Audit Report Global Standard Food Safety Issue 9

1. Audit Summary			
Company name	VION Groenlo BV	Site code	2074194
Site name	VION Groenlo BV		
Scope of audit	The slaughtering of pigs, the deboning and cutting to specification and packing in bulk, bag in box, vacuum packaging of pork		
Exclusions from scope	none		
Justification for exclusion	na		
Audit start date	2024-04-22	Audit finish date	2024-04-24
Re-audit due date	2025-04-22	Head office	Yes

Additional modules included			
Modules	Result	Scope	Exclusions from Scope
Choose a module	Choose an item		
Choose a module	Choose an item		

2. Audit Results					
Audit result	Certificated	Audit grade	A	Audit programme	Announced
Previous audit grade	A+		Previous audit date	2023-02-27	
Certificate issue date	2024-05-21		Certificate expiry date	2025-06-03	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	
			Minor	9	

3. Company Details			
Site address	Den Sliem 8 7141JH Groenlo		
Country	The Netherlands	Site telephone number	+31 544 476100
Commercial representative name		Email	
Technical representative name		Email	

4. Company Profile					
Plant size (metres square)	10-25K sq.m	No. of employees	51-500	No. of HACCP plans	1-3

Shift pattern	Day shift	
Seasonal site	No	
Seasonal opening times (Start/end date)	Click or tap to enter a date.	Click or tap to enter a date.
Other certificates held	ISO9001, IFS PIA, SKAL, BLK	
Outsourced processes	No	
Outsourced process description	na	
Regions exported to	Europe Asia North America South America Oceania Choose a region	
Company registration number	EG367NL	

4. Company Profile

Major changes since last BRCGS audit	Major building activities as stable is altered and new stunning system by CO2 gas and not electricity anymore. For that the waste water treatment tanks and boiler house had to be replaced and piping and cabling moved. Project started March 2023 and to be finished June 2024.

Company Description

VION Groenlo B.V. is part of VION Food Group. In the Netherlands they own 3 pig slaughtering houses who together slaughter more than pigs annual. The location slaughters pigs and sows (appr. per week, and subsequent deboning and cutting to specification. Sows are sold as carcasses, all pig carcasses are divided and cut to specification for B2B customers. Most of meat (80%) stays in The Netherlands but can be sold all over the world.

Pigs are bought by another VION subsidiary who is in close contact with the farmers, who have contracts with VION. Pigs are also bought by the subsidiary on the free Dutch market. All pigs come always directly from the farm. There are several quality lines in the breeding of the pigs: EKO for which a SKAL certificate is in place (only currently EKO sows are slaughtered), FSA for which a global gap approval number is acquired and several BL* lines per retailer (FS. FSA, FS+) and IKB. VION has on top other quality lines and separation methods on behalf of customers and on behalf of third countries legislation by an EKS procedure. EKS is the procedure on demands of Asian, American and other counties for which meat is to be certified by Dutch Authority NVWA for export approval.

The company has one HACCP study which is part of a central HQ VION study (HQ is in Boxtel, NL). Centrally organized processes are QA, HR, Finance, Purchase, Sales, Logistics and IT. The location has about employees working in a dayshift operation, of VION and some are agency workers. The production volume is ca. pigs (including sows)/week. The original building dates from 2002 and is extended several times with a new cutting department and expedition area in 2016 and the crate facility building improved in 2020. The current total site is about 23.000 m2 including a pigs trailers washing house, parking for trucks, personnel parking lots.

Meat is sold hanging on hooks/brackets and dividers, is packed in cartons with pe foil /can be vacuum or crates or big boxes (dolavs) with or without PE foil.

The audit was announced audit with a concession. Concession number 2074-0681: Request Details: Site code 2074194 Due date 22 April 2024 Expiry date 3 June 2024 has been with the client three times, to visit the client for the fourth time. The audit is scheduled 2024 April 22 and otherwise the audit cannot be done in time.

5. Product Characteristics

Product categories	01 - Raw red meat Category Category Category Category Category Category Category

5. Product Characteristics

Finished product safety rationale	Fresh pork meat (bulk, carcasses and cut to specification): further processing required, chilled (max. 7 °C fresh products, 6 °C vacuum packed products, max 3 °C for organs). Short shelf life, if to be frozen, not on this premises.				
High care	No	High risk	No	Ambient high care	No
Justification for area	Product undergoes full cooking prior to consumption				
Allergens handled on site	Milk Sulphur dioxide and Sulphites Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen				
Product claims made e.g. IP, organic	Organic, FSA, BL**, BL*, IKB				
Product recalls in last 12 months	No				
Products in production at the time of the audit	Pigs in slaughtering house, pork in dividing department, short ribs in packing department, FSA line in cutting department, 70/30 mm in mixing department.				

6. Audit Duration Details

Total audit duration	20 man hours	Duration of production facility inspection	10 man hours
Reasons for deviation from typical or expected audit duration	none		
Combined audits	None		

6. Audit Duration Details	
Next audit type selected	Announced

Present at audit					
Note: the most senior operations manager on site should be listed first and be present at both opening & closing meetings (ref: clause 1.1.11)					
Name	Job title	Opening meeting	Site inspection	Procedure review	Closing meeting
	Plant manager	X		X	X
	QA manager	X	X	X	X
	Group QA manager			X	X
	Manager Meat Processing	X	X	X	X
	Plant Controlling	X			X
	Maintenance manager		X	X	
	Manager Operations Support		X	X	
	Voorman Expeditie en facilitaire dienst		X	X	
	Flow Manager Ham		X		
	Flow Manager Front		X		
	Afdelingsmanager packing and trimmings		X		
	Afdelingsmanager slaughtering and stables		X		
	Voorman wasserij		X		
	Productie controller			X	
	HR Manager			X	
	HR Officer			X	
	Werkvoorbereider technische dienst			X	
	QA Officer			X	

	Magazijnbeheerder in opleiding		X	X	

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail

Document control			
CB Report number	RQA0732002 job 6478066		
Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16
Directory allocation	Food	*Version*	1.1

Non-Conformity Summary Sheet

Critical or Major Non-Conformities Against Fundamental Requirements			
Clause	Detail	Critical or Major	Re-audit date

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
2.12.3	The stunning equipment is to be checked every morning on WSOP form. There is a new situation now and available are 5 stunning tools. Not demonstrable that all 5 are checked (recorded are 4) and not demonstrable that all sockets are to be checked.	a) Those responsible have been asked to also test the spare manual stunning equipment every morning. This is currently recorded under 'Opmerkingen' on the WSOP form. *See Minor 1 in Appendix 2* b) Before an animal is stunned in the stable, the test box is used to check whether the manual stunning tongs work- adequate current and voltage. *See Minor 1 in Appendix 2*	a) The WSOP form is to be adjusted to include a field(s) specifically targeted to the check of spare stunning equipment. This way it is also clearer for the animal officers that the spare tongs should also be checked daily. b) Lamps will be installed above the socket that burn when there is power as a visual indication that the manual stunning tongs may be connected to the socket.	a) The spare pair of stunning tongs is checked with the test box before use in cases where it is used as replacements. It was not clear that the spare tongs needed to be tested in the morning. b) The entire stable is connected to the same electricity box; all sockets either have power and work or don't work. It was therefore not known that individual sockets needed to be checked.	2024-05-15	
3.9.2	Pallet identification of primary packing material is missing so fifo control is not	FIFO control via storage, issuance and traceability forms is still followed. The technical department	Once the printer has been repaired, the process and procedures will be reviewed and will ultimately include all steps	FIFO is ensured by the method of receipt, storage and issue of the goods. Older deliveries are stored	2024-05-15	

Minor						
	executed as planned/instructed but by label of the supplier. Not always is this label available and demonstrable. Label printer is broken since 8-4-2024. Instruction not clear on usage of this label.	has ordered a replacement for the defective printer part and is awaiting delivery from the supplier. In the meantime, identification labels with item number, receipt date and traceability number are manually printed and stuck on the goods. *See Minor 2 in Appendix 2*	relevant to storage of the goods, identification, system of printing and using the additional labels. The maintenance department has also been asked to always keep a spare printer, so that in the event of malfunctions that cannot be resolved immediately, the spare printer can still be put into use.	on the lower shelves and delivered to the relevant department first, and newer deliveries are placed on the higher shelves. Together with the storage method and the traceability form that includes the supplier's name, item number, traceability number ´), date of receipt, date of commissioning in use in the production area, the FIFO and traceability of packaging materials are kept under control. The label printing is an additional initiative to facilitate this process. The defective printer was reported to the technical department, but the defect was not yet resolved.		
4.4.1	In the area of the ice machine and entrance to the slaughtering observed is loose paint flakes, notices and	Indicator signages with loose pieces have been removed until the ordered new replacements are	If any such deviations in construction or signage are discovered, they must be immediately reported to the	The flaking paint and signage had been noted prior and reported to the maintenance and facilities departments for	2024-05-15	

