit, surveillance audits in the first and second years, and a recertification audit in the third year prior to expiration of certification. The three-year certification cycle begins with the certification or recertification decision.
The determination of the audit program and any subsequent adjustments take into consideration the size of the client organization, the scope and complexity of its management system, products and processes as well as the demonstrated level of management system effectiveness and the results of any previous audits.

Any subsequent adjustments in audit program taking into consideration

A. Complaints received by the certification body about the client
B. Combined, integrated or joint audit
C. Changes to the certification requirements
D. Changes to legal requirements;
E. Changes to accreditation requirements;
F. Organizational performance data (e.g. defect levels, key performance indicators data);
G. Relevant interested parties' concerns

Where the organisation is taking account of certification already granted to the client, it shall collect sufficient, verifiable information to justify and record any adjustments to the audit program.

Where the client to be certified operates in shifts, the activities that take place during shift working will be considered when developing the audit program.
In case of transfer of certification, audit program does not have any impact.

6.1 Determination of audit time

The organisation determines the **audit time** for each client to be certified to plan and accomplish a complete and effective Audit of the client's management system. The audit time determined by the organisation, and the justification for the determination, is recorded. In determining the audit time, the organisation considers, among other things, the following aspects
a) the requirements of the relevant management system standard;
b) complexity of the client and its management system;
c) technological and regulatory context;
d) any outsourcing of any activities included in the scope of the management system;
e) the results of any prior audits;
f) size and number of sites, their geographical locations and multi-site considerations;
g) the risks associated with the products, processes or activities of the organization;
h) whether audits are combined, joint or integrated;
i) whether client is working in shifts.

In order to determine the audit duration (time), apart from the above, the main constituent is manpower working in the organisation. The method for calculating the effective number of manpower is as follows:

The effective number of employees include part-time personnel and employees partially in scope, those working on shifts, administrative and all categories of office staff, similar or repetitive processes and the employment of large numbers of unskilled personnel.

A) In case of seasonal operations (e.g. harvesting activities, holiday villages and hotels, etc.) the calculation of the effective number of personnel shall be based on the personnel typically present in peak season operations.
B) Part time personnel and employees partially in scope Dependent upon the hours worked, part time personnel numbers and employees partially in scope may be reduced or increased and converted to an equivalent number of full time personnel. (e.g. 30 part time personnel working 4 hours/day equates to 15 full time personnel.)
C) Similar or repetitive process within scope: For QMS and EMS, when a high percentage of personnel perform certain activities/positions that are considered repetitive (e.g. cleaners, security, transport, sales, call centers, etc.) a reduction to the number of personnel which is coherent and consistently applied on a company to company basis within the scope of

certification will be calculated as n=√a, where n is effective number of employees and a is number of employees working on the Similar or repetitive process.

D) For OH&SMS: When a high percentage of personnel perform certain activities/positions that are considered similar or identical because they expose personnel to similar OH&S risks (e.g. cleaners, security, sales, call centers, etc.) a reduction in the number of personnel which is coherent and consistently applied on a company to company basis within the scope of certification will be calculated as n=√a, where n is effective number of employees and a is number of employees working on the process with similar OH&S risks.

E) For groups of workers performing repetitive jobs which can reduce attention, and raise the associated level of OH&S risk (e.g. mounting, assembling, packaging, sorting, etc.), will be calculated as n=√a, where n is effective number of employees and a is number of employees working on the process with similar OH&S risks in a group. This reduction is maximum upto the number of employees necessary to work for one batch, line or unit as case may be.

F) Shift work employees: Every shift shall be audited with in full cycle of certification. If process are similar in all the shifts, then one shift employees will be treated as effective number of employees. If process are not similar: then all employees will be added. If some processes are similar and some are different, then the employees of similar processes will not be added.

G) Temporary unskilled personnel: This issue normally only applies for organizations with a low level of technology where temporary unskilled personnel may be employed in considerable numbers to replace automated processes. This will be treated as similar and repetitive processes.

