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	2025-04-01	Audit finish date	2025-04-03
Re-audit due date	2026-04-22	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	2024-04-24	
Certificate issue date	2025-05-05		Certificate expiry date	2026-06-03	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	
			Minor	9	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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

4. Company Profile					
Plant size (meters square)	10-25K sq.m	No. of employees	501-1500	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	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

4. Company Profile

Major changes since last BRCGS audit	Only organization changes in the past 12 months: The changes concern the QA manager, technical project manager, Meat processing manager, Facility services manager

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 ( ) 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 (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 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 performed announced, the next audit will be unannounced again.

5. Product Characteristics

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

5. Product Characteristics					
		packed products, max 3 °C for organs). Short shelf life, if to be frozen, not on these 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			
Product claims made e.g. IP, organic		Organic, , 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, platte rib, Ham 4D, Ham Parma snit in packing department, line in cutting department, 70/30 in mixing department, hanging loading of carcasses partly chilled (certified NVWA)			

6. Audit Duration Details			
Total audit duration	26 man hours	Duration of production facility inspection	13 man hours
Reasons for deviation from typical or expected audit duration	none		
Combined audits	None		
Next audit type selected	Unannounced – mandatory 1 in 3 years		

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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
	Manager Meat Processing		X	X	X
	Line coordinator, Meat processing		X		
	Foreman Packaging / weighing stations		X		
	Foreman Expedition / dispatch		X		
	Operations support Manager		X		
	Assistant foreman Packaging stations		X		
	QA assistant		X		
	Meat processing Manager		X		
	Machine operator		X		
	Employee ham trimming		X		
	Assistant foreman Weighing stations		X		
	Flow manager, Meat processing		X		
	Line coordinator, Meat processing		X		
	Slaughter house Manager		X		
	Foreman Clean slaughter house		X		
	Employee Livestock truck washing area		X		
	Administrative employee, stable		X		

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

	Employee Dispatch / Weighing stations		X		
	Employee Facility services		X		
	HR Manager		X	X	
	HR Officer HR planner		X		
	Foreman washing / packaging department		X	X	
	Warehouse coordinator		X		
	Facility services Manager		X	X	
	Production administrator		X		
	Technical department / projects manager		X	X	
	Team lead Technical department		X	X	

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
2023-02-27	BRCGS	Unannounced	Pass
2024-04-24	BRCGS	Announced	Pass

Document control			
CB Report number	RQA0732002 job 6791828		
Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16
Directory allocation	Food	*Version*	1.1