Minor						
	fittings/kit above open product.	received and installed. The loose fittings have been removed. *See Minor 3 in Appendix 2*	appropriate parties for resolution. In the meantime, the situation should be assessed mid-term by the department manager to ensure that there is no risk to food safety and, if so, apply a temporary corrective measure, for example removing loose pieces until the entire material can be replaced.	rectification, but had not been solved at the time of the audit. The loose fittings/sealant resulted from removal of a damaged signage board.		
4.7.1	system to manage maintenance is to be used for planning and verification of greasing plan. System not correctly in use as seen that greasing of the 'spreidertafel' (220234/GRN03) should be done every second day but not verified that frequency is met as recorded is 14-3, 25-3, 29-3, 5-4, 8-4 and 22-4-2024.	The lubrication plan was discussed with the technicians who were scheduled for the jobs. The jobs were then examined again to verify correct execution. *See Minor 4 in Appendix 2*	Work instructions are being drawn up regarding the lubrication work. A joint meeting will then be planned to give all technicians clear instructions on the correct working method of the 'looproute smeerplan' Furthermore, the work planner checks at least once every two weeks whether the planned routine maintenance activities have been carried out and handled off on the system as it should be.	It turned out that not all technicians are well informed about the correct working method of the lubrication plan 'looproute smeerplan' and how to handle the follow up task on the system. The execution of the tasks was not further checked by the department supervisor(s), so the deviations were not discovered earlier.	2024-05-15	
4.7.4	P1 notification of standstill of middle line in cutting department on 22-4 9:15 hours not	The steps surrounding recording P1 reports on and SSOP have been clarified. Checks	a) After each P1 malfunction notification has been resolved, the technician involved must first complete the SSOP and	a) The technician had received several P1 reports and wanted to resolve	2024-05-15	

Minor						
	recorded on the correct day in and instruction not clear on whether hygiene clearance is to be executed and recorded. Instruction P-GRO-NL-10058 not clear on it.	were carried out in the following days to verify compliance. *See Minor 5 in Appendix 2*	registrations before proceeding to the next notified fault. b) The procedure has been adapted in such a way that all high priority reports (P1: defects during production activities with possible risks for food safety, human safety, animal welfare and downtime on the production lines) made by the department and handled by the TD are registered on the SSOP form and in the event that a hygiene declaration is not applicable, for example when carrying out ICT-related activities, or resetting electrical systems outside the production areas, the option 'not applicable' can be selected under the hygiene clearance related questions.	them, so registration did not take place immediately. b) P-GRO-NL-10058 (SSOP procedure) stated that "if the technical department carries out work in the production department during production, this must be recorded on the SSOP form. The report must state what has been done, a check whether the food-contact surface or space around the activity has been left hygienically and the signatures of department management and technical staff". In the case on the day in question, the malfunction was resolved by resetting an electrical box outside the cutting room, the technician did not come into the cutting room.		
4.9.1.1	In the cutting department is found a yellow box with	The chemical can was correctly identified during	The can that was in the department for refilling the soap dispensers has been removed.	The can in the sealed box contained soap that was used to refill soap in	2024-05-15	

Minor						
	unidentified chemical can in it.	the audit and the box was locked again. *See Minor 6 in Appendix 2*	The soap dispensers are refilled in the hygiene lock. Furthermore, clear instructions have been given that all chemicals must be provided with identification, regardless of whether the cans are in sealed containers or not, for example attached to dispensers.	dispensers at the wash stations in the department. Due to a misunderstanding about the identification of chemical containers in a sealed crate, an identification of the container in question was missing.		
4.9.2.1	Knife policy not correctly recorded during the day on F-GRO-NL- 10190 and 6 knifes missing which is known but not according to instruction..	a) The employee has been addressed that all forms must be correctly completed after the knives have been issued and received/counted. Compliance checks were carried out in the following days. *See Minor 7 in Appendix 2* b) The knives in question were correctly returned at the end of the production run.	a) The production administrators responsible for personnel planning have been addressed to adjust the department planning accordingly by one or two additional employees on such extra busy days, so that practical work as well as checks and registrations can be carried out correctly and in a timely manner. b) smaller crates that fit the available exclusive knives have been ordered and are awaiting delivery. The cutting department and the knife issuing department have been jointly addressed in the meantime to take the production planning into account when issuing the knives.	a) The forms were not completed on time because there was a peak in the work to be carried out due to more staff working the Saturday before and the day itself. b) The knives were not missing; the knives in question have a different blade shape and size and are used exclusively for a specific product cut for a specific customer (when an order for this product is made). There are therefore a limited number of these knives available and they cannot completely fill a 'normal' knife crate, so they	2024-05-15	

Minor						
			This makes it possible that when the specific product is handled, the exclusive knives are issued together with the rest of the other knives in the same crate and are therefore returned together, so that the crates are filled correctly before return to the knife room. *See Minor 7 in Appendix 2* It has also been agreed with all departments that only fully filled crates may be issued by the knife department to the production departments or returned to the knife department by the production departments. Incompletely filled crates will not be accepted by the knife room.	are placed in a crate with a different type of knives. At the time of the audit, the knives in question were in use on the production line for the designated product cut, which made it appear as if the crate with the rest of the other knives was missing some knives.		
4.15.1	Order dolav with shoulders (production date 22-04 and slaughter date 20-4) already in the trailer found to be above 7,0 °C (7,1; 7,2). This is above legal and CCP limit and above customer requirement	The corrective measures were performed as laid down in the CCP procedure. The dolav in question and the dolav on which it was stacked (the temperature of this second dolav was measured below 5 degrees Celsius) were	Additional temperature measurements are taken at the packaging station in the cutting rooms, and no deviations were observed. If deviations from the (customer) standards are observed, dry ice is added to the involved product at the packaging station and this is communicated to the shipping department.	The registered temperature records of the chillers between the relevant slaughter day and production day have been checked, no deviations or particularities were observed (*see 1 in Appendix 1*). The daily registration of the carcass	2024-05-15	

Minor						
	of <5°C. Shoulders were not included in the sampling of n=5 per load.	unloaded from the vehicle and blocked using the temperature deviation form. Additional temperature measurements were taken of the deviating dolav, 10 measurements were noted on the form. The dolavs were taken to the cold room to allow further cooling and dry ice was added. On the day in question at 6 p.m. the temperature of the products was between 5.1 and 5.9 degrees Celsius. This met the CCP standard (≤ 7 degrees Celsius), but not the customer's requirement (≤ 5 degrees Celsius). Therefore, the products were allowed to cool further until the next day. This was passed on to the planning department so that the customer could be	The working method regarding temperature measurement at shipping has been temporarily adjusted from 5 measurements per shipment to 5 measurements per product per shipment. Two additional thermometers have been provided to the dispatch department for this purpose, in addition to those they already have.	temperatures in the chillers (the front and rear carcass per lane) shows that on the relevant production day the carcasses per chiller lane were sufficiently cold (< 7 degrees Celsius) before cutting (*see 2 in Appendix* 1). If it is found that the carcasses are below standard temperature (7 degrees Celsius) but well above specific customer requirements (e.g. 6-7 degrees Celsius), this is communicated to the packaging and shipping departments, measurements are then taken at the packaging stations, and if necessary, before the cut products are transferred to the buffer cell for cooling, dry ice is added to enable further cooling. All necessary steps are taken to ensure that the products reach the required temperature before		

Minor						
		informed about the delay in delivery. The next morning the products were measured by the shipping and quality department; the temperature was between 2.8 and 4.6 degrees Celsius. The blocked products were then released by the quality department and further destined for a different customer than originally intended. This is because the initial customer has a different temperature requirement for products shipped on a later day than the production day (≤ 2 degrees Celsius). In the subsequent days, there were no temperature deviations observed. *See Minor 8 in Appendix 2*		shipping, as it is not permitted to use the transporting refrigerated trucks to cool the products. On the production day in question, the measured temperature of the products in the cutting room was between 2.6 and 3.9 degrees (*see 3 in Appendix 1*). No deviations regarding the cooling system, temperature or retention time of products were reported in the cutting room. The intervals within which the packaged products were transported from the two shoulder lines for weighing and cooling were also examined- these were less than 10 minutes (*see 5 in Appendix 1*). This confirms that there was no discrepancy regarding how long the dolav in question remained in the department.		