The justification for using the methods will be recorded in application review form.

(For determining audit time, the organisation takes into consideration the time needed to plan and accomplish a complete and effective Audit of the client's management system. The audit determined, and the justification for the determination, are recorded)

The organisation prepared guidelines to calculate the audit time for the audits, these are follows:
Time calculation sheet1.1 for QMS
Time calculation sheet1.2 for EMS
Time calculation sheet1.3 for OHSMS
Time calculation sheet1.4 for FSMS
Time calculation sheet1.5 for ISMS
Time calculation sheet1.6 for MDQMS
Time calculation sheet1.7 for Integrated
Record of audit time determination is kept in ARF and Audit Program

6.2 Multi-site management including sampling

Site – A site is a permanent location where an organization carries out work or a service.

A site could include all land on which activities under the control of client organization at

a given location are carried out including any connected or associated storage of raw materials, by-products, intermediate products, end products and waste material, and any equipment or infrastructure involved in the activities, whether or not fixed. Alternatively, where required by law, definitions laid down in national or local licensing regimes are applied.

Where it is not practicable to define a location (e.g. for services), the coverage of the certification takes into account the client organization's headquarters activities as well as delivery of its services. Where relevant, the organisation may decide that the certification audit will be carried out only where the client delivers its services. In such cases all the interfaces with its central office are identified and audited.

Temporary Site - A temporary site is one set up by an organization in order to perform specific work or a service for a limited period of time and which will not become a permanent site. (e.g. construction site).
Temporary sites that are covered by client organization's management system may be subjected to audit on a sample basis to provide evidence of the operation and effectiveness of the management system. They may, however be included within the scope of a multi-site certification subject to agreement between the organisation and client organization. Where included in the scope, such sites are identified as temporary.

Additional Sites - A new site or group of sites that will be added to an existing certified multi-site network.

Multi-site Organization - A multi-site organization is defined as an organization having an identified central function (hereafter referred to as a central office — but not necessarily the headquarters of the organization) at which certain activities are planned, controlled or managed and a network of local offices or branches (sites) at which such activities are fully or partially carried out.

A multi-site organization need not be a unique legal entity, but all sites are required to have a legal or contractual link with the central office of client organization and are subject to a common management system, which is laid down, established and subject to continuous surveillance and internal audits by the central office. This means that the central office has rights to require that the sites implement corrective actions when needed in any site. Where applicable this is set out in the formal agreement between the central office and the sites.

Note - Examples of possible multi-site organizations are:

a) Organizations operating with franchises
b) Manufacturing companies with a network of sales offices
c) Service companies with multiple sites offering a similar service
d) Companies with multiple branches

6.2.1 ELIGIBILITY OF CLIENT ORGANIZATION FOR SAMPLING

The organisation ensures that client organization is eligible for sampling and for these following points is checked:

a) Processes at all the sites are substantially of the same kind and operates to similar methods and procedures. Where some of the sites under consideration conduct similar, but fewer processes than others, they may be considered for inclusion under multi-site certification providing that the sites(s) which conduct the most processes, or critical processes are subject to full audit.

b) Business is conducted through linked processes in different locations, they are considered as eligible for sampling. Provided all other provisions of this procedure are met. Where processes in each location are not similar but are clearly linked, the sampling plan prepared by the organisation will include at least one example of each process conducted by the client organization (e.g. fabrication of electronic components in one location, assembly of the same components by the same company in several other locations).

c) Client organization's management system is under a centrally controlled and administered plan and is subject to central management review. Prior to the organization starting its audit it is checked that all the relevant sites (including the central administration function) are subject to the organization's internal audit program and all sites are audited in accordance with that program.

d) Central office of the organization has established a management system in accordance with the relevant management system standard under audit and that the whole organization meets the requirements of the standard including relevant regulations.