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

BRCGS | Food Safety

LRQA

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

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
3.5.2.1	In case of shortage of clean crates and dolavs, these are provided by external suppliers. No reception/ acceptance procedure was demonstrable implemented for these externally cleaned crates which are used as primary packing. The external companies are all GFSI certified.	Similar to the intake registration at the site's internal washroom, a registration is also kept when receiving externally supplied crates and dolavs in the production area. The vehicles with these materials from the supplier are docked at the unloading platforms of the dispatch area. There, a designated employee visually inspects the packaging and records the rejected materials by type. The materials that are assessed as nonconforming are separated, identified and returned to a designated location before being loaded back to the	An inventory is being made of the current situation with regard to supplied crates, dolavs and pallets. Based on this and the assessment thereof, more specific and sustainable procedures, working methods and control/registration lists are drawn up and recorded. A checklist is being drawn up to inventory, among other things, the volume supplied by a supplier, the extent of the deviation, the types of deviation, etc. Based on this data to be collected over a certain period, a risk assessment will be carried out, after which a more concrete acceptance/rejection guideline and registration will be drawn up. The established procedure will be evaluated at least annually. *See Minor 1 in Appendix*	The condition of all packaging (both from the internal washroom and from external suppliers) is checked at the product packaging stations prior to use. This action was wrongly assumed to be sufficient, without considering the need for recording findings or a risk-based approach.	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
		supplier. This is a temporary measure until the preventive measure has been fully implemented and evaluated. *See Minor 1 in Appendix* *Fully closed*				
3.11.3	The incident management procedures were tested annually. The review of the effectiveness of the procedure (P-Food-10015 2024-10-25) was not demonstrably included in the latest report of the mock recall.	After a clarification, the procedure was reread and discussed again and a trial recall was done to check its effectiveness. The findings were recorded and passed on to a group manager for review. *See Minor 2 in Appendix* *Fully closed*	A group manager has been contacted to provide further clarification on the crisis management procedure, including the recall procedure. An internal document for the local plant will be prepared as an addition to the central procedure so that the content can be made more plant-specific, such as highlights or important topics to be covered in a recall or crisis report, adjustments based on evaluations of the procedure after previous recall tests, etc.	One of the goals of conducting the recall test (to verify the effectiveness of the current procedure) was not clearly understood, which led to this component being neglected in the report of the mock recall performed.	2025-04-25	
4.4.8	Damaged doors were seen:	The damages have been reported to the maintenance department	Personnel responsible for pre-SSOP and SSOP checks are reminded to pay extra attention during daily checks not only to the	Due to insufficient control during the (pre-)SSOP checks, the deviations were	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
	- between carcasses cool cel and packing area “china” -between “blue” slaughter department and handwash facility.	for a resolution and these have been implemented. *See Minor 3 in Appendix* *Fully closed*	surfaces at eye level, but also to what is above and below. If a deviation is found, it must be properly recorded so that appropriate corrective action can be taken. The manner in which the checks are carried out by the personnel shall be reviewed at least monthly.	not noticed and corrected in time.		
4.8.1	When employees enter the side (expedition) directly from outside or enter the cold side directly from the warm slaughtering (crossing different zones), specific hygiene facilities are implemented to clean food ware (cleaning mats and food baths) and in some situations also extra handwashing and food brushes were placed. However, the related procedures on usage and control of cleanliness of these	Following the observed deviation during the course of the audit, the facility manager was asked to ensure that hygiene facilities are regularly checked, cleaned, registrations are completed and disinfection baths are refilled. *Closed to be verified on site*	An inventory is being made of the current situation with regard to hygiene facilities. Based on this and the assessment thereof, more specific and sustainable procedures, working methods and control/registration lists will be drawn up and recorded. The drawn up procedure will be annually reviewed. In the meantime, an employee has been instructed and appointed specifically for the maintenance of the hygiene facilities during the production day. This includes an hourly inspection of the facilities, interim cleaning and refilling of chemical agents where necessary, and checking for the correct	Frequencies have been agreed for the inspection and maintenance of the hygiene facilities during the production day. However, no further checks have been carried out to measure the relevance and effectiveness in the current situation in the production areas, which led to some aspects being overlooked, such as availability of personnel to carry out the checks, the inflow and outflow of employees in relation to breaks, the more and less frequent use of specific facilities and the	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
	facilities were not fully clear implemented. No risk assessment could be shown supporting these procedures.		identification and security of chemicals, among others. It has been found that more pollution of the facilities occurs during and after the breaks of the larger cutting departments. However, the break times of the department vary depending on the production planning and the production process. Therefore, internal communication takes place, in which the break times of the departments are shared daily so that the facility department is kept updated. After departing for the break of the cutting and boning rooms respectively, the relevant hygiene facilities are cleaned and maintained. *See Minor 4 in Appendix*	presence of registration possibilities.		
4.9.6.1	All packing materials (besides secondary packing material carton boxes) are provided by the facility department to the deboning and packing departments, packed in yellow plastic	During the audit, the packaging materials in cardboard boxes in the deboning room were removed and the contents were transferred to the yellow boxes. The	The coordinator of the warehouse (facility department) has been instructed to ensure that the packaging materials are first packed in the yellow non-food containers before being transported to the relevant production department. The	The smaller packaging materials were delivered as such in cardboard boxes to the packaging department by the warehouse (facility departments). The contents of the cardboard boxes then had to be transferred	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
