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	2026-03-11	Audit finish date	2026-03-13
Re-audit due date	2027-04-22	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	Unannounced – mandatory 1 in 3 years
Previous audit grade	A		Previous audit date	2025-04-03	
Certificate issue date	2026-04-15		Certificate expiry date	2027-06-03	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	

2. Audit Results

	Minor	6

3. Company Details

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

4. Company Profile

Plant size (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	

4. Company Profile

Company registration number	EG367NL
Major changes since last BRCGS audit	none

Company Description

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

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

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

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

This is an unannounced audit and the site tour started in 30 minutes after arrival.

5. Product Characteristics

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

5. Product Characteristics

Finished product safety rationale	Fresh pork meat (bulk, carcasses and cut to specification): further processing required, chilled (max. 7 °C fresh products, 6 °C vacuum packed products, max 3 °C for organs). Short shelf life, if to be frozen, not on 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 Choose an allergen				
Product claims made e.g. IP, organic	Organic, FS , BLk**, BLk*, IKB, FS , FS, QS				
Product recalls in last 12 months	No				
Products in production at the time of the audit	Pigs in slaughtering house, pork in dividing and deboning department, procureur, varkenshaas, ham, liver.				

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	Announced		

Present at audit					
Note: the most senior operations manager on site should be listed first and be present at both opening & closing meetings (ref: clause 1.1.11)					
Name	Job title	Opening meeting	Site inspection	Procedure review	Closing meeting
	Plant manager	X		X	X
	QA manager	X	X	X	X
	Production manager				X
	Employee Facility services		X		
	Operations support Manager		X	X	
	Assistant foreman Expedition / dispatch		X		
	Flow manager, Meat processing		X		
	Facility services Manager		X	X	
	Assistant foreman washing department		X		
	Technical projects manager		X		
	Slaughter house Manager		X	X	
	Administrative employee, stable		X		
	Administrative employee, Reception / document office		X	X	
	Assistant Operations controller		X		
	HR Manager		X	X	
	HR Officer		X	X	
	Account Manager GFS		X	X	
	Employee Expeditie / dispatch		X		

	Assistant foreman Packaging stations		X		
	Foreman Packaging / weighing stations		X		
	Warehouse coordinator		X	X	
	Team lead Technical department		X		
	Technical department Manager		X		
	Category Manager Procurement Non-Food		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 6791864		
Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16
Directory allocation	Food	*Version*	1.1

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

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
4.4.8	The high-speed door expedition and the external roll-up door are often open at the same time, creating an open connection between the outdoor area and the exposed meat.	The door providing direct access to the sluice that leads to the dispatch area was temporarily closed off, the associated hygiene sluice above that also leads to that area was also temporarily closed, and another hygiene lock was in use. The radar for the stationary objects in the designated circumference from the external door, was temporarily switched off. Evidence seen: Barricaded hygiene sluice and external door observed during the audit and in photographs.	The contracting company was at the factory on March 14 and 15 for a service appointment- the damaged door was repaired. An additional door with push-button operation was installed in front of the existing exterior high-speed door. In this way, the push-button door remains closed, even if the first exterior door is activated by a moving object. The employee only opens it when he sees through the window in the door that the door to the dispatch area is closed. In addition, the contracting company was approached for a quotation to replace the high-speed exterior door with a high-speed door from their company. This way, there is one supplier. They have also been asked to investigate whether a communication system/time lock	On March 10, a malfunction was detected in the speed door to the dispatch area. The door no longer closed automatically, and a priority alert (via walkie-talkie) was made to the maintenance department. The technician inspected the situation and determined that the supplier/contractor needed to be engaged, which was subsequently done. The outer door of the sluice before the shipping area operates using radars that are activated by stationary objects within a certain radius and moving objects within a certain radius. Due to a disruption in the production process on the day in question, more	2026-04-03	

Minor						
		Agreed with correction and proposed action plan. Minor is closed.	could be developed so that the other door closes automatically when one door is open- hence, both doors cannot be open simultaneously. The situation is expected to be fully resolved within four to five months. Evidence seen: - Picture additional external door, manually operated - Quotation door contractor 2026-03-24	people were located near the outer door, causing it to open more frequently than normal. Because the door to the shipping area and the outer door were supplied by two different vendors, it proved difficult to get both doors to communicate with each other so that they did not open simultaneously. Used method: 3 Whys and brainstorming sessions Evidence seen: record 2026-03-10		
4.9.2.1	An unattended carton box containing round blades was found on the workbench near the rear legs in the cutting room.	The cardboard box was discarded and the blades were removed from the work table; the deviation was no longer observed on a later day of the audit.	The '*guts'* blades are placed in a container and stored in the operators' tool cabinet. When the blades currently in use on the production line needs to be replaced, the blades in the storage container are taken to the department and the old blades are replaced, no used or spare blades are left loosely unattended. On 2026-03-30 the operators have	The '*guts'* blades were taken along in the cardboard box to replace the knives in use on the production line. The replacement was interrupted by a disruption in the production process, forcing the operators to leave the production line. However, they did not clean	2026-04-03	

