

Issue No : 02	Procedure for Conducting Re-Certification/Re-Registration Audits		
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1.0 **PURPOSE**

- 1.1 The purpose of the Re-Certification/Re-Registration audit is to confirm the continued conformity and effectiveness of the Food Safety Management Systems is a whole and its continuous relevance and applicability for the scope of the certification.
- 1.2 To define the procedure for planning, conducting and reporting of Re-Certification/Re-Registration/Re-Registration Audits.

2.0 **SCOPE**

- 2.1 This procedure applies to all Re-Certification/Re-Registration Audits conducted by FCI for **ISO 22000 and HACCP Schemes**.

3.0 **RESPONSIBILITIES**

The DP is responsible for overall implementation of this procedure.

4.0 **PROCEDURE:**

- 4.1 DP will communicate to the company regarding the due dates of re-registration and seeks the latest information from the company through duly filled in company information sheet before 3 months of expiration of the certificate.
- 4.2 After verifying the information provided by the company, the DP issues offer as per procedures outlined in FSMS/F-01.
- 4.3 After receiving the duly signed contractual agreement, The DP initiates the process for scheduling the assessment.
- 4.4 DP shall review the previous surveillance audit reports to consider the performance of the management system during the period of certification.
- 4.5 Consideration of stage-1 audit is to be decided where it is noticed significant changes to the management system, the clients operations and changes to legislation.
- 4.6 The Re-Certification/Re-Registration audit shall cover minimum of the following :
- the effectiveness of the management system in its entirety in the light of changes and its continued relevance and applicability to the scope of certification.
 - Maintaining the effectiveness of the management system for enhancing overall performance;
 - Achievement of organizations policies and objectives.

It is to be ensured that all the requirements of Stage-1 and Stage-2 assessments to be complied with, unless DP document the requirement of a separate Stage-1 Assessment.

In the case of multiple sites or certification to multiple management system standards, the planning for the audit shall ensure adequate on site audit coverage to provide confidence in the certification.

- 4.7 The 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.
- 4.8 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. FCI may attach technical experts to support their audit team who are selected basing on FCI Procedure.
- 4.9 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.
- 4.10 The DP should confirm the audit with the Client through Certification Assessment Schedule (FSMS/F-07) atleast **seven (7) days** before the scheduled date.

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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.

- 4.11 The DP shall file the confirmation in the Client history file.
- 4.12 Audit team members will assemble an audit packet with downloaded documents and documents sent by the DP. Any missing information should be requested from the DP.
- 4.13 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:
 - a. Introduce all audit team members.
 - b. Answer any questions the team members may have about conducting the audit.
 - c. Review the audit plan, scope and standard.
 - d. Review FCI definitions of minor and major nonconformances and potential registration recommendations.
 - e. Stress the importance of obtaining objective evidence
- 4.14 **Opening Meeting:**
 - 4.14.1 The Team Leader will be responsible for conducting the opening meeting as per FSMS/G-02.
 - 4.14.2 The opening meeting should be brief in an attempt to hold to the established schedule.
 - 4.14.3 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.
- 4.15 **Re-Certification/Re-Registration Audit:**
 - 4.15.1 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.
 - 4.15.2 Individual assessors are responsible for documenting non-conformances and opportunities for improvement on the Non-conformance Report and submitting them to the Team Leader before the closing meeting.
 - a. Assessors identifying a possible "critical/major" nonconformance shall inform the Team Leader as soon as practical.
 - 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
 - 4.15.3 Non-conformances are categorized into three levels of severity: Critical, Major and minor. Refer the document (FSMS/G-02).
- 4.16 **Reporting of Re-Certification/Re-Registration Audits:**
 - 4.16.1 Audit team report all the non conformances and hand over to the company to initiate necessary corrective actions for the closure of the NCs.
 - 4.16.2 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.
 - 4.16.3 After verification of the evidences submitted by the company for the non conformances of Re-registraion/Re-certification assessment and satisfactory closure of the NCs the definitive

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report with recommendation is forwarded to FCI.

4.16.4 Manager Certifications/Vice President if not involved in the assessment shall independently review re-registration/re-certification audit 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.

4.16.5 The reviewed report is submitted to Registration Committee for decision on re-registration.

4.17 **Closing Meeting:**

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

4.18 **Final Report of Re-Certification/Re-Registration Audits:**

4.18.1 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.***

4.18.2 Guidelines for completing this report are documented in "Guidelines to Team Leader".

4.19 **Audit Documentation**

4.19.1 The Client can also forward correction and corrective actions for all non-conformances to the FCI by the required "Corrective Action Response Date" to be implemented prior to the expiration of certification and FCI will co-ordinate with the Team Leader.

4.19.2 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.

4.19.3 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.

4.20 **Follow up Audit**

4.20.1 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.

4.20.2 No more than 2 follow-up audits shall be conducted.

4.21 **Decision of Re-registration**

4.21.1 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)**

4.21.2 All corrective actions must be closed with root cause analysis and corrective actions verified as complete before consideration by the Registration Committee.

4.21.3 A Registration Committee will convene with at least two members to review the audit documentation as per the requirements of FCI Manual & Procedures **in case it is not falling under the circumstances mentioned under 4.28.4, then FCI reviewer with relevant scope who is not involved in the assessment can review and recommend for continuation of registration.**

4.21.4 The below 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

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The Registration Committee shall review the audit documentation and record its decision for re-registration on Recommendation Report. At a minimum they shall review;

- a. The Company Information Sheet and contract review
 - b. The Assessment Report
 - c. Nonconformance reports and associated Client corrective action responses.
 - d. The Recommendation Report;
 - e. Complaints if any received from users of certification
 - f. The results of the review of the system over the period of certification.
- 4.21.5 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.
- 4.21.6 The DP shall notify the Client by letter of the decision and establish the tentative date for the next surveillance assessment.
- 4.21.7 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.

5.0 RECORDS & Forms

- 5.1 Conformance Audit History File section in Client History File

6.0 REVISIONS

Original Issue Rev.00, 1st Aug 2008

Revised Issue Rev.01, 1st June 2009

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