	crates and dolav boxes in order to prevent contamination risks. In the deboning area (specialties) were packing materials seen in their original carton boxes, the yellow crates were not used for these packing materials.	cardboard boxes were disposed of. *See Minor 5 in Appendix* *Fully closed*	cardboard boxes should be thrown away in the warehouse.	to the yellow non-food containers, but this was forgotten at the packaging station in question.		
4.9.6.3	In the deboning area a yellow crate was seen containing tools to be used. As this crate also containing clean gloves, a condense cloth and a dirty used glove, contamination risk was seen.	All materials in the yellow crate in question were considered contaminated and were treated as such: the condensation cloth was removed for washing, the disposable gloves and knives were discarded. The products that the employee had touched after coming into contact with the contents of the yellow crate were blocked pending corrective action. The hams were taken to the decontamination table where they were flambéed, the conveyor	The supervisors of both the meat processing department and operation support department have been asked to ensure that there is at least 1 non-food crate at the cutting line for clean materials and 1 for used materials. This must be checked at start-up and during the daily control rounds. The employees have also been addressed to deposit clean and used materials in the respective designated containers.	There was only one container for non-food materials near that line, so workers used that container for all their materials.	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
		belt and hooks were cleaned and disinfected according to the established procedure. The employees' knives and gloves were replaced. The actions were checked for correctness and the decontaminated products were released. *See Minor 6 in Appendix* *Losed to be verified on site*				
4.14.4	The plan (site map) for pest control was not fully complete as the external (outer) storage of waste / chemical products / maintenance equipment was not included in this plan. This part of the site has plenty of hiding places for pests, while there is no visibility of this now.	The external storage is already being cleared and tidied up. The pest control company has been approached to include this area in the site pest control plan and a routine inspection, action plan and update of the layout has been agreed upon. *See Minor 7 in Appendix* *Fully closed*	It has been agreed with the managers of the technical service and the facility service that after the thorough tidying and cleaning of the external storage area and its approval, the area must be maintained tidy. At least twice a year, a check or inventory will be done of which materials still need to be stored there and which may need to be or disposed of. The check on the external storage area	During the construction and repair work in the past period, used and leftover materials and sorted packaging were not cleared away immediately, resulting in a build-up and a messy environment. Due to long-term neglect by the responsible departments, the area was not tidied up. Because the area was not fully accessible,	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
			is included in the monthly SSOP verification of the facility service. The external storage space and the surroundings are included in the pest control plan and will be routinely inspected according to the agreed frequency. It has been agreed with the pest control company that at least once a year during the risk re-inventory the entire establishment will be inspected and reassessed, and not just the parts of the site that are already on the existing plan.	unmanaged and it being far away from the production and storage buildings, it was not included in the pest control plan.		
6.2.3	In the deboning area (specialties) the improper use of labels was detected. Dolavs were marked with pre-printed labels containing the product number / type of the product to be able to distinguish products from each other. However, besides this product number, also a batch number was printed on the label.	The pallet with the nonconforming labels was blocked pending corrective action. The labels with the incorrect batch number were removed, discarded and replaced with newly printed labels with the correct product information. The packing stations were checked and all pre-printed labels with old batch numbers were discarded. The	Labels with product name and batch number are no longer pre-printed. Instead, the labels are printed inline or at the weighing scale station. In cases where the customer requires a label on individual crates, for example, the roll of labels is printed on the day itself and the packing department coordinator or his assistant brings the relevant label to the relevant packing station. At the end of the production day, the packing station coordinator ensures that all	The labels were pre-printed in too large a batch and the leftovers were stored as such. The employee picked up a roll with the name of the product in question, without checking whether the batch number in question was correct.	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
	This was an old batch number, not related to the product. The label was preprinted and used for the product number.	actions were checked for correctness and the pallet was released. *See Minor 8 in Appendix* *Fully closed*	remaining labels in the departments are discarded.			
7.1.3	There is an excel plan covering the training performed by employees. The training needs are not visible in this file, so it was not clear if the content of the file was complete. In addition to this, some executed trainings of which proof was seen and provided to HR, were not included in the overview. Detail: a new planning system was recently introduced. Not clear was how the relation between this new people planning system (work position) and approved trained employees was	a) A tab is being included in the Excel plan with the minimum required trainings for predetermined job functions. b) The file with the trainings already performed is updated with the correct names and dates. c) The Excel file with the training needs and trained employees is shared with the staff planning administrator and the purpose/use of the file is also explained. *See Minor 9 in Appendix* *Closed to be verified on site*	a) The training needs plan is reviewed by the HR manager together with the production and QA managers at least once a year. Adjustments are agreed on and implemented where necessary. b) The file with executed trainings is updated as soon as an employee is registered in and within 5 working days after a completed training has been passed on to the HR department by the trainer. At least once a quarter, the HR manager checks whether all completed training has been registered correctly and ensures that appropriate improvement actions are being taken in the event of deviations. c) The overview of training needs and completed training is shared in an online environment with the HR and Planning administrators,	a) It was wrongly assumed that the current Excel plan overview was sufficiently suitable to determine and provide insight into the training needs of employees, without the need for a specification per function. b) The file was not updated immediately when an employee is added or when an update is sent about which training is being followed, and there was no further check on this. c) Insufficient communication between the human resources administrator and the personnel planning administrator about the use	2025-04-25	