The organization understands that

a) Not all organizations fulfilling the definition of "multi-site organization" are eligible for sampling.

b) Not all management systems standards are suitable for consideration for multi-site certification. For example, multi-site sampling would be unsuitable where the audit of variable local factors is a requirement of the standard. Specific rules apply also for some schemes, for example those including automotive (TS 16949) and aerospace (AS 9100 series) and the requirements of such schemes shall take precedence.

The organization restricts such sampling where site sampling is inappropriate to gain sufficient confidence in the effectiveness of the management system under audit. Such

restrictions have been defined with respect to:

a) Scope sectors or activities (i.e. based on the assessment of risks or complexity associated with that sector or activity);

b) Size of sites eligible for multi-site audit;

c) in the local implementation of the management system such as the need for

frequent recourse to the use of plans within the management system to address different activities or different contractual or regulatory systems;

d) Use of temporary sites that operate under the management system of the organization and which are not to be included within the scope of certification.

Other then the restrictions on the client organisations, sampling plan is prepared on the basis of the scheme specific requirements and requirements of integration of management system. This plan is referred as multi-site sampling plan .

7. Planning Audit

Planning Audit includes Audit objectives, scope and criteria, Audit team selection and Audit plan. This is a prerequisite for conducting the audit.

The OH&SMS will l include activities, products and services within the organization's control or influence that can impact the organization's OH&SMS performance. Temporary sites will be include if construction sites will be covered by the OH&SMS of the organization that has control of these sites, irrespective of where they are located.

Audit Objectives, Scope and Criteria

7.1 Audit Objective

The organisation determines the audit objectives to establish the audit scope and criteria, including any changes, after discussion with the client.

The audit objectives will describe what is to be accomplished by the audit including the following:

a) determination of the conformity of the client's management system, or parts of it, with audit criteria;

b) evaluation of the ability of the management system to ensure the client organization meets applicable statutory, regulatory and contractual requirements;

NOTE A management system certification audit is not a legal compliance audit.

c) evaluation of the effectiveness of the management system to ensure the client organization is continually meeting its specified objectives;

d) as applicable, identification of areas for potential improvement of the management system.

7.2 Audit Scope

The audit scope will describe the extent and boundaries of the audit, such as physical sites, Organizational units, activities and processes to be audited. Where the initial or re-certification process consists of more than one audit (e.g. covering different sites), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.

NOTE: Due consideration will be given to Annex F to the Standard 17021-1:2015 that lists additional items that can be considered when preparing or revising the audit scope.

7.3 Audit Criteria

The audit criteria will be used as a reference against which conformity is determined including:

- the requirements of a defined normative document on management systems;

The defined processes and documentation of the management system developed by the client.

7.4 Audit Team Selection

The organisation's process for selecting and appointing the audit team and technical experts, including the audit team leader, takes into account the competence needed to achieve the objectives of the audit. If there is only one auditor, the auditor will have the competence to perform the duties of an audit team leader applicable for that audit. The audit team shall have the totality of the competences identified by the QFS—**Refer to**

In deciding the size and composition of the audit team, consideration is given to the following:

a) audit objectives, scope, criteria and estimated time of the audit;
b) whether the audit is a combined, integrated or joint audit;
c) the overall competence of the audit team needed to achieve the objectives of the audit;
d) certification requirements (including any applicable statutory, regulatory or contractual requirements)
e) If competent auditor for a code is not available then a technical expert should accompany the auditor for proper audit conducting.
f) language and culture

The necessary knowledge and skills of the audit team leader and auditors may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Where translators or interpreters are used, they will be selected such that they do not unduly influence the audit.

NOTE: *The criteria for the selection of technical experts are determined on a case-by-case basis by the needs of the audit Team and the scope of the audit.*

Auditors-in-training may be considered to be included in the audit team as participants, provided an auditor is appointed as an evaluator. The evaluator will be competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training.

The audit team leader, in consultation with the audit team, will be required to assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments do take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts. Changes to the work assignments may be made as the audit progresses to ensure achievement of the audit objectives.