Minor						
				The temperature of all outgoing and incoming shipments is established as a CCP; 5 temperature measurements must be taken per shipment. If a deviation from the standard is found, procedures have been drawn up and trained employees carry them out and record them. For the products to be measured, if there are multiple containers or pallets, the first container, three in between and the last container are measured. Until this exceedance was noticed, all measurements taken at dispatch on the day in question were within the set standards. A record is kept of the CCP measurements; In the current year, 5,158 CCP monitoring (25,790 measurements), had been carried out up to April 22; of which an exceedance was		

Minor						
				detected only once and in 1 measurement. The corrective measures were then (30-01-2024) carried out and recorded according to the established procedure. We zoomed in further to view the temperatures of all shoulder products measured at dispatch in the week prior to the observation in question and there were no findings of exceedance (*see 6 in Appendix 1).* Following the finding at the time of the audit, subsequent measurements carried out during shipping showed no deviation (*see 7, 8 in Appendix 1*). In the following days, additional temperature measurements were taken at the packing station on products in half-filled dolavs and full dolavs, the measurements were within the standards in all		

Minor						
				cases (*see 9, 10 in Appendix 1* and *Minor 8 in Appendix 2*). The investigation conducted did not reveal any malfunctions or particularities in the cooling chain or production processes that could explain the observed exceedance. Based on the above points, the exceedance is regarded as an incident. The appropriate corrective measures were carried out on the day in question.		
6.1.1	In the cutting department the presence of the meat is limited to 1 hour for a full dolav. Not demonstrable is how this requirement is controlled.	The daily checks during the SSOP checks continue to be executed, there have been deviations observed- no exceedances of the product temperature above 7 degrees Celsius or containers filled with products that are in the department when they should have been removed. Additional	The SSOP form will be adapted with an additional field specifically aimed at checking the residence time of the products in the department. This makes it clearer that the product residence time is monitored daily. The check will be included during the periodic SSOP verification.	According to the procedure, the cut carcass/meat must be cooled within 60 minutes of being in the department (maintained at ≤ 12 degrees Celsius) to prevent the temperature of the meat from exceeding 7 degrees Celsius. This is managed by transporting each full dolav /pallet of crates as soon as they are filled for weighing	2024-05-15	

Minor						
		temperature checks are carried out by the packaging department on products of both full and half-full dolavs. *See Minor 9 in Appendix 2*		and cooling. This is monitored daily during the SSOP checks: the inspector checks whether there are no full containers in the department instead of the chilling rooms, and measures the temperature of some products in the department. This is entered on the forms under the 'Temperatuur' and 'Koelen producten' fields. If there is a deviation, the controller can further specify what the deviation is and what measures will be taken to correct it. *See Minor 9 in Appendix 2*		

Comments on non-conformities
Click or tap here to enter text.

Additional Modules / Head Office Non-Conformity Summary Sheet

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Audit team

Lead auditor		
Auditor number	**First name**	**Second name**

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Remote or physical	Professional recognition number
			Auditor	2024-04-22	08.30	17.00	P	
			Auditor	2024-04-23	08.30	17.00	P	
			Auditor	2024-04-24	08.30	13.00	P	
			AUT	2024-04-22	08.30	17.00	P	

			AUT	2024-04-23	08.30	17.00	P	
			AUT	2024-04-24	08.30	13.00	P	

1. Senior management commitment

Policy
The site policy is documented in: **F-GRO-NL-10144**
It is signed by the person with overall responsibility for the site.
Commitment to continuously improve the site's food safety and quality culture is included.
Communication to staff: Displayed in key areas on notice boards and in the companies app.

Product safety and quality culture plan
The level of culture at the site is identified by introducing and implementing a plan for the development and continuing improvement of a food safety & quality culture. Culture aspects are clearly communicated through various channels (policy, induction program, annual newsletter).
The culture improvement plan is documented in: **P-FOOD-10059 on HQ level and in a project plan for implementation onsite dd 11-4-2024.**
Activities undertaken, involving all sections of the site: year-end meetings with personnel, food safety training, whistleblowing policy, sign up to business code of conduct.
Success of the plan is measured through monitoring of actions taken during management meetings. Tier 1 boards show current performance against the objectives for the benefit of the staff.
Plan is ongoing. During this audit, the implementation of this plan was also verified on the factory floor and all other departments that were audited.

Date of last review of plan: **11/04/2024**
Frequency of reviews: annually
Senior management were able to discuss the plan during this audit (spoken to Plant Manager).

Food safety and legality objectives
Notable food safety and quality objectives include:

- **Complaints**
- **Microbiologiscal results**

Objectives are monitored quarterly by Management team of the site.
Key results or significant trends: the site is meeting established objectives.

Management review
Frequency of management review meetings: annually. All required items are discussed.
Who typically attends the meeting: plant manager, 3 flow managers, QA manager, several departmental leaders.
Date of last management review meeting: **11/07/2023**
How minutes and actions are communicated to staff and recorded: Senior management is present during most meetings. Meetings are sufficiently provided with action lists with timescales, responsibilities and recording of status.

Regular meetings
Routine meetings are held in which food safety, authenticity, legality, and quality issues are discussed.
The structure is documented.
How minutes and actions are communicated to staff and recorded: emerging actions are discussed in the Tier meetings and huddles with Tier 1 held with operatives daily and Tier 2 with line management weekly.
Minute meetings reviewed: **15/04/2024**.

Previous nonconformities
All previous non-conformities have been closed out suitably.

Thorough root causes are identified through application of a 5-Why/Fishbone diagram. Preventive actions are effectively implemented to prevent re-occurrence. A CAPA excel list is maintained.

Organisational structure, responsibilities, and management authority
The site organization structure is documented in: **P-GRO-NL-10117 v33 13-4-2024**
Management structure:
The senior management has appointed qualified employees for key functions. Responsibilities and competences are detailed in job descriptions. Employees in key functions and the members of the Incident Management Team are announced in the production site. Also, Members of the Food Safety Team are announced. Substitutes have been clearly appointed in case of absence of the responsible person.
Current structure and reporting are up to date.
External expertise is used (HQ Group and other VION QA managers). These persons also support the internal audit programme.
Overall responsibility for the day-to-day management of the food safety system is with the Plant Manager and Production Manager (deputy).

Reporting food safety issues
How food safety risks, concerns or non-conforming issues are reported by staff and resolved:
Feedback from personnel on factory floor demonstrates that staff is aware when, how, and to who report food safety issues to. The company keeps up to date with emerging issues, legislation, and good practice through customers and HQ. Many customer audits are executed on site yearly.

A whistle blowing system is in place and employees are free to leave anonymous concerns by phone or mail. HQ HR is responsible for monitoring and cascading this to the relevant stakeholders across the site.

The following supporting evidence was reviewed:
MRM over Q3, Q4 2022, Q1, Q2 2023 dd 11-7-2023
MRM over Q3, Q4 2023, Q1 2024 dd 15-4-2024
Project letter on FSQC plan with 3 pilots
P-GRO-NL-10117 Organigramm v33 13-4-2024
P-GRO-NL-10152 Deputation

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
	Na

2. The Food Safety Plan – HACCP

There is one HACCP manual described as the: **Quality Online application.**

HACCP Team
The food safety team is detailed in: **P-GRO-NL-10140**
The team leader is qualified and limited experienced but assisted by HQ and group QA managers. The team is multidisciplinary, experienced, and knowledgeable in their fields with required level of food safety training. The HACCP Team is led by the plant manager who has more than 20 years' experience in the food industry. The other members all had appropriate training and experience.

Scope of HACCP
The HACCP system scope is documented in: **In P-VION-10000**. It covers relevant processes and all products on site.
Vulnerable groups have been identified. Product is suitable for regular consumer groups.
Product descriptions are detailed in: **in finished product specifications**. Relevant information is described and information on food safety is included.
The scope accurately reflects all products on site.

Process flow diagram
Record key process steps/operations to manufacture products within the scope of certification:
Delivery of pigs, slaughtering of pigs and sows, cooling, dividing, deboning, cutting, trimming, packing, store and dispatch of pork and pork by-products. A set of flow diagrams is part of the HACCP documentation, the steps are receiving pigs/sows, dirty and clean section of slaughter process, cooling, dividing, deboning and cutting, packing, store and dispatch. The flow diagrams accurately reflect the production processes (seen flow docs Routing in P-GRO-NL-10183 dd 20-2-2023

Record date and reason of last verification: **11/07/2023**
Flow-diagrams are maintained and signed as verified by members of the HACCP team; all were reviewed during the HACCP review.

Hazard analysis
HARA is based on comprehensive information sources**.**
Severity vs likelihood is considered.
Outline hazards considered specific to each process step:

- foreign bodies, pesticides, chemical risks (including lubricants, cleaning and disinfectants and bacteriological risks, radiological,amongs others

CCPs, limits and controls
Provide CCPs / PRPs details:

#	CCP	Control measure	Critical limit	Monitoring frequency
1	Faecal contamination of carcasses	Visible detection faecal contamination	zero tolerance for visible faecal contamination just before the carcass cooling step	25 carcasses per hour
2	product temperatures at dispatch for organs	Thermometer	<3°C	Every load 5 measurements
3	product temperatures at dispatch for fresh meat	Thermometer	<7°C	Every load 5 measurements
3A	product temperatures at dispatch for vacuum packed products	Thermometer	<6°C	Every load 5 measurements
5	Incoming/returned organs	Thermometer	<3°C	Every load 5 measurements
6	Incoming/returned meat	Thermometer	<7°C	Every load 5 measurements

Examples of corrective actions:

Actions when monitoring level exceed acceptable limits are documented within the HACCP plan, recorded and investigated. Based on live demonstrations and records checked during this audit all CCPs are in control conform the work instructions.