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minor						
	controlled. Motivation for Minor NC: the department managers know which employees are trained for CCP control and therefore they check the planning on daily basis.		so that the updated version is available to each party. At least once a quarter, the HR manager checks the effectiveness of the taken corrective and preventive measure. This is assessed at least annually by the QA manager.	and updates of the various systems and files.		

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

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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	2025-04-01	08.00	17.00	P	
			Auditor	2024-04-02	08.00	17.00	P	
			Auditor	2024-04-03	08.00	16.00	P	

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

This report shall not be reproduced in part without permission of LRQA Ltd

If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

1. Senior management commitment

Policy
The site policy is documented in: **F-GRO-NL-10144 2023-10-05**
It is signed by the person with overall responsibility for the site.
Commitment to continuously improving 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.** Last update of the plan was performed by an **assessment 2025-02-12.**

Activities undertaken, involving all sections of the site: year-end meetings with personnel, food safety training, whistleblowing policy, sign up to the 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: **07/07/2024**
Frequency of reviews: annually
Senior management were able to discuss the plan during this audit (spoken to Plant Manager).

Food safety and legal 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 including authenticity (food fraud / integrity) and food defense.
Who typically attends the meeting: plant manager, 3 flow managers, QA manager, several departmental leaders.
Date of last management review meeting: **07/07/2024** Always end of Q2 of the year.

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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Minute meetings reviewed: MT/ HACCP meeting / action plan and agenda **2025-03-26 (weekly on Wednesday)**

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.

Organizational structure, responsibilities, and management authority
The site organization structure is documented in: **P-GRO-NL-10117 v33 20-04-2024**

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 people also support the internal audit program.
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 the factory floor demonstrates that staff are 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 (P-Vion-10063 whistle blower) 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 MR Q3 and Q4 2023, Q1 and Q2 2024 date 2024-07-07, all discussed on 2024-07-18 HACCP meeting
MRM over Q3, Q4 2024,
PBI Tier 2
BRM Tier 3 every 4 weeks
HACCP Verification process Groenlo 13 Dec 2024
MT/ Hccp meeting action plan 2025-03-26 (weekly on Wednesday)
Project letter on FSQC plan incl. assessment seen (see above)
P-GRO-NL-10117 Organisation 2025-04-20
P-GRO-NL-10152 Deputation 2025-02-14
Minutes of meeting/ action list 1 x 2 wks. meeting with authorities seen last update wk. 4 2025.
P-Vion-10063 whistle blower

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

	Na

2. The Food Safety Plan – HACCP

There is one HACCP manual described as the:

HACCP Team
The food safety team is detailed in: **P-GRO-NL-10140 (process management (beheers) plan 2024-12-13).**
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 the 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 2025-01-08**. 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 2025-01-18 and company description in P-GRO-NL-10142 2025-02-07.)**

Record date and reason for last verification: **07/07/2024**
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	Fecal contamination of carcasses	Visible detection fecal contamination	zero tolerance for visible fecal contamination just	25 carcasses per hour

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

			before the carcass cooling step	
2	product temperatures at dispatch for organs	Thermometer	<3°C	Every load of 5 measurements
3	product temperatures at dispatch for fresh meat	Thermometer	<7°C	Every load of 5 measurements
3A	product temperatures at dispatch for vacuum packed products	Thermometer	<6°C	Every load of 5 measurements
5	Incoming/returned organs	Thermometer	<3°C	Every load of 5 measurements
6	Incoming/returned meat	Thermometer	<7°C	Every load of 5 measurements

Examples of corrective actions:
Actions when monitoring levels 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 for 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 equipment 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.

The following supporting evidence was reviewed:
P-GRO-10180 2023-09-04 HACCP team incl. meeting structure. Tier 1 5x wk., Tier 2 1 x wk.
Frequency of planned HACCP system review (at least annually): annually
Date of last review: **07/07/2024**
Completed by: QA manager and plant manager
Reason for completion: **annual exercise.**
CCP validation:
CCP 1 P-Food-10001 2024-02-16, ok
CCP 1 P-Food-10003 2024-11-26, ok
Daily verification on CCP's is valid incl. documental control checks.
CCP overview
Process flow diagrams P-GRO-NL-10174 2024-11-20.
HACCP Verification process Groenlo 13 Dec 2024
MT/ Hccp meeting action plan 2025-03-26 (weekly on Wednesday)
Minutes of meeting/ action list 1 x 2 wks. meeting with authorities seen last update wk. 4 2025.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 remained at a minimum for 5 years.