7.4.1 Observers

The presence and justification of observers during an audit activity will be agreed to by the certification body and client prior to the conduct of the audit. The audit team ensures that observers do not unduly influence or interfere in the audit process or outcome of the audit.

Observers can be members of the client's organization, consultants, witnessing accreditation body personnel, regulators or other justified persons.

7.4.2 Technical experts

The role of technical experts during an audit activity will be agreed to by the organisation and client prior to the conduct of the audit. A technical expert does not act as an auditor in the audit team. The technical experts has to be accompanied by an auditor. The technical experts can provide advice to the audit team for the preparation, planning or audit.

7.4.3 Guides

Each auditor can be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team ensures that guides do not influence or interfere in the audit process or outcome of the audit.
The responsibilities of a guide can include:
a) Establishing contacts and timing for interviews;
b) Arranging visits to specific parts of the site or organization;
c) Ensuring that rules concerning site safety and security procedures are known and respected by the audit team members;
d) Witnessing the audit on behalf of the client;
e) Providing clarification or information as requested by an auditor.
Where appropriate, the auditee can also act as the guide

8. Audit Plan

8.1 Preparing the audit plan

QFS ensures that the audit plan is appropriate to the objectives and the scope of the audit. The audit plan will, at least, include or refer to the following:

a) the audit objectives;
b) the audit criteria;
c) the audit scope, including identification of the organizational and functional units or processes to be audited;
d) the dates and sites where the on-site audit activities will be conducted, including visits to temporary sites and remote auditing activities, where appropriate;
e) the expected duration of on-site audit activities;

f) the roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters.

Audit plan is documented and recorded in Audit plan

8.2 Communication of audit team tasks

The tasks given to the audit team defined, and require the audit team to:

a) Examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the management system standard;

b) Determine that these meet all the requirements relevant to the intended scope of certification;

c) Determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's management system;

d) Communicate to the client, for its action, any inconsistencies between the client's policy, objectives and targets

8.3 Communication of audit plan

The audit plan is communicated and the dates of the audit will be agreed upon, in advance, with the client.

8.4 Communication concerning audit team members

The organisation provides the name of and, when requested, makes available background information on each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member and for the certification body to reconstitute the team in response to any valid objection.

9. Conducting Audit

The organisation has identified a process for conducting on-site audits. This process includes an opening meeting at the start of the audit, Communication during the audit, obtaining and verifying information, Legal Requirement related to Health & Safety, Identifying and recording audit findings, Preparing audit conclusions, a closing meeting at the conclusion of the audit, Audit report, Cause analysis of nonconformities and Effectiveness of corrections and corrective actions. Where any part of the audit is made by electronic means or where the site to be audited is virtual, the organisation ensures that such activities are conducted by personnel with appropriate competence. The evidence obtained during such an audit shall be sufficient to enable the auditor to take an informed decision on the conformity of the requirement in question. "On-site" audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conducting audits.

Document for conducting audit is prepared, where all the points are covered including remote audit. This document is being circulated to all auditors.

9.1 Initial Audit

The initial certification audit of a management system shall be conducted in two stages: stage 1 and stage 2

9.1.1 Stage 1 Audit

The client will be informed of "on site" activities during stage 1. Though stage 1 does not require a formal audit plan, but the organisation prepare the audit plan.
The objectives of stage 1 are documented in Document for conducting audit.
Documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2 is communicated to the client, including identification of any areas of concern that could be classified as nonconformity during stage 2.

In determining the interval between stage 1 and stage 2, consideration is given to the needs of the client to resolve areas of concern identified during stage 1.
The organisation also may need to revise its arrangements for stage 2. If any significant changes which would impact the management system occur, the organisation considers the need to repeat all or part of stage 1.

The client will be informed that the results of stage 1 may lead to postponement or cancellation of stage 2.