Validation, verification and review:
The company has effectively validated and verified the HACCP/Food Safety Plan, including the critical limits, control measures and PRPs specific for controlling food safety hazards. Procedures of verification have been established.

Procedures include performing internal audits, review of records where acceptable limits have been exceeded, review of complaints (by enforcement authorities or customers), review of incidents (of product withdrawal or recall). Validation of the new stunning equipmen(. CO2 is the last validation observed.
Documentation and record keeping is verified.
Results of verification/validation are recorded and communicated to the HACCP food safety team.
Validation was sampled for the CCPs.

Frequency of planned HACCP system review (at least annually): annually
Date of last review: **11/07/2023**
Completed by: QA manager and plant manager
Reason for completion: **annual exercise.**

The following supporting evidence was reviewed:
- CCP overview
- Procesflow diagrams
- Meeting minutes HACCP/MT team in

Minor: The stunning equipment is to be checked every morning on PRE-SSOP form. There is a new situation now and available are 5 stunning tools. Not demonstrable that all 5 are checked (recorded are 4) and not demonstrable that all sockets are to be checked.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
	na

3. Food safety and quality management system

3.1 Food safety and quality manual, 3.2 Document control, 3.3 Record completion and maintenance

Food safety and quality manual
The Food Safety & Quality Manual with department specific work instructions are available on the network) and at point of use as demonstrated throughout the audit. All procedures and work instructions are in Dutch, German and English; all staff are expected to have appropriate levels of one of these Language skills. Documentation seen is up to date. Only QA can make the changes into the system. Changes are indicated in the procedures in a yellow color.

All documents seen during the audit were complying.

Record completion and maintenance
Records are in good condition and retrievable electronically or on site. Records retained as a minimum for the shelf life +1 year.

The followin~ supporting evidence was reviewed:

-
- Digital and paper records

3.4 Internal audits

The following document(s) define the process: **P-VION-10011**
The audits generally follow ISO9001 and BRCGS guidelines and clause structures.

Internal audits are conducted: quarterly. The programme includes at least four different audit dates spread throughout the year and is risk-based, considering any previous audit findings.

Internal audits are performed by the QA managers of affiliating sites and group QA managers to maintain independency.

Auditor competency has been demonstrated through training records, sufficient knowledge of the products and processes and experience.

Internal audits are reported in fixed formats with annexes per scheme. BRC is annex 3 to the audit report. Objective evidence of compliance and non-compliance are reported. The audit criteria are clearly referenced. Findings are included in a central log, monitored for follow-up, and evaluated in management meetings. Follow-up actions include immediate correction, root cause analyses and corrective action. Responsibilities and timescales for verification/closure of findings have been defined.

Internal audit reports reviewed during this audit: **01/06/2023**, **07/06/2023**
The reports reviewed detail conformity as well as non-conformity. A few minor nonconformities have been raised with no trends identified. Root cause by several means as DMAIC/5-Why is included where required. All actions were closed within the due date. Audits contained a good amount of detail.

A separate program of internal inspections of factory environment and processing equipment is undertaken daily by pre-SSOP control.

Inspections are performed by using a digital checklist which includes a clear action list. Performance is measured based on a scoring system and link to a KPI. Actions in response to deviations are recorded, cascaded to team leaders for follow-up, and discussed in HACCP meetings. Completion of actions is verified upon the next inspection by responsible person. Effectiveness of the system is discussed in the Management Review.

Inspection report reviewed during this audit: **24/01/2024**. A few minor issues had been observed. Follow-up of actions is demonstrable with records.

A separate program of internal inspections of factory environment and processing equipment is undertaken daily by SSOP and Pre-SSOP.

The following evidence was reviewed:
- Procedure P-VION-10011 Internal audits including the planning
- Results of internal audits and inspections in the management review
- Internal audit reports dd 01-06-2023, 07-06-2023
- Pre SSOP and SSOP of 24 and 25-01-2024, the days of the trace test example.
- Verification list of all PRE-SSOP and SSOP inspections
- Action list of findings in all audits

3.5 Supplier and raw material approval and performance monitoring

3.5.1 Management of suppliers of raw material and packaging

The company's raw material risk assessment, including primary packaging is documented in: **P-NLFOOD-10055 Management of suppliers of raw material, services and packaging.**
All potential risks have been appropriately considered.
Significant risks include: **status of the pigs on diseases or physical wellbeing.**

The risk assessment forms the basis for the raw materials acceptance and testing procedure and for the processes adopted for supplier approval and monitoring.

The supplier approval procedure is documented in: **P-NLFOOD-10055** and responsibility and initiation are with HQ.
Procedure is found to be suitable and effective.

List examples of suppliers reviewed during this audit:

Name/Initials supplier	Supplier of:	Method of assessment	Evidence seen
VIO Farming	Pigs and sows	VKI status of farms	VKI's
	Foil	GFSI certificate	BRC Packaging certificate
, Pest management	Services	IPM certification	IPM certificate

All suppliers are evaluated: annual
Suppliers are rated on quality, service, delivery, and complaints. All suppliers graded satisfactory in the past year.

Suppliers, that are not audited or certificated, have been traceability tested on first approval and then at least every three years: **na**

For raw materials purchased from an agent, broker or wholesaler, is the identity of the last manufacturer, packer or consolidator of the material known: **na**

Traceability system is verified through: GFSI certification of the manufacturer.

Handling exceptions and absence of information is considered in the supplier approval procedure. Exceptions can be made on supplier status and when information is not available straight away. But this should be fixed within 3 days otherwise the supplier is taken of the approved supplier list and blacklisted.

The following supporting evidence was reviewed:

- Supplier evaluation Form latest update dd 29-02-2024 on template EN-01-2023.

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

Procedures for the acceptance of raw materials and primary packaging on receipt is in place and based on risk assessment (see 3.5.1).

Deliveries are visually checked for product integrity, labelling and cleanliness. Based on risk assessment, food safety hazards are controlled through COAs, internal analysis etc. Samples have been taken (see below).

The requirements to be met for acceptance is identified for all raw materials (including primary packaging). Parameters for acceptance and frequency of testing has been clearly defined, implemented, and reviewed.

The following evidence was reviewed:
F-GRO-NL-10178 Traceabilityof packaging material
VKI's of several farmers/UBN's
BRC Certificate of ' valid untill 2025-01-10

3.5.3 Management of suppliers of services

The following services are used:

- Pest control
- Maintenance
- Laundry services
- Contracted cleaning
- Transport
- Off-site storage
- Temporary employees

Approval and monitoring for ongoing performance are described in the company's supplier approval procedure (referenced under 3.5.1). Service suppliers (based on risk assessment) are evaluated annually.

Contracts are in place that clearly define service expectations. Food safety aspects are appropriately addressed.

Examples assessed during this audit:

- **Pestanagement**

Many suppliers of services are long standing with a good history of supply and contained on the approved supplier list from initial approvals.

Management reviews include performance of suppliers of services.

The following evidence was reviewed:
P-FOOD-10026 on Product and service requirements Management of suppliers of services

3.5.4 Management of Outsourced processing
Outsourced process steps to a third-party or undertaken at another site is: **not applicable**

3.6 Specifications

Suitable specifications are maintained for all raw materials (including primary packaging) and finished products and were reviewed from the auditor traceability exercise.

Specifications are held electronically (MDM) and access is restricted to the compliance team on HQ level.

Specifications include limits for relevant attributes (relevant chemical, microbiological, physical and allergens). Key data is included to meet customer and legal requirements and to assist the user in the safe usage of the product.

During the audit, several specifications were reviewed:

- Finished product: art Trimmings 95/5 dd 10-10-2022
- Packaging produced by
- Cleaning agent: cleaning detergent by , SDS and TDS online available
- Lubricant: by , SDS and TDS online available

All were seen to be clear and accurate.

Formal agreement of customer branded products is verified through the system of the retailers (for instance SIM, Trace one, or GS1). Verified customer approval during the vertical traceability exercise.

Frequency of review of specifications: at least every 3 years or if changes occur.

The following evidence was reviewed:

- **Application MDM with all finished product specifications**
- **List of all chemicals onsite**
- **Overview of food grade greasings in maintenance workshop**

3.7 Corrective and preventive actions

Procedures are in place for handling and correcting issues identified in the food safety and quality management system. This is documented in:

Identified issues are logged in: the site central CAPA list, which is an overview in

During this audit, several samples were taken to verify effectiveness of corrective and preventive actions. Thorough root cause analysis is performed by the HACCP team. Usually a 5-Why method is applied to expose the underlying issue and to determine appropriate preventive actions.

This approach is applied for: internal audits findings, nonconformities raised by external audit bodies, complaints and found to be suitable and effective. It meets the expectations of the BRCGS standard (i.e., section 3.7)

Timescales for completion are agreed upon and recorded. No issues noted regarding exceedance of due dates.

Actions and status of CAPA list are discussed during: MT/HACCP meetings.