The following supporting evidence was reviewed:

- Digital and paper records

3.4 Internal audits

The following document(s) define the process: **P-VION-10011 2024-11-19**
The audits generally follow ISO9001 and BRCGS guidelines and clause structures.

Internal audits are conducted: quarterly. The program 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.

The reports reviewed detailed 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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

A separate program of internal inspections of the 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. The effectiveness of the system is discussed in the Management Review.

Inspection report reviewed during this audit: **20/02/2025**. Besides this report, more reports assessed (see below) 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 2024-09-26 (unannounced), 2024-11-18, 2024-11-07, 2024-04-11 (6 minor NC's), 2025-02-20 (unannounced)
- Pre SSOP and SSOP's of Dec 24/27, 2024 (trace test) and during this audit days on site.
- Verification list of all PRE-SSOP and SSOP inspections 1x month.
- 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
	Foil	GFSI cert/ BRC iop	BRC site
	Carton	FSC	FSC cert

All suppliers are evaluated: annual

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 off the approved supplier list and blacklisted.

The following supporting evidence was reviewed:

- Supplier evaluation Form latest update dd 2025-03-27 F-Food-10000 on template EN-01-2023.
- Overview revieuw F-Food-10032 2024-12-19 non food and sevices

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

Procedures for the acceptance of raw materials and primary packaging on receipt are 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 have been clearly defined, implemented, and reviewed.

However. ***Minor NC on 3.5.2.1*** was defined for reception of crates and dolavs: In case of shortage of clean crates and dolavs, these are provided by external suppliers. No reception/ acceptance procedure was demonstrable implemented for these externally cleaned crates which are used as primary packing. The external companies are all GFSI certified.

The following evidence was reviewed:

- F-GRO-NL-10178 Traceabilityof packaging material gezien
- VKI's of several farmers/UBN's zie trace
- BRC Certificate of valid untill 2026-01-10
- Overview review F-Food-10032 2024-12-19 non food and sevices

3.5.3 Management of suppliers of services

The following services are used:

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

- 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 defines service expectations. Food safety aspects are appropriately addressed.

Company	Service
	Clothing
	Cleaning
	Pest management

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 2023-11-29 on Product and service requirements Management of suppliers of services
- Overview review F-Food-10032 2024-12-19 non food and sevices

3.5.4 Management of Outsourced processing

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 2022-10-10
- Packaging: produced by 2024-05-17
- Packaging: produced by 2024-05-17
- Cleaning agent cleaning detergent by , and online available
- Lubricant: greases by , and 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 , , or). 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: seen specifications
- 2019-06-19, 2016-03-17, spec 2019-06-19, wash 2019-06-19
- 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: **VOS Vion Operating System.**

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

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 MSTeams**

3.8 Control of non-conforming product

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Control of non-conforming products is detailed in: **blocking procedure P GRO-NL-10165 2024-06-08, blocking Form F-Gro-NL-10168, Tainted meat / cat 2 cat 3 P-GRO-0068 2025-03-08**

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 lie with QA and follow 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: **blocking Form F-Gro-NL-10168: 2025-04-01 3 hooks with hams, tainted: refurbished and flambéed and released by QA**

The following evidence was reviewed:

- Blocking procedure P GRO-NL-10165 2024-06-08, blocking Form F-Gro-NL-10168, Tainted meat / cat 2 cat 3 P-GRO-0068 2025-03-08
- Blocking Form F-Gro-NL-10168: 2025-04-01 3 hooks with hams, tainted: refurbished and flambéed, released by QA: this was seen on the working floor during the audit.

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 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: **30/01/2025**
Product **7097 Karkas zeug z/k 140- bio**
Lot code:
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:
Raw materials: **slaughter date 2024-12-24 (checked for UBN**
Printed packaging and labels:
Production/packing date: **30/12/2024**
Quantities reconciled:

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 organization. Food contact materials legalization is fully implemented. The company's traceability system is found to be effective.