For ISO 22000 FSMS :

Stage 1 audit shall be carried out at the client's premises, The objectives of the stage 1 are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization's FSMS and the organization's state of preparedness for stage 2 by reviewing the extent to which:

- The client has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements),
- The FSMS includes adequate processes and methods for the identification and assessment of the client's food safety hazards, and subsequent selection and categorization of control measures (combinations),
- Relevant food safety legislation is implemented,
- the FSMS is designed to achieve the organization's food safety policy,
- The FSMS implementation program justifies proceeding to the audit (stage 2),
- The validation of control measures, verification of activities and improvement program conform to the requirements of the FSMS standard,
- The FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties, and

- Any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance.

Where an organization has implemented an externally developed combination of control measures, the auditor in stage 1 shall review the documentation included in the FSMS to determine if the combination of control measures:

- is suitable for the organization,
- was developed in compliance with the requirements of ISO 22000, and
- Is kept up to date.
- The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.
- In exceptional circumstances, in case of remote location or short seasonal production the stage 1 audit can take place off-site. The evidence demonstrating that stage 1 objectives are fully achieved shall be provided. The interval between stage 1 and stage 2 audits shall not longer than 6 months.
- The stage 1 audit shall be repeated if a client wants longer interval
- To check the organization has identified PRPs that are appropriate to the process e.g. regulatory and statutory requirements and to verify continue suitability of the client Combination of control measures.
- To check the adequate processes and methods for the identification and assessment of the Organization's food safety hazards, and subsequent selection and categorization of control Measures (combinations).
- To check the food safety legislation is in place for the relevant sector(s) of the organization,
- To check the FSMS is designed to achieve the organization's food safety policy,
- To check the FSMS implementation program justifies proceeding to the stage-2 audit
- To check the validation, verification and improvement program conform to the requirements of the FSMS standard,
- To check the FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties.
- To check the additional documentation needs to be reviewed and/or what knowledge needs to be obtained in advance.
- Any part of the FSMS that is audited during the stage 1 audit and found to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the stage 2 audit. However, the auditor shall ensure that the already audited parts of the FSMS continue to conform to the certification requirements. In this case, the audit report shall include these findings and shall clearly state that conformity has been established during the stage 1 audit.

For ISO 27001 ISMS : The results of stage 1 shall be documented in a written report. The Organization reviews the stage 1 audit report by scope reviewer before deciding on proceeding with stage 2 and shall confirm if the stage 2 audit team members have the necessary competence, this may be done by the auditor leading the team that conducted the stage 1 audit if deemed competent and appropriate.

9.1.2 Stage 2 Audit

The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client's management system. The stage 2 takes place at the site(s) of the client or by remote access. The details of auditing of stage 2 are documented in Document for conducting audit and record is maintained in Audit report.

For ISO 22000 FSMS STAGE 2:

Stage two audits is an assessment audit, which is carried out after phase one audit's inadequacies have been removed and the organization is all set to demonstrate the compliance to the selected international standard. Auditors will plan and conduct the assessment as per audit plan and work instruction . Any part of the FSMS that is audited during the stage 1 audit and determined to be fully implemented, effective and in conformity with requirements, will be re-audited during the stage 2 audit to access its continued conformity. In this case the stage 2 report includes these findings and clearly states that conformity has been established during the stage 1 audit.

The stage two audits is planned to check

1. the implementation, including the effectiveness of the client's food safety management system to the requirements of the ISO 22000:2018,
2. to verify that the information and evidence of conformity is achieved to all requirements of the food safety management system standard,
3. to assess the capability of the food safety management system to perform key activities, such as processes & activities including production methods, controls, PRP's, HACCP/FSMS plans & procedures as well as competency of personnel managing and involved in the food safety functions, in conformity with ISO standard,
4. to assess the client's food safety management system in compliance with statutory, regulatory and contractual requirements;
5. to confirm that the client's food safety management system is effective in achieving the stated food safety policies and objectives

9.1.3 Initial Certification Audit Conclusions

The audit team analyse all information and audit evidence gathered during stage 1 and stage 2 to review the audit findings and agree on the audit conclusions. This is communicated to the client during closing meeting and will be reported in the report.