The following evidence was reviewed:

- **Minutes MT in**

3.8 Control of non-conforming product

Control of non-conforming product is detailed in: **P-GRO-NL-10168 non-conforming products**

Raw materials and (semi)finished products are checked regularly during the process stages.

Corrective and preventive actions are described in several work instructions (see previous section). Clear process which is well understood by staff that was interviewed during the audit.

Non-conforming products are physically labelled by placing in CAT2 or CAT3 carriers.

Responsibilities regarding release of products on hold lies with QA and follows a clear decision-making process.

Records are kept of decisions made and where product is destroyed for food safety reasons.

Example seen of non-conforming product incident: **during the audit temperature of goods already dispatched and in the trailer was too high. Product was blocked and segregated.**

The following evidence was reviewed:

- **Blocking form F-GRO-NL-10003 v9 10-06-2023**

3.9 Traceability

The traceability process is documented in: P-GRO-NL-10181

Traceability through the process:
Traceability system operates through computer system and paperwork enables trace of raw materials and packaging from supplier through processes to packing and dispatch. Incoming pigs and sows are entered into the ERP system and classified. After cutting carcasses is transported from the warehouses to the production facilities and further on. Recording of batch information packaging materials, rework batches or pallets to be re-used on the production record sheets (as reviewed for vertical audit).

Traceability marking on products:
LOT codes are printed on all carcasses, intermediate/semi-processed products, part-used materials, finished products and materials pending investigation which enables retrieval of all required data.

Traceability test details company:
Frequency: annual
Last test conducted: **13/03/2024**
Product **4 tests during this audit**:
Lot code: **na**
Results are retained as documented information and reports include all relevant information and data (including mass balance information). Traceability is achieved within 4 hours.

Vertical audit details:
Finished product: **art) Hamvlees**
Raw materials: **18 UBN's**
Printed packaging and labels:
Production/packing date: **24/01/2024**
Quantities reconciled: 2511,5 kg delivered on 24-01-2024

Key documentation reviewed including process control and quality control documentation:
Of slaughtering date and production date all Pre-SSOP's and SSOP, VKI's of 3 out of 18 farms were checked, quantity records in : and several other applications.

Summary traceability and vertical audit:
Fast tracing (forwards/backwards) including packaging was possible in the records/system. Rework is not used. No product in stock, all sold. Seen product specifications of finished product, receipt records, food compliance certificate is verified. Fully traceable one-step-up and one-step-down the system, including packaging. Verified records of CCPs and PRP's, delivery control checks, production checks, calibration and analyses were verified too. Time to perform the test was respected (<4h). There were no issues found during the product traceability and all documents showed control over the system for food safety by the organisation. Food contact materials legalization is fully implemented. The company's traceability system is found to be effective.

Minor: Pallet identification of primary packing material is missing so fifo control is not executed as planned/instructed but by label of the supplier. Not always is this label available and demonstrable. Label printer is broken since 8-4-2024. Instruction not clear on usage of this label.

3.10 Complaint-handling

Complaint-handling is documented in: P-FOOD-10033

Follow-up of complaints is managed through: Excel list. Complaints are handled centrally using the Tier 1 system and investigations are completed by the site and returned to the central function for responses. Corrective actions are carried out promptly and effectively. All complaints were following investigations.

Product complaints:
2022: **40** complaints/month
2023 YTD: **40** complaints/month. Q3: 55, Q4: 35, Q1: 67

Top 3 complaint reasons:
1. Foreign bodies
2. Quantity issues
3. Labelling issues

A trend analysis is maintained and documented and discussed in management meetings (including the management review).

There has been no significant increase in a complaint group.

The following complaint samples were taken:
- Compaint on
- **MRM complaint overviews per quarter**

3.11 Management of incidents, product withdrawal and product recall

The company has procedures in place to report and effectively manage incidents and potential emergency situations that impact food safety, authenticity, legality, or quality.

Contingency plans have been considered, including the need to withdraw or recall products.

There is a documented product withdrawal and product recall procedure: **P-FOOD-10015 Crisis Manual**

The recall procedure identifies those who are to be notified (including CB, LRQA) in the event of an incident where product safety or legality is in question. There is a recall plan which is supported by a recall checklist. Mobile phone numbers for the senior management team are available for out of hour's emergencies. Recalls

are categorised as critical (food safety, allergens, FBs, health, pest, and legislation) and non-critical (quality, coding and packaging).

LRQA is referenced as contact, indicating that incidents/withdrawal/recalls shall be reported via the website within 3 days of the event.

No withdrawals/recalls occurred since the previous visit.

Date of last incident management procedures test: **13/03/2024**
Type of test completed: recall/withdrawal/incident.

Mass balance information is included in the report. Traceability is achieved within 4 hours. Successful test conducted. No improvements have been required as result of the outcome.

The following evidence was seen:
- IFS PIA audit in which recall and tracebility system was tested.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
3.5.4	No processing or primary packing is outsourced.
3.9.4	No rework takes place

4. Site standards

4.1 External standards

Plant located in an industrial area in a rural environment.

Site boundaries are clearly identified. Premises is fenced off with security gate access to the facility.

Types of buildings include stables and life animal truck cleaning facilities, production facility, storage buildings, offices, crate and dolav cleaning building also used for storage of packing material, and maintenance workshop.

Site security:
Unauthorised access is prevented by use of badges access. Visitors/contractors must register at the security building. Several CCTV cameras are installed.

Supervision by maintenance staff. Truck drivers need register before they can enter. The company is always guiding the visitors while visiting the production areas.

External tanks are in place and locked when not in use. This was checked during the audit outside tour. Access to these tanks is controlled through the site key plan.

Good condition of constructions noted. No risks have been identified related to the external environment. Site area is properly maintained.

The following evidence was reviewed:

- Stables are being rebuilt currently, an operation of more than a year in which relocation of several facilities is seen.
- All gates are closed and access only on audthorisation by porter.
- Building activity crates debris and surrounding is not so well maintained as observed during previous audits.

4.2 Site security and food defence

The individuals or team completing threat assessments and food defence plans have the appropriate knowledge**.** The Team is also the site MT/HACCP team. Awareness training was seen for team members.

There is no legal requirement for specific training.

Food defence risk assessment is documented and based on TACCP: P-GRO-NL-10231

Risk score calculation based on impact and likelihood of occurrence. The threat assessment includes both internal and external threats. The site has established a documented food defence plan covering assess points and controls.

Examples of threats that have been determined **unauthorised visitors,** :

Appropriate control measures are developed and implemented: **gate control and visitor registration**

Access is via key coded doors and combination locks. There is an electric gate that can be used outside of normal operating hours. Security training is included for all staff as part of the HACCP induction to site.

Raw material storage areas are controlled and internal. No external intake points.

The following evidence was reviewed:
Latest review of threat assessment documented in the MRM dd 11-07-2023.

4.3 Layout, product flow and segregation

A lay out map with flow of processes and movement of personnel is present, including zoning. This is documented in **the new map created after current building activity.**:

Production risk zones (based on BRCGS Annex 2):

- Open product areas: (all low risk: low risk production zone identified due to processing of raw pork)
- Enclosed product areas: warehouses and storerooms
- Non-product areas: canteens, laundries, offices

Contractors and visitors, including drivers are informed of the requirements for the areas they are visiting through hygiene rules, placed on walls and to be signed in contract or during visit (visitors and contractors).

Premises allows sufficient working space and capacity to work in a proper way. There were temporary constructions noticed during this audit. Also, there was modernisation work in progress during this audit.

There is a site plan for the plant. The routing for the removal of waste products is also demonstrably stated.

The following evidence was reviewed:
- Several maps indicating old and new situation
- Building activities caused no impact on open product areas

4.4 Building fabric, raw material handling, preparation, processing, packing and storage areas

Building materials were in good condition. Smooth cement floors, walls, and ceilings from metal cladding.

Condition of building was good. No deteriorated doors or gaps evident. No suspended ceilings and internal drains.

Elevated walkways in the cutting area, no access steps or mezzanine floors that are adjacent or above open product. Ventilation controls in place to ensure good air flow.

Protected glass, no windows could be opened in the processing areas.

Doors in good condition, docking doors with socks and protection, walk external doors are well fitted and kept closed when not in use.

There is a dedicated washing area present. The washing of equipment is done separated from production. No plastic strip curtains present.

The following evidence was reviewed:
- Clean and hygienic open product areas

Minor: In the area of the ice machine and entrance to the slaughtering observed is loose paint flakes, notices and fittings/kit above open product.

4.5 Utilities – water, ice, air and other gases

Water is used as: **cleaning and ice production to add to product to cool.**

Source(s) of water supply:
- Municipal/city (cleaning, handwashing)
- In-house treated (Yes. Descaler system installed to prevent equipment damage)
- Storage or holding tanks (demi-water)

Only potable water is used.

Microbiological or chemical testing is undertaken: quarterly
Water testing is completed to ensure the requirements of ‘ Drinkwaterbesluit’ are met. Analysis reports for chemistry and microbiology are completed checks via an accredited external laboratory.