Slaughtered batches on 2024-12-24: detailed info checked for 4 deliveries: 23-12 18 ubn IKB (GF)7-4-2025, 23-12-2024 14 ubn ikb 15-01-2026,23-12 17 ubn ikb 7-3-2027,23-12- 11 ubn ikb 2025-05-01.

3.10 Complaint-handling

Complaint-handling is documented in: P-GRO-NL-10086 2024-05-04.

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 into or the complaint box (claims).

Product complaints:
2024: complaints
2025: complaints YTD

Top 3 complaint reasons:
1. Foreign bodies m.n. hard plastic pieces
2. Quantity issues
3. Labelling issues

Most complaints are quality complaints like:

1.Too fat, 2. Bone pieces left, 3. Cutting.

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

There has been no significant increase in the complaint group.

The following complaint samples were taken:
- Compaint on 2024-02 plastic 2024-09-01#
- Compaint on 2024-03 metal 2024-01-17#
- Compaint on 2024-06 temperature 2024-02-06#
- **MRM complaint overviews per quarter**

3.11 Management of incidents, product withdrawal and product recall

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 2024-10-25**.

The recall procedure identifies those who are to be notified (including CB,) 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 emergencies. Recalls are categorized 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 the last incident management procedures test: 30/01/2025
Type of test completed: mock recall:
Frequency: annual
Last test conducted: 30/01/2025
Product Karkas zeug z/k 140- bio
Lot code:

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

Minor NC is defined on 3.11.3 as the incident management procedures were tested annually. The review of the effectiveness of the procedure (P-VION-10015 2024-10-25) was not demonstrably included in the latest report of the mock recall.

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 facilities, storage buildings, offices, crate and dolav cleaning building also used for storage of packing material, and maintenance workshop.

Site security:
Unauthorized 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 to 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 construction noted. No risks have been identified related to the external environment. The site area is properly maintained.

The following evidence was reviewed:
- Stables were rebuilt currently, project is almost finished.
- All gates are closed and access only on audthorisation by porter.

4.2 Site security and food defence

The individuals or teams completing threat assessments and food defense 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.

A food defense risk assessment is documented and based on **TACCP: P-GRO-NL-10231 P-Gro-NL-101254 2023-05-11.**

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 defense plan covering assess points and controls.

Examples of threats that have been determined **unauthorized 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 introduction to site.

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

The following evidence was reviewed:
Latest review of threat assessment during security assessment 2024-06-20 as input for the MR.
Risk analyses p-GRO10231 2022-11-21.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

4.3 Layout, product flow and segregation

A layout 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 allow sufficient working space and capacity to work in a proper way. There were temporary constructions noticed during this audit. Also, there was modernization 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

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

The condition of the building was good. No deteriorated doors or gaps are evident. No suspended ceilings and internal drains.
The ceilings in the slaughter department show not fresh. The material is not very well too clean. This is planned to be renewed starting 2025-07-01. In the meantime, the hygiene status is sampled and analyzed to be sure, that the area is still ok an suitable for the process and the people.

Elevated walkways in the cutting area, no access steps or mezzanine floors that are adjacent or above open product.

In general ventilation is controlled to ensure a good air flow. Beside in the slaughter department, the air was a bit foggy, but due to extra ventilators in control. A dehumidification installation will be installed the coming weeks a d will be running before the end of this month (seen detailed planning).

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

Doors in general in good condition, docking doors with socks and protection, walk external doors are well fitted and kept closed when not in use.
However, damaged doors were seen:
- between carcasses cool cel and packing area “china”
-between “blue” slaughter department and handwash facility.
Minor NC on 4.4.8

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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

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 (incl. Ice) 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:
- Water analysis conducted as planned and all results within limits.
- 4x year: seen results of water and ice sampling: E. coli. Enterococcus,TPC 22°C: 202-07-18 and 2024-12-27 and 2024-03-19
- Containing the last lampling round, no results received at moment of the audit.

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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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
- belts: DOC and TDS 2024-10-04.

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 ‘belts cutting area (specials)
- Calibrating metal detectors and weighing units
- 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 in and after maintenance handover is registered in manual master.

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

Lubricants

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Range of food grade lubricants used: range of supplier 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:
Samples seen and completed to schedule in :

- Greasing jobs for 'belts cutting area (specials)
- Calibrating metal detectors by 2025-06-10
- Calibrating weighing units by 2024-11-19
- Servicing cooling system including checking of PT100 thermometers
- Temperature control/ review seen of Cel 10 2024-07-16
- Cutting machine slaughter department 2025-02-11
- Repair planning and , for next "stop and repair day 13 th of April 2025

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.