10. Certification Decision

Certification decision process includes appointment of technical committee, Actions prior to making a decision, Information for granting initial certification and Information for granting recertification.

The selection, formation of committee, authorization and working is documented in procedure for committee working.

The certification decision is taken only in the case of initial certification and suspention, withdrawal or scope extension. The surveillance, recertification audit or scope reduction does not require any independent decision for continuity, Independent decision may be taken only if lead auditor of the audit team recommend for the same.
The organisation records each certification decision including any additional information or clarification sought from the audit team or other sources in certification decision cheklist.

10.1 Actions prior to making a decision

The organisation have a process for technical committee to conduct an effective review prior to making a decision for granting certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification, including, that

a) The information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification;

b) For any major nonconformities, it has reviewed, accepted and verified the correction and corrective actions;

c) For any minor nonconformity it has reviewed and accepted the client's plan for correction and corrective action.

10.2 Information for granting initial certification

The information provided by the audit team to the technical committee for the certification decision includes:

- The audit report;
- Comments on the nonconformities and, where applicable, the correction and corrective actions taken by the client;
- Confirmation of the information provided to the certification body used in the application review
- Confirmation that the audit objectives have been achieved;
- A recommendation whether or not to grant certification, together with any conditions or observations.

If the technical committee is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, the organisation shall conduct another stage 2 prior to recommending certification.
When a transfer of certification is envisaged from other certification body to this organisation, the organisation follow the same process for obtaining sufficient information in order to take a decision on certification.
Where Certification schemes have specific rules regarding the transfer of certification, those will be taken care off.

10.3 Transfer of Certification

The transfer of certification is defined as the recognition of an existing and valid management

system certification, granted by one accredited certification body, (hereinafter referred to as the "issuing certification body"), by another accredited certification body, (hereinafter referred to as the "accepting certification body") for the purpose of issuing its own certification.
Note: Multiple certifications, (concurrent certification by more than one certification body) do not fall under this definition.

10.3.1 MINIMUM REQUIREMENTS

a) QFS accept only such certifications for transfer which are covered by an accreditation of an IAF MLA signatory (AB). Organizations holding certifications that are not covered by such accreditations are treated as new clients.

b) Pre-Transfer Review

i) A competent person from QFS carry out a review of the certification of the prospective client. This review is conducted by means of a documentation review and normally includes a visit to the prospective client. Reasons for not conducting a visit are fully

justified and documented. Visit is conducted if no contact can be made with the issuing certification body. The review covers the following aspects and its findings are fully documented:

ii) Confirmation that the client's certified activities fall within the accredited scope of QFS.

iii) The reasons for seeking a transfer that the site or sites wishing to transfer certification hold an accredited certification that is valid in terms of authenticity, duration and scope of activities covered by the management system certification. If practical, the validity of certification and the status of outstanding

iv) Nonconformities are verified with the issuing certification body unless it has ceased trading Where it has not been possible to communicate with the issuing certification body, QFS record the reasons;

v) Consideration of the last certification or recertification audit reports, subsequent surveillance reports and any outstanding non-conformities that may arise from them. This consideration also includes any other available, relevant documentation regarding the certification process i.e. handwritten notes, checklists. If the last certification, recertification or subsequent surveillance audit reports are not made available or if the surveillance audit is overdue then the organization shall be treated as a new client.

a) complaints received and action taken;

b) the stage in the current certification cycle and

c) any current engagement by the organization with regulatory bodies in respect of legal compliance.

vi) QFS ensures that outstanding nonconformities are closed, if practical, with the issuing certification body, before transfer. Otherwise they are closed by QFS.

vii) If no further outstanding or potential problems are identified by the pre-transfer review a certification is issued following the normal decision making process. The programme of ongoing surveillance is based on the previous certification regime unless QFS has conducted an initial or recertification audit as a result of the review.

viii) Where doubt continues to exist, after the pre-transfer review, as to the adequacy of a current or previously held certification, QFS, depending upon the extent of doubt, either:

a) treats the applicant as a new client or

b) conducts an audit concentrating on identified problem areas.