A water system distribution schematic diagram is available, including soft water and holding tanks. Although building activity not yet new plan available

Sampling points include: ice machine and canteen water

Gas used in packaging: **N**
Compressed air used: **Y**
Purpose of compressed air use: machine steering
In direct product contact: **N**
Filtered at point of use (when in direct contact): **Na**

Checks are done on filter replacement as part of the preventive maintenance program. Filters are of the class 1.2.1 to 1 micron.

No air, steam or other gases are in contact with products.

The following evidence was reviewed:
- Past year compressed air was used to blow loin but that process is stopped.
- Water analysis conducted as planned and all results within limits.

4.6 Equipment

Key production and product-handling equipment include: **slaughtering line, cutting lines, trimming-mix line.**

Equipment is suitable and designed for the intended purpose, mostly stainless-steel construction.

Line equipment is sourced through procurement, specified, tested, and commissioned before use.

Equipment which is in direct contact with food is suitable for food contact and meets legal requirements where applicable.

Purchase specifications are in place to ensure new equipment meet legislative requirements and is suitable for food contact where appropriate.

Equipment is made of stainless steel. Conveyor belts are to be in contact with food.

There is a procedure for moving static equipment detailing preventing potential risks to food safety and equipment integrity. Equipment that is not in use is always taken into the cleaning schedule.

Mobile equipment and battery-charging equipment is in use, potential risk to the product is prevented by means of separate storage and up to date maintenance. Because of poor state of moving equipment cleaning frequency is intensified.

The following evidence was reviewed:
- Suitable slaughtering line, dirty and clean part
- Cutting lines in cutting department and second cutting department
- System to transport clean crates to the cuting lines and dirty from the cutting lines.

4.7 Maintenance

Preventative maintenance
Maintenance management system: Application used for PPM work.
Frequency of main checks: weekly, monthly, quarterly, and bi-annual PMs are completed.
Notable equipment include: capital intensive slaughtering equipment, cutting lines, several utilities including cooling capacity, large crate washing equipment.

Preventative maintenance covers all plant, processing equipment and mobile equipment.
Contractor services are used for: most utilities, calibrating services, servicing of slaughtering equipment.

Samples seen and completed to schedule:

- Greasing jobs for 'spreidertafel'
- Calibrating metal detectors
- Servicing cooling system including checking of PT100 thermometers

Inspection of equipment condition
Inspections for damage and wear are completed daily on the Pre SSOP forms per department by production personnel.

Temporary maintenance
Temporary repairs are controlled via SSOP forms: maintenance workers have to sign of jobs on this form. In case of breakdown via portofoon P1 is called which notification is taken up ir

Handover
Suitable handover processes are in place after maintenance work to eliminate foreign matter risks generated.

Lubricants
Range of food grade lubricants used. of supplie is sourced. MSDS with compliance to NSF H1 and Allergen Declaration available.

Overall cleanliness engineering workshop
The workshop was well maintained and has not entrance to production areas as in a separate building onsite. There is also a dedicated rest room, changing room and wand wash present.

The following supporting evidence was seen:

Minor. system to manage maintenance is to be used for planning and verification of greasing plan. System not correctly in use as seen that greasing of the 'spreidertafel' (220234/GRN03) should be done every second day but not verified that frequency is met as recorded is 14-3, 25-3, 29-3, 5-4, 8-4 and 22-4-2024.

Minor: P1 notification of standstill of middle line in cutting department on 22-4 9:15 hours not recorded on the correct day in and instruction not clear on whether hygiene clearance is to be executed and recorded. Instruction P-GRO-NL-10058 not clear on it.

4.8 Staff facilities

Changing facilities
Several designated changing facilities for staff in place that are appropriately sited. Partly sloped lockers observed for storage of outdoor clothing, and a separate area for protective clothing.

Workwear is laundered by external service supplier to a defined process and brought to site in a closed container. Captive site shoes are stored in the work-wear locker when not in use.

Handwashing and shoe washing
Hands-free operable handwash facilities located in several areas at entrance to production, equipped with an adequate supply of water delivered at a suitable temperature, soap and drying facilities. Advisory signs for prompt handwashing are displayed above the sinks. Shoe washing brushes on entrances to cold open product areas.

Toilets
Toilets provided do not open directly into production or packing areas. Adequate hand-washing facilities are provided within toilets conform 4.8.5.

Catering facilities
Several rest room areas for food storage and eating; catering facility in place. There are also vendors for food and drink. Staff fridges were seen to be clean and maintained.

4.9 Chemical and physical product contamination control: raw material handling, preparation, processing, packing and storage areas

4.9.1 Chemical control

An approved list of chemicals is available and documented in: **(greasing and technical) and application (cleaning).**

Chemical containers including cleaning chemicals are clearly labelled and separately stored in secured compounds.

Safety Data Sheets / specifications are available, and samples have been taken: online and online greases.

All chemicals as sampled are suitable for the intended application.

Waste handling and spillage control is effectively managed.

Minor: In the cutting department is found a yellow box with unidentified chemical can in it.

Minor: Knife policy not correctly recorded during the day on F-GRO-NL- 10190 and 6 knifes missing which is known but not according instruction..

4.9.2 Metal control

The following type of sharp metal equipment is used: blades, saws, knives. No snap-off blades used.

Several examples were seen on the factory inspection and observed to be in a satisfactory condition.

Condition and integrity are monitored: by PRE-SSOP on daily hygiene audits; see section 3.4.4 for details.

Staples, paper clips and drawing pins are not used in open production areas.

4.9.3 Glass, brittle plastic, ceramics and similar materials

Monitoring of glass/brittle, plastic and ceramic items is done through monthly hygiene audits.
Records were seen for: monthly hygiene checks per department by QA officers.

Besides monthly audits, inventory is checked: daily by Pre SSOP.

No glass incidents to date took place since the last audit. Staff is well trained in process and mock incidents which were part of the training (training is repeated at least once per two years).

Windows are protected against breakage with foil.

4.9.4 Products packed into glass or other brittle containers

Products are not packed into glass/brittle containers.

4.9.5 Wood

Wood is not allowed (and not present) in and near open product areas.

Wooden pallets used in storage areas for packing material but go not in production.

4.9.6 Other physical contaminants

Describe any other specific controls on physical contamination such as packaging:
Deboxing and debagging procedures include controls for physical contamination and is executed in separate areas.

Management of portable handheld equipment:
Metal detection is used. Single piece detectable biros are used with no small parts evident.

Other types of control for contamination not covered in section 4.9 are not required.

4.10 Foreign-body detection and removal equipment

4.10.1 Selection and operation of foreign-body detection and removal equipment

Detection equipment (4x metal detection) is installed as result of the risk analysis and is controlled as CP.

The sensitivity of control measures is appropriate as determined through validation study.

No other types of foreign body contamination removal are used.

Escalation procedure in place in case of breakdown incidents. Detected foreign materials are evaluated and analysed by QA.

Several foreign bodies detected recently, related to justifiable incidents.

The following evidence was reviewed:

- 4 metal detectors in place and 1 x ray for fat measurement, also capable for foreign bodies.

4.10.2 Filters and sieves

No filters or sieves used.

4.10.3 Metal detectors and X-ray equipment

Metal detection is not used. The HARA determines that filtration within the manufacturing process provides a higher level of protection than metal detection. Industry standard foreign body detection is via sieves and filters.

Metal detection equipment installed as result of the risk analysis and are controlled as CP.

Monitoring frequency: beginning/end of the day, every 2 hours and between breaks, depending on operating hours per line.

Metal detection verification is performed through test sticks. The testing procedure is found to be suitable. No history of failed (metal) tests.

Corrective actions are clearly defined in the CP control plan. Data is maintained in documentation. The sensibility of the detector is justified. A belt stop and alarming system is in place.

Metal detection (CP) was tested during this audit. Correct operation was observed in line with the work instruction.

In case of detection of foreign body contamination, the material is analysed by QA/QC.

The following evidence was reviewed:

- Metal detector in the cutting line was tested with rods 5.0 mm Fe, 6.0 mm non Fe, 8.0 mm SS

4.10.4 Magnets

Magnets are not used.

4.10.5 Optical sorting equipment

Optical sorting equipment is not used.

4.10.6 Container cleanliness – glass jars, cans and other rigid containers

No containers are in use. No products packed into glass/brittle containers.

4.10.7 Other foreign-body detection and removal equipment

Other types of control for foreign-body detection equipment not covered in section 4.10 are not required.

4.11 Housekeeping and hygiene

Cleaning is performed by: own personnel (eg crate and dolav cleaning) and external service supplier for daily activities

Documented cleaning and disinfection procedures are in place and maintained for the building, plant and all equipment. Examples cleaning procedures seen included: **P-GRO-NL-10021**

Cleaning methods described are found to be suitable.

Cleaning records were reviewed in both the traceability exercise and on the factory inspection with no issues noted. Cleaning records detail the cleaning requirements stipulated in clause 4.11.2.