Minor NC defined on 4.8.1: When employees enter the side (expedition) directly from outside or entering the cold side directly from the warm slaughtering (crossing different zones), specific hygiene facilities are implemented to clean foot wear (cleaning mats and foot baths) and in some situations also extra handwashing and foot brushes were placed.
However, the related procedures on usage and control of cleanliness of these facilities were not fully clear implemented. No risk assessment could be shown supporting these procedures.

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

An approved list of chemicals is available and documented in: **(greasing and technical) and cleaning chemicals provided by (list facility service).**

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 for greases.

All chemicals as sampled are suitable for the intended application.

Waste handling and spillage control is effectively managed.

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.

Daily review of amount of knifes and technical status, all ok

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:
DE boxing and debagging procedures include controls for physical contamination and is executed in separate areas:

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

packed in yellow plastic crates and dolav boxes in order to prevent contamination risks. In the deboning area (specialties) were packing materials seen in their original carton boxes, the yellow crates were not used for these packing materials. ***Minor NC on 4.9.6.1***

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

Special crates are used to store small equipment to be used during deboning:
Minor NC defined on 4.9.6.3:
As in the deboning area a yellow crate was seen containing tools to be used. As this crate was also containing clean gloves, a condense cloth and a dirty used glove, contamination risk was seen.

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 analyzed 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 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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

In case of detection of foreign body contamination, the material is analyzed 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 (e.g.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 2025-01-26**

The 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 2025-03-31, 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.

Good communication with external cleaning organization was seen, 1 x 2 weeks meeting incl multi disciplinal team of the company(prod leader/ fac. Manager/ maintenance and QAresp., actions are defined for both sides and spoken minutes of meeting were seen / action list (PDCA),

The following evidence was reviewed:
- Cleaning plan in F-GRO-NL-10021 2025-01-30 (bestek /planning) and extra work 2025-01-2025 in depth cleaning belts /machines deboning department (after dismantling by the company)
- Periodic planning 2025
- Pre-SSOP's per department, every day performed: seen for 24/27 Dec 2024 an 1-2-3- April 2025

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

- Monthly cleaning verification dd 2025-03-31 zie contact afdrukjes micro
- List with chemicals e.g. , , seen and their planned use (5x6 per week alkali cleaning and 1x6 per week acid cleaning) wk 9 ceiling blue slaughter dep. Extra (high) cleaning was not performed well: extra cleaning next day and after re check found ok.)

4.11.7 Cleaning in place (CIP)

CIP is not applicable.

4.11.8 Environmental monitoring

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

The program monitors for: TPC, Listeria.

Comment on the results of environmental monitoring program:
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 program 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. Q1 2025 1 positive result seen on a door frame, after cleaning and resampling, all ok. No furter issues seen.

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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 the 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 are not inside the building and correctly identified and treated.

Routine visits per year: contacted 8x per year, performance now 1x 2 wks., 2025-04-01 most recent periodic routine control.
Content of routine inspection: **Rats outside, mice inside, crawling insects and EFK devices.**
In-depth inspections performed: **1x per year seen 2025-01-13.**

Frequency is suitable. Because of a lot of rebuilding activities since last year, temporary extra traps of were placed as did not have enough resources. Maps and documents are available. (freq. 2 x week).
Content of routine inspection: rats outside: Last visit 2025-04-03 (4 rats in traps), in control.

However, the plan was not fully complete: ***Minor NC on 4.14.4*** as the external (outer) storage of waste / chemical products / maintenance equipment was not included in this plan.
This part of the site has plenty of hiding places for pests, while there is no visibility of this now.

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

Since the company stopped handling bones outside the building, less birds and rats were detected outside.

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

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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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.

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 gases used for direct contact. Compressed air is filtered.
4.9.2.2	No staples, purchased 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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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:

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 considers 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:

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

- Microbiologiscal sampling plan
- Micro results of product in the tracetest Art 9 by lab

5.2 Product labelling

The following documentation describes the process: **P-GRO-NL-10225 19-02-2025 and seen Form F-GRO-NL-10172 (2024-10-15).**

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, Licensed authority number, plus any customer requested information.