The decision as to the action required depends upon the nature and extent of any problems found and is explained to the organization and the justification for the decision is documented and the records maintained by QFS.

10.3 Information for granting recertification

The organisation makes decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

11.Certification Documents

The organisation provides the certification documents to the certified client in hard copy. The certification document(s) identify the following:

1. the name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification);
2. The effective date of granting, expanding or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision; The organisation keeps the original certification date on the certificate when a certificate lapses for a period of time provided that:

   2.1. The current certification cycle start and expiry date are clearly indicated;

   2.2. The last certification cycle expiry date indicated along with the date of recertification audit.

   2.3. The expiry date or recertification due date consistent with the recertification cycle;

   2.4. A unique identification code;

2.5. The management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client;

2.6. The scope of certification with respect to the type of activities, products and services as applicable at each site without being misleading or ambiguous;

2.7. The name, address and certification mark of the organisation; other marks (e.g. accreditation symbol) also used and they are not misleading or ambiguous;

2.8. Any other information required by the standard and/or other normative document used for certification;

2.9. In the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents.

12. Maintaining Certification

The organization maintains certification based on demonstration that the client continues to satisfy the requirements of the management system standard. It is maintained by Conducting Surveillance activities, Recertification, Special audits (a special audit may be necessary in the event that the QFS becomes aware that there has been a serious incident related to occupational health and safety, for example, a serious accident, or a serious breach of regulation, in order to investigate if the management system has not been compromised and did function effectively. QFS shall document the outcome of its investigation.) and Suspending, withdrawing or reducing the scope of certification.

12.1 Conducting Surveillance activities

Surveillance audits are on-site audits, but these are not full system audits, normally it is one third of the initial audit duration, if not asked from a specific scheme and planned together with the other surveillance activities so that the organisation can maintain confidence that the client's certified management system continues to fulfil requirements between recertification audits. Each surveillance for the relevant management system standard at-least includes:

A. Internal audits and management review;
B. A review of actions taken on nonconformities identified during the previous audit;
C. Complaints handling;
D. Effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system(s);
E. Progress of planned activities aimed at continual improvement;
F. Continuing operational control;
G. Review of any changes;
H. Use of marks and/or any other reference to certification

The record of surveillance audit and activities are kept in Audit report of the client.

12.2 Recertification

The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. A recertification audit is planned and conducted to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative document. This is planned and conducted in due time to enable for timely renewal before the certificate expiry date.

The recertification activity includes the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle.
Recertification audit activities may need to have a stage 1 in situations where there have been significant changes to the management system, the organization, or the context in which the management system is operating (e.g. changes to legislation).

12.2.1 Recertification audit

The duration of recertification audit in normal circumstance is seventy percent of the initial audit duration, if not asked by any scheme. The recertification audit includes an on-site audit that addresses the following:

a) The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
b) Demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
c) The effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system(s).

For any major nonconformity, the organisation defines time limits for correction and corrective actions. These actions shall be implemented and verified prior to the expiration of certification.
When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate will be on or after the recertification decision.
If the organisation has not completed the recertification audit or the organisation is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification will not be recommended and the validity of the certification will not be extended. The client will be informed and the consequences will be explained.
Following expiration of certification, the organisation can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

12.3 Special Audits

Special audits are of two types audit for Expanding scope and Short-notice audits.

12.3.1 Audit for Expanding scope

The organisation will, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit. The record of application review and audit is kept accordingly.

