

Issue No : 02	Procedure for Conducting Surveillance	
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## 1.0 PURPOSE

- 1.1 To define the procedure for planning, conducting and reporting of surveillance assessments carried out for **FSMS (ISO 22000/HACCP)** as per the requirements of the applicable scheme.

## 2.0 SCOPE

- 2.1 This procedure applies to all surveillance assessments conducted by FCI **for ISO 22000 & HACCP Schemes.**

## 3.0 RESPONSIBILITIES

- 3.1 **The DP is responsible for overall implementation of this procedure.**  
 3.2 The DP shall be responsible for ensuring that the audit is planned, managed and conducted in accordance with this procedure.

## 4.0 PROCEDURE

### 4.1 Audit Planning and Preparation

- 4.1.1 The frequency of surveillance audits is defined **as per the requirements of the applicable scheme.**  
 4.1.2 The purpose of surveillance is to verify that the approved Certification Program continues to be implemented, to consider the implications of changes to that system initiated as a result of changes in the organization's operation and to confirm continued conformity with registration requirements. Surveillance of an organization's Certification Program shall take place as agreed with the client. Surveillance programs normally include -
- Internal audit & management reviews
  - Preventive and corrective action;
  - Review of action taken on nonconformities identified during the last audit;
  - Handling of complaints;
  - Effectiveness of the client objectives.
  - Continual improvement plans.
  - Continuation operational control
  - Changes to the documented system;
  - Use of marks or any other reference to certification.

Note : Refer Guidance on Surveillance Audit (FSMS/G-05).

- 4.1.3 Surveillance audits may be combined with audits of other management systems. The reporting should then clearly indicate the aspects relevant for each management system.  
 4.1.4 DP will agree upon and schedule the audit with the Client. The goal is to schedule the assessment requested by the Client as per the target date and conduct the audit on the target date.  
 4.1.5 The DP will schedule the surveillance audit with the Client as per the frequencies agreed upon. (The DP will schedule the audits and monitor the database to assure surveillance audits are appropriately scheduled). The goal is to schedule the assessment before the target date.  
 4.1.6 **The date of the first surveillance audit following initial certification (stage-2)/re-registration audit shall not be more than 12 months or 6 months(based on requirements of the standard) from the last day of the stage-2 audit. Thereafter the surveillance audits shall be scheduled at least once in a year. However, DP shall document justification for approval for the delay in conducting the subsequent surveillance audits, if it is more than 12 months between two surveillances but simultaneously maintaining the yearly surveillance. If the client does not ensure the scheduling of the first**

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surveillance audit after the initial certification as provided above or not scheduling of subsequent surveillance on yearly basis or not scheduled with in the time frame as informed by FCI, then the client shall be placed under suspension for a maximum period of 90 days. If the audit is not scheduled before expiry of the time frame given by FCI during suspension period, then cancellation follows as per procedure.

- 4.1.7 The DP will decide the composition of the audit team, ensuring that assessor qualifications match audit requirements as per 4.2 of FSMS/P-02 procedure through the assessment schedule review form FSMS/F-07. FCI may attach technical experts to support their audit team who are selected basing on FCI Procedure.
- 4.1.8 Where an assessment is being performed by a team of two or more it is not necessary to each team member to meet all of the competence criteria for the area of activity involved. The assessment team may consists of one person provided that person confirms with the overall competence requirements for an assessment team.
- a. The DP should confirm the audit with the Client through Certification Assessment Schedule (FSMS/F-07) atleast *seven (7) days* before the scheduled date.

A brief description of each assessor's background and experience shall be provided upon request. In case of any objection to the composition of audit team by the Client the DP will consult the Certification Manager and the decision will be informed to the Client. In case the Client disagrees with the decision, then the process will go through appeal procedure.

- 4.1.9 The DP shall file the confirmation in the Client history file.
- 4.1.10 Audit team members will assemble with downloaded documents and/or documents sent by the DP. Any missing information should be requested from the DP.
- 4.1.11 Prior to the audit or prior to the opening meeting during the scheduled assessor preparation time, the Team Leader will conduct a team briefing, if applicable. The team briefing will cover the following items as a minimum:
- Introduce all audit team members.
  - Answer any questions the team members may have about conducting the audit.
  - Review the audit plan, scope and standard.
  - Review FCI definitions of minor and major nonconformances and potential registration recommendations.
  - Stress the importance of obtaining objective evidence
- 4.1.12 Opening Meeting:
- The Team Leader will be responsible for conducting the opening meeting as per FSMS/G-02.
- 4.1.13 The opening meeting should be brief in an attempt to hold to the established schedule.
- 4.1.14 Following the opening meeting the Team Leader may request, if applicable, a short plant tour to familiarize the audit team with the activities carried out within the Client's facility. The plant tour should be conducted per the audit schedule.

## 4.2 Surveillance Assessments:

Surveillance activities shall include on site audits assessing the Certified Clients Management Systems fulfillment of Specified requirements to the standard registered. The activity may include request to the client to provide additional information and reviewing clients statements with respect to its operation.

- 4.2.1 The Team Leader may convene with any or all assessors at any time during the audit to review their findings and determine any changes in planned activities and the audit plan.
- 4.2.2 Individual assessors are responsible for documenting non-conformances and Remark for improvement on the Non-conformance Report and submitting them to the Team Leader before the closing meeting.
- Assessors identifying a possible "critical/major" nonconformance shall inform the Team Leader as soon as practical.