The following evidence was reviewed:
- Labels seen created all complied with dates and autorithy numbers
- Platte rib# and # , pd 2025-03-29, BB 2027-03-28, art. #
- Trace test product # Art carcass ham zp zkp gf

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 sulphatic in the offal production department. No risk of 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 defense 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, , , FS, IKB (and Standard) pork meat.
Appropriate mitigation measures are developed and implemented, which include:

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Chain of custody audits are done (IFS PIA) by an external certification body (.

Rasf check and daily check NVWA on site.

A review of the vulnerability plan is programmed to be completed annually.
Date of the last review: **11/01/2025**

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 5-6 March 2024 with >90% result
- Risk assessment P ro-NL-10235 2025-01-11

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 , foil by supplier
- Trace test DOC bag s ( ) 2024-05-17

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

The testing program 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 analyzed on a scheduled basis by an external accredited lab on Salmonella, Listeria, STEC, Staphylococcus aureus, TPC, E. coli and others.

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

No onsite laboratories

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%.

The following evidence was reviewed:

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

- Building and environment inspection 2025-01-17
- Company insopection round (incl. hygiene check) daily by QC
- Agar 1x wk: (though the sampling scheme every control point (risk based defined) is checked 1x 4 wk), resulting in 70-80 agar per wk: goal is score <1: in control.
- Overview of Q3-4 and Q1 was seen incl. last results 2025-03-31, ok
- Micro results of cleaned hands 4x year (last checks seen 2025-03-14 and 2025-03-20)
- Listeria m. swaps 2025-02-17 and 2025-01-29 of e.g. shock (cooling)tunnel and evaporators: 1 positive on door steel 2025-01-17 (after resampling ok), crates deboning special 2025-01-21 ok.
- External lab
- Surroundigs extra checks because of 'old"ceiling in slaughter department: (because of bad shape the ceiling will be renewed this summer) 2025-01-21, evaporators of lauchterdep. also extra sampled: all ok.

5.7 Product release

The site has ensured that the 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 temperature 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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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 to 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

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.

Minor NC defined on 6.2.3: In the deboning area (specialties) the improper use of labels was detected. Dolavs were marked with pre-printed labels containing the product number / type of the product to be able to distinguish products from each other. However, besides this product number, also a batch number was printed on the label. This was an old batch number, not related to the product. The label was preprinted and used for the product number.

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

6.3 Quantity, weight, volume and number control

Weight control is on weight (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.
Samples seen and completed to schedule in :
- Calibrating metal detectors by 2025-06-10
- Calibrating weighing units by 2024-11-19
- Servicing cooling system including checking of PT100 thermometers
- Temperature control/ review seen of Cel 10 2024-07-16

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.

However Minor NC was defined on 7.1.3: There is an excel plan covering the training performed by employees. The training needs are not visible in this file, so it was not clear if the content of the file was

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

complete. In addition to this, some executed trainings of which proof was seen and provided to HR, were not included in the overview.
Detail: a new planning system was recently introduced. Not clear was how the relation between this new people planning system (work position) and approved trained employees was controlled. Motivation for Minor NC: the department managers know which employees are trained in CCP control and therefore they check the planning on a daily basis.

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

The following evidence was reviewed:
- Shiftplan shift schdules
- EPT (electric pallet truk)1x 3 jr heftruck 1x 5 jr , basis training 1x 2 jr (HACCP, hygiene orde, integriteits training)
- Skill matrix per department for all production employees which included personnel on 2023-01-16 and 2022-06-02
- Skillmarrix with 3 stadia: 1: competent, OP: in training, PO: potential to be trained
- Trainings and compentence included in the plan CCP1 to 6.
- 2025-01-08 and 2025-01-28 training div provedures for managers,
- 2024-07-27 , 18-01-2025 , CCP slacht, 20244-12-12 warm verladen CCP

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

Hygiene policy is clearly communicated as part of induction program 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 the entrance 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 change into workwear on site. Toilets are accessible from the locker rooms, segregated from production. Designated smoking areas are 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) **P-GRO-NL 10016 26 mrt 2025**
- 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 licenses. Reporting illnesses 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 logo and therewith declare adherence to the company rules.

The following evidence was reviewed:

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

- **Medical screening of planned again (last performed 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 is 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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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.	

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

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)

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com

Click or tap here to enter text.

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.

This report shall not be reproduced in part without permission of LRQA Ltd
If you would like to feedback comments on the BRCGS Standard or the audit process directly to BRCGS, please contact tell.brcgs.com