12.3.2 Short-notice audits

It may be necessary for the organisation to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. In such cases:

a) the organisation describes and make known in advance to the certified clients (e.g. in documents as required) the conditions under which such audits will be conducted;
b) The organisation shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

13. Suspending, withdrawing or reducing the scope of certification

The organisation defines the process for suspension, withdrawal or reduction of the scope of certification, and specifies the subsequent actions by the organisation.
The organisation shall suspend certification in cases when, for example:

A. The client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system;
B. The certified client does not allow surveillance or recertification audits to be conducted at the required frequencies;
C. The certified client has voluntarily requested a suspension.

Under suspension, the client's management system certification is temporarily invalid. The organisation restores the suspended certification if the issue that has resulted in the suspension has been resolved.
Failure to resolve the issues that have resulted in the suspension in a time established by the organisation on case to case basis, will result in withdrawal or reduction of the scope of certification. In most cases, the suspension would not exceed six months, but decision will be taken on case to case basis.
The organisation reduces the scope of certification to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification

requirements for those parts of the scope of certification. Any such reduction will be in line with the requirements of the standard used for certification.
The intimation of such action of the organisation is communicated to the client by mail or hard copy of communication through intimation letter.

14. Outsourcing (franchising) for the organisation

The terms "outsourcing" and "subcontracting" are considered to be synonyms. The organisation describes the conditions under which outsourcing (which is subcontracting to another organization to provide part of the certification activities on behalf of the organisation) may take place, these conditions are:

A. To expend the services in new geographical locations.
B. Where there are restrictions to form and operate for any foreign entity.
C. Where there is a strategic tie up between the organisation and outsourcing entity.
D. To expend in new schemes.
E. Where the organisation deemed fit to outsource.

The organisation will have a legally enforceable agreement covering the arrangements, including confidentiality and conflicts of interests, with each body that provides outsourced services is called Agreement for Franchisee.
Decisions for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification cannot be outsourced as per the policy of the organisation.
The organisation:

a) Takes the responsibility for all activities outsourced to another body;
b) Ensures that the body that provides outsourced services, and the individuals that it uses, conform to requirements of the organisation including competence, impartiality and confidentiality;
c) Ensures that the body that provides outsourced services, and the individuals that it uses, are not involved, either directly or through any other employer, with an organization to be audited, in such a way that impartiality could be compromised.

The organisation have a process for the approval and monitoring of all bodies that provide outsourced services used for certification activities, and ensures that records of the competence of all personnel involved in certification activities are maintained in the same way as recorded for its own people.
Where the organisation engages individuals or employees of other organizations to provide additional resources or expertise, these individuals do not constitute outsourcing provided they are individually contracted to operate under the certification body's management system.

15. Client Record

The organisation maintains records on the audit and other certification activities for all clients, including all organizations that submitted applications, and all organizations audited, certified, or with certification suspended or withdrawn.

Records on certified clients includes the following:

A) Application information and initial, surveillance and recertification audit reports;
B) Certification agreement;
C) Justification of the methodology used for sampling of sites, as appropriate; Methodology of sampling includes the sampling employed to audit the specific management system and/or to select sites in the context of multi-site audit.
D) Justification for auditor time determination;
E) Verification of correction and corrective actions;
F) Records of complaints and appeals, and any subsequent correction or corrective actions;
G) Committee deliberations and decisions, if applicable;
H) Documentation of the certification decisions;

I) Certification documents, including the scope of certification with respect to product, process or service, as applicable;
J) Related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts;
K) Audit programmes.

The organisation keeps the records on applicants and clients secure to ensure that the information is kept confidential. Records are transported, transmitted or transferred in a way that ensures that confidentiality is maintained. The organisation has documented procedure on the retention of records in the name of control of Documents and Records. Records of certified clients and previously certified clients shall be retained for the duration of the current cycle plus one full certification cycle. In some jurisdictions, the law stipulates that records need to be maintained for a longer time period, that will be identified and treated accordingly.

********END OF PROCEDURE******