Cleaning is monitored through e.g., monthly audits e.g. dd 28-2-2024, microbiological testing, allergen testing (milk absence in slaughter line after sow slaughter).

Limits of acceptable and unacceptable cleaning performance is defined for food contact surfaces and processing equipment, e.g. visual inspections and agar control.

Areas visited on the factory inspection were observed to be clean and tidy.

Specific cleaning operations seen during the audit: cleaning and disinfecting of crates and dolavs, which was carried out conform work instruction and cleaning agent manufacturers instruction.

The following evidence was reviewed:

- Cleaning plan in F-GRO-NL-10021 v17 dd 02-02-2024
- Monthly cleaning verification dd 28-02-2024
- List with chemicals eç and their planned use (5x6 per week alkali cleaning and 1x6 per weeĸ acid cleaning)

4.11.7 Cleaning in place (CIP)

CIP is not applicable.

4.11.8 Environmental monitoring

The environmental monitoring programme is detailed in: **P-NLFOOD-10016**
The programme is risk-based and includes frequency of testing, organisms to be included, typical sampling areas and procedures for out of specification results.

The programme monitors for: TPC, Listeria.

Comment on the results of environmental monitoring programme:
Results seen were within specification aside from one slightly elevated count on coliforms on cutting board that was satisfactory upon retest.

A clear review and trend analysis is in place. Key data and performance are provided as input to the management review (no issues).

The programme is found to be suitable and effective.

The level of environmental monitoring performed is commensurate with the final product risk.

The following evidence was reviewed:

- Kalium-Jodide residue testing strips available during the audit and recorded 4x per year on F-GRO-NL-10091
- Environmental monitoring programme is in place, part of the micro analyses plan (both for environment as well as the products), risk based and includes the sampling protocol on agar including Listeria in different departments of the factory on identified locations including gutters and coolers.
- Listeria is analysed during environment checks as a CP and monitored every quarter

4.12 Waste and waste disposal

Waste is categorized in: **meat related and grey waste in production areas.**
All waste containers were identified with contents.

The factory was seen to be clean and tidy with waste well controlled and no evidence of spillages were observed.

Waste removal is contracted to:
Trademarked waste materials are not present.
Records of destruction are being retained.

4.13 Management of surplus food and products for animal feed

Materials transferred to the animal feed chain:
` are the licensed recipients of Category 2 (e.g. blood) and Category 3 material. In case product is rejected, all packaging including labels will be removed before collection of products for Cat 2. No remarks.

4.14 Pest management

Pest control is contracted to
The scope is detailed as: rodents, flying and crawling insects.

Presence of infestation during the last certificated period caused by massive building activities. None observed during the BRCGS audit. Infestations not inside building and correctly identified and treated.

Routine visits per year: 8x per year
Content of routine inspection: **Rats outside, mice inside, and EFK devices.**
In-depth inspections performed: **1x per year seen 22-06-2023**
Frequency is suitable.

Documentation was well maintained and visit reports fully completed with actions closed in a timely fashion.

The following evidence was reviewed:
Online application with e.g. contract, authorized personnel, plan, inspection results and recommendations.

4.15 Storage facilities

Storage spaces are maintained in hygienic conditions. Waste materials and chemicals are stored separately.

Temperature controlled storage is required, and this is monitored continuously through a central system with alarms when out of set limits.

No products contain allergens so segregation is not required for allergens.

Chemicals and (packing) materials are stored separately from (finished) products. Electric powdered fork-lift trucks are operated.

Only small stocks of packaging materials are kept on site and stock rotation is via and manual system identifying FIFO usage.

Delivery/Storage record sheets are in place for each raw material & packaging item and are kept at their storage location; seen within the traceability exercise with no issues noted.

No outside storage of goods, only dolavs to be cleaned stored outside. Several silos for slaughtering by-products outside.

No controlled atmosphere storage.

The following evidence was reviewed:

- Storage facilities which are temperature controlled by external service supplier and monitored by maintenance.

Minor: Order dolav with shoulders (production date 22-04 and slaughter date 20-4) already in the trailer found to be above 7,0 °C (7,1; 7,2). This is above legal and CCP limit and above customer requirement of <5°C. Shoulders were not included in the sampling of n=5 per load.

4.16 Dispatch and transport

The transport of finished goods is all outsourced to external service providers managed by HQ. There are no company vehicles..

Temperature checks and hygiene monitoring controls are in place for: unloading returns (very limited amount) and loading finished product. This is daily using pre-use check sheets.

Records of evidence were reviewed during the factory inspection and through the auditor vertical audit (see details below)

Vehicles back directly onto loading bays, which are closed with shutter doors when not in use.

The following evidence was reviewed:

- **Temperature checks is a CCP and executed 5x per load by competent personnel.**

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.5.3	No air or gasses used for direct contact. Compressed air is filtered.
4.9.2.2	No staples, purchased of ingredients and packaging which uses staples in use on site.
4.9.4/ 4.10.6	No products packed into glass or other brittle containers
4.9.5.1	No wood is used in open product areas
4.10.2	No filters and sieves applied
4.10.4	No magnets applied.
4.10.5	No optical sorting equipment applied.

4.11.7	No CIP cleaning in use
4.14.3	Pest control is outsourced
4.15.4	No controlled atmosphere storage in use
4.15.5	No outside storage

5. Product control

5.1 Product design/development

The product design/development procedures are clearly detailed in: **Master Data Management application**

There is a process of defining the product brief and agreeing the brief with external customers. HACCP review and sign off, sample agreement, trail review and customer sign off.

Product is mostly minor product adjustments rather than new developments or new materials and allergens. Developments are mostly for customers who provide guidance in each instance.

HACCP team involvement and agreement on customer requirements:
HQ is responsible for product and process alterations and CAPEX system applies.
HACCP reviews are held and include HACCP assessments made by the HACCP team leader for each new cut. The HACCP team also consider any amendments to standard processes.

HQ reviews process specifications and agrees/discusses information areas with customers before final agreements are made.

Trials:
Trials are agreed between the production manager and customers and regular meetings with customers are in place. Seen for customer on art) which originally was in crates and now in dolavs.

Shelf-life validation:
Shelf-life trials follow documented protocols that reflect appropriate conditions. The process is the same for existing products. Results are recorded and most used is the microbiological sampling plan.

The following evidence was reviewed:
- Microbiologiscal sampling plan
- Micro results of product in the tracetest Art) by lab

5.2 Product labelling

The following documentation describes the process: P-GRO-NL-10157 Traceability

Legislation in countries of sale:
Labels are provided for customers but not consumers. Labels are created and printed on site at the point of application and are basic labels with relevant information only and no artwork; seen on the factory inspection. Country of origin, sequential number, slaughter- and/or production date, Licenced authority number, plus any customer requested information.

The following evidence was reviewed:
- Labels seen created all complied with dates and autorithy numbers

5.3 Management of allergens

The following documents form the controls in this area: P-GRO-NL-10139 HACCP analysis

Allergens handled on site are sow milk and sulphites in the offal production department. No risk on contamination with allergens as concluded in HACCP analyses

The risk assessment covers all potential sources, including cross contamination. Measures implemented include: cleaning and segregation.

Claims for individuals:
No allergen claims are made.

The following evidence was reviewed:
- Milk in sows as acknowledged and swab sampling on lactose is in place 2x/y on belt and surface.

5.4 Product authenticity, claims and chain of custody

Product authenticity is detailed in: P-GRO-NL-10157 Risk assessment

Knowledge of the Team
The food defence and fraud team are also the site HACCP team . The team has completed relevant training. The use of raw material and supplier risk assessments demonstrated knowledge of the principle of vulnerability assessment.

The vulnerability assessment covers all the mandatory requirements in section 5.4 of the BRCGS standard.

Examples raw materials, risk level and mitigating controls:
Significant vulnerabilities have been determined. Examples include:
VKI checks on pigs: EKO/Bio, FSA, FSA+, FS, IKB (and Standard) pork meat.
Appropriate mitigation measures are developed and implemented, which include:
Chain of custody audits are done (IFS PIA) by an external certification body (LRQA.

Review of the vulnerability plan is programmed to be completed annually.
Date of the last review: **11/07/2023**

Claims:
A claim is made the Chain of Custody, the chain is communicated and clear devaluating procedures apply following the IFS PIA audits.

The following evidence was reviewed:

- IFS PIA audit by LRQA in March 2024 with >95% result

5.5 Product packaging

The packaging materials for finished products are: **naked hanging on oks, naked in crates, in foil, in foil vacuumed, in crates in dolavs in solid board boxes.**

Suitable packing procedures and materials are in place with relevant (food contact suitability/migration) specifications. The packing suppliers are GFSI certified.

Specification and declarations of conformity seen for the packaging used in the traceability test.

The following evidence was reviewed:
- DOC . and ` foil by supplie

5.6 Product inspection, on-site product testing and laboratory analysis

The testing programme is outlined in: P-NLFOOD-10016

A plan of analysis is available and systematically followed. Product samples are taken from production at the slaughter line (legal compliance) and inline after cutting.