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- b. A nonconformance will *only* be sanctioned by the Team Leader if it is capable of being written in the words of the standard and/or documented system and is substantiated by objective evidence.
  - c. Assessors are encouraged to document opportunities for improvement to benefit the Client
- 4.2.3 Non-conformances are categorized into three levels of severity: Critical, Major and minor. Refer the document (FSMS/G-02).

### 4.3 Reporting of Surveillance Assessments:

- 4.3.1.1 Audit team report all the non conformances and hand over to the company to initiate necessary corrective actions for the closure of the NCs.
- 4.3.1.2 The Audit Team will document the audit results and communicate to the client through provisional report, comprising of Audit Checklist, Summary of Pre-Requisite Program and non-conformity reports for comments.
- 4.3.1.3 After verification of the evidences submitted by the company for the non conformances of surveillance assessment and satisfactory closure of the NCs the final report with recommendation is forwarded to FCI DP by the Team Leader.
- 4.3.1.4 DP will forward the report for review to Manager Certifications/Vice President if not involved in the assessment shall independently review surveillance reports for evidence of adequacy of audit performance and reporting. In case Manager Certifications/Vice President are involved in the assessment, the DP who is not involved in the assessment will be reviewing the report. In case both are involved then FCI qualified assessor will review the report.
- 4.3.1.5 The reviewed report is submitted to Registration Committee for decision on continuation of certification.

### 4.4 Closing Meeting

- 4.4.1 The Team Leader is responsible for conducting the closing meeting as per FSMS/G-03

### 4.5 Final Report of surveillance assessments:

- 4.5.1 When the audit has been completed on the receipt of corrective actions from the client the Team Leader will produce an Assessment Report to FCI within 15 working days on closure of non-conformances. *The report is confidential to FCI and should under no circumstances be shown or issued to third parties other than the Accreditation body/legal requirements.*
- 4.5.2 Guidelines for completing this report are documented in "Guidelines to Team Leader".

### 4.6 Audit Documentation

- 4.6.1 The Client can also forward corrective actions for all non-conformances to the FCI by the required "Corrective Action Response Date" and FCI will co-ordinate with the Team Leader.
- 4.6.2 Team Leader shall indicate acceptance and verification of implementation of all corrective actions on the nonconformance report. If the corrective action is unacceptable or additional information is needed for verification, the Client will be asked to resubmit.
- 4.6.3 The DP or Team Leader will submit a completed Audit File Checklist along with the documentation listed to FCI within 15 working days of the closure of non-conformance. Completed Nonconformance reports and Client corrective actions shall be included.

### 4.7 Follow-up Audit

- 4.7.1 If an on-site follow-up audit is necessary to verify corrective actions of non-conformances documented during the audit, then the auditor deputed will assess those evidences of conformity to NC's documented and submit his recommendation report to FCI while communicating the same to the auditee.
- 4.7.2 No more than 2 follow-up audits shall be conducted.

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#### 4.8 Decision for continuation of Registration

- 4.8.1 The audit documentation is reviewed by FCI Management/ designated reviewer. (Refer to Para 3.3 of QMS P-04. For the purpose of review for ISO 22000 and BHC, GAP, under NABCB accreditation, ISACert assessment report forms basis for use for issuing initial registration, surveillance, Re-registration and scope extensions)
- 4.8.2 All corrective actions must be closed with root cause analysis and corrective actions verified as complete before consideration by the Registration Committee.
- 4.8.3 A Registration Committee will convene with at least two members to review the audit documentation per the requirements of FCI Policy Manual & Procedures. In case it is not falling under the circumstances mentioned under 4.15.4, then FCI reviewer can review and recommend for continuation of registration.
- 4.8.4 The Registration Committee shall review the audit documentation and record its decision for continuation of registration on Recommendation Report. At a minimum they shall review;
- The Company Information Sheet and contract review
  - The Assessment Report
  - Nonconformance reports and associated Client corrective action responses.
  - The Recommendation Report;
- The above process is applicable only under the following circumstances :
- Recommend "Not to Maintain Registration" or
  - Have one or more major non-conformances or
  - Is presented for registration committee review due to excessive numbers of minor non-conformances or other circumstances that could impact registration status.
  - To withdraw the registration.
- 4.8.5 The Director FCI shall make the registration continuation decision on the basis of the evaluation of audit findings and conclusions and any other relevant information provided by the registration committee/ FCI reviewer.
- 4.8.6 The DP shall notify the Client by letter of the decision and establish the tentative date for the next surveillance assessment.
- 4.8.7 Should the Client appeal the decision, the Registration Committee will examine this appeal and adjudicate based upon the objective evidence submitted by both parties. If a dispute still exists upon further review, the issue will be resolved as defined in procedure Appeals.
- 4.9 Corrective Action Response Date  
The window for submission of satisfactory corrective actions by the client is 28 days from the date of audit and assessment process to be completed in 42 days including 28 days.

#### 5.0 RECORDS & Forms

- 5.1 Conformance Audit History File section in Client History File

#### 6.0 REVISIONS

Original Issue

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