Types of tests and frequency:
Samples are analysed on a scheduled basis by an external accredited lab on Salmonella, Listeria, STEC, Staphylococcus aureus, TPC, E. coli and other.

Summarise test result outcomes / trends and actions taken: no issues.

No onsite laboratories

The following evidence was reviewed:
Trend analyses in ‾ , of swabs from carcasses do show good results within the limits (regarding to EU 2073/2005). Seen Jan-Dec 2023 TPC log<4 tpc/g, Entero log <1,7 (within specification/ far below legislation). Salmonella: several samples of positive results are found, VION KPI max 5%, legislation max 6.5%). All within own limits.
Daily sampling on trimmings, N=5 TPC and Entero's, 1x week Salmonella and Listeria. KPI max log 3.7. Entero's KPI max log 1,7), Salmonella max. 5%, Listeria max. 5%.

5.7 Product release

The site has ensured that finished product is not released unless all agreed procedures have been followed. Hold and quarantine procedures in place in event of non-conformance. Order wise stock control system is used for release of finished product stock. There is no positive release requirement unless specifically requested by customer.

The following evidence was reviewed:
- Release on temperatue which is a CCP.

5.8 Pet food and animal feed
No pet food produced.
5.9 Animal primary conversion
No animal primary conversion.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
5.2.3	No claims in use to satisfy a consumer group
5.3.7	No claims applied regarding the suitability of a food for allergy or food sensitivity suffering
5.6.2.2	No testing laboratory on site
5.8	No product rendered to pet food

6. Process control

6.1 Control of operations

The processes covered on the site include:
Pigs and sow receipt preparation (offloading and resting), slaughtering, cooling, cutting, packing, dispatch and waste disposal.

During this audit all processes were in operation and were reviewed as part of the auditor traceability exercise.

Documented procedures and work instructions are in place that ensure consistent product is produced and packed.

There are dedicated logs for each process which include traceability, process steps, process parameters such as times, temperatures and volumes, set up approval (release) and packing.

The product is subject to CCP and CP (OPRP) checks and these were seen (see details below at evidence).

No products outside of the scope are handled.

The following evidence was reviewed:
- Receiving pigs, slaughtering, cutting and storing

Minor: The stunning equipment is to be checked every morning on PRE-SSOP form. There is a new situation now and available are 5 stunning tools. Not demonstrable that all 5 are checked (recorded are 4) and not demonstrable that all sockets are to be checked.

6.2 Labelling and pack control

There is a clear process for labelling and removal of labelling from the line at a product change over.

Records of checks were sampled from the vertical audit trail.

At the time of the audit there was no change over on the lines so this could not be witnessed. Label control observed by officer on F-GRO-NL-10184.
There is no online verification equipment for the correct label.

The following evidence was reviewed:
- Label control in the cutting department on F-GRO-NL-10184

6.3 Quantity, weight, volume and number control

Weight control is on weights (kg) as seen on the factory inspection and within the trace exercise and satisfactory. Daily checks of scales with weights. Bulk quantities are sold.

No online check weighers.

The following evidence was reviewed:
- PRE-SSOP daily scale check

6.4 Calibration and control of measuring and monitoring devices

There is a clear schedule of calibration for all equipment. The records of calibration were checked for:
- **Metal detectors, x-ray, scales, thermometers, chemical dosing equipment, CO2 detection devices**

Clear records of calibration were seen within defined limits for all the equipment sampled.
Calibration procedure P-GRO-NL-10029
Frontmatic visit for calibration of all scales on 1-11-2023
Calibration of metal detectors on 7-7-2023
Check on calibration weights dd 5-2-2024

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

	na

7. Personnel

7.1 Training: raw material handling, preparation, processing, packing and storage areas

Induction training is required for all new employees and includes the company hygiene rules, site policy, general product safety and quality aspects, etc. There is a 2 yearly refresher training for inductions in place.

Training needs for personnel engaged in activities related to product safety, quality and legality are further defined in a competence matrix.
Employee training is defined in a documented procedure. For operators there are records of sign off against key tasks.

At this visit, several operators and CCP responsibles were sampled. Clear competency records and refresher training records were seen. End-of-year meetings are scheduled with employees.

The following evidence was reviewed:

- Skill matrix per department for all production employees which included personnel on 16-1-2023 and on 2-6-2022
- Skillmarrix with 3 stadia: 1: competent, OP: in training, PO: potential to be trained
- Traings and compentence included in the plan CCP1 to 6.

7.2 Personal hygiene: raw material handling, preparation, processing, packing and storage areas

Hygiene policy is clearly communicated as part of induction programme and displayed on the wall in key areas. All requirements of the Standard are addressed. No deviations from the policy were observed during the audit. Blue, metal detectable plasters are provided in the first aid area.

Visitors are required to complete a questionnaire prior to entrance.

Adequate facilities in place. Handwashing and shoe brushing takes place at entry of all production areas.. No issues observed regarding handwashing stations. Staff canteens and consumption areas are segregated from production areas. 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. Personal items stored in lockers. Lockers for personal clothing. Company clothing handed out every new working day and on request if dirty. Staff changes into workwear on site. Toilets are accessible from the locker rooms, segregated from production. Designated smoking areas available outside of the main buildings.

The following evidence was reviewed:

- Visitor registration including questionnaire
- hygiene rules (handed out at the porter to all visitors)
- Adequate facilities

7.3 Medical screening
Staff medical screening is limited under national privacy law but executed as enforced by some third countries for export licences. Reporting of illness and injuries which might cause a risk to product safety must be reported according to the company hygiene rules. Visitors need to sign the visitor's log and therewith declare adherence to the company rules. **The following evidence was reviewed:** - **Medical screening of SM started 16-1-2023**

7.4 Protective clothing: employees or visitors to production areas
Work wear of personnel includes suitable, protective clothing (including hair/beard nets) that provides adequate coverage. Clothing has no external pockets above waste or sewn-on buttons. Gloves and aprons used in production processes. White and blue clothing available for visitors. Laundering of clothing is done by external service provider ` (professional laundry service). No in-house washing of clothing is done. Segregation of clean and dirty clothing is effectively managed; there are dedicated closed bins for dirty clothing. Clean clothing is provided in dedicated areas by the laundry service provider. **The following evidence was reviewed:** - **Acceptance of clean clothing observed a entrence of cutting area**

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
	na

8. Production risk zones – high risk, high care and ambient high care production risk zones
8.1 Layout product flow and segregation in high-risk, high-care and ambient high-care zones
Not applicable
8.2 Building fabric in high-risk and high-care zones
Not applicable
8.3 Equipment and maintenance in high-risk and high-care zones
Not applicable
8.4 Staff facilities for high-risk and high-care zones
Not applicable
8.5 Housekeeping and hygiene in the high-risk high-care zones
Not applicable
8.6 Waste/Waste disposal in high risk, high care zones
Not applicable
8.7 Protective clothing in the high-risk high-care zones
Not applicable

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

9. Requirements for traded products
9.1 The food safety plan - HACCP
Not applicable
9.2 Approval and performance monitoring of manufacturers/packers of traded food products
Not applicable
9.3 Specifications
Examples of traded products: <list some examples of traded products> All traded products within the scope are included: Yes/No Specifications are reviewed every three years: Yes/No The following evidence was reviewed:
9.4 Product inspection and laboratory testing
Not applicable
9.5 Product legality
Not applicable
9.6 Traceability
Not applicable

Module 11: Meat Supply Chain Assurance	
Scope	Click or tap here to enter text.
11.1 Traceability	
Click or tap here to enter text.	

11.2 Approval of meat supply chain
Click or tap here to enter text.
11.3 Raw material receipt and inspection
Click or tap here to enter text.
11.4 Management of cross-contamination between species
Click or tap here to enter text.
11.5 Product testing
Click or tap here to enter text.
11.6 Training
Click or tap here to enter text.

Module 13: Meeting FSMA Requirements for Food – July 2022
Preventive Controls for Human Food: 21 CFR Part 117 (Clauses 13.1.1 – 13.1.33)
Click or tap here to enter text.
Preventive Controls for Animal Food: 21 CFR Part 507 (Clause 13.2.1)
Click or tap here to enter text.
Food Defence: 21 Part 121 (Clauses 13.3.1 – 13.3.11)
Click or tap here to enter text.
Sanitary Transportation: 21 CFR Part 1 Subpart 0 (Clauses 13.4.1 – 13.4.9)
Click or tap here to enter text.
Produce Safety: 21 Part 112 (Clauses 13.5.1 – 13.5.18)

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14.1 Additional Specifier Requirements
14.1 Traceability
Click or tap here to enter text.
14.2 Environmental Monitoring
Click or tap here to enter text.
14.3 Product inspection and laboratory testing
Click or tap here to enter text.
14.4 Protective clothing: Employees or visitors to production areas
Click or tap here to enter text.