Minor						
		Evidence seen: no more unattended blades observed during the audit Agreed with correction and proposed action plan. Minor is closed.	received reinstruction on the hygienic handling of the tools and knives, including cleaning, storage, issuance, and the steps to be taken in the event of breaks, deviations and disturbance in the normal production process. Evidence seen: - Pictures of storage of the 'guts' blades - Attendance list for refresher training for tools operators "F-GRO-NL-10214" v2	up the blades or return them before they left, due to insufficient attention. Used method: 3 Whys and brainstorming sessions		
7.1.2	The skills matrix states that the assistant dispatch foreman must complete the training on weighing equipment, but this has not been done. In practice, this person is unaware of the maximum tolerance of the floor scales, even though he is required to enter this information on the SSOP list ( ).	The employee in question was informed about the tolerances of the scales in the dispatch area and how to proceed in the event of deviations. In addition, an overview of the scale tolerances has been posted at each weighing station cabinet as a visual reminder for the employees checking the scales and for the employees that are to	The field for scale checks has been removed from the SSOP forms for departments that do not perform the checks (so, non-weighing stations). Therefore, if there is a discrepancy regarding the scales, this is reported only on the SSOP form for the weighing stations. The registrar indicates exactly which scale the discrepancy was found on. There is also an option to add photos to the report. The employees at the weighing stations performing the checks have received training on,	The employee in question was unaware of the tolerances of the scales because he is not involved in performing the checks. When the checks are performed, the checking employee has a list with the description and tolerances for each scale. In the event of a deviation, he passes this on to the employee who records it on the SSOP list (for the area where the scale in question is located)	2026-04-03	

Minor						
		record the deviation on the relevant list or to make a report for further escalation. Evidence seen: Pictures of overview of tolerances per scale type, available at weighing stations. Agreed with correction and proposed action plan. Minor is closed.	among other things, the execution of the checks, the tolerances of the scales, and what to do in the event of exceedances or other discrepancies. The skills matrix has been updated with the correct descriptions for the Operation Support department; Relevant to the audit minor in question are the following positions: -Operation Support + OI + Afdelingsmanager (the department manager), -Wegen + Overig (weighing station employee who may perform checks on the scales) -Inpak + Wegen + Voorman (packing/weighing station supervisor who may perform checks on the scales and must report observed deviations on the SSOP form) -Inpak + Wegen + Overig + Inpak organen (packing/weighing station employee who may perform checks on the scales) The descriptions have been verified by the HR department	and hands the form with the deviation to the manager of the Operation support department (this position is trained for scale checks and deviations). This manager then contacts the maintenance department for further correction. The field for scale checks was present in the SSOP form of every department where the scale is present, even if the employees performing the check come from another department. This was intended to clarify in the SSOP which department was involved in the event of a tolerance exceeding. Further investigation into the this subject revealed that a previous variant of the skills matrix was presented during the audit. The mix-up arose because there was no version		

Minor						
			with the operation support manager. To prevent repetition of such deviations in another position, - a version number and the date of the last update have been included on every page of the skills matrix document. - the HR department will review the entire skills matrix by scheduling a meeting(s) with each department manager to verify whether the position descriptions and the indicated required skills as stated in the skills matrix document are correct at the time of verification. - a list will be maintained to record which component (department / skill) of the skills matrix has been modified, for what reason, by whom, and on what date. The entire process is expected to be completed and verified by the end of May 2026. Evidence seen:	number or description of the document. The investigation also revealed the source of the confusion as to why it stated that the dispatch assistant foreman had to undergo training to check the scales. The Operation support department manager (who is responsible for all logistics sub-departments, including packaging, dispatch, weighing, and transport) was incorrectly referred to there as Expeditie + OI + Afdelingsmanager; the manager is indeed required to be trained in checking the scale (and has rightly been trained for this). However because 'Expeditie' was stated as the position, it was automatically written for the substitute positions (foreman and assistant)		

Minor						
			- Scale check on SSOP packaging/weighing stations - Attendance list for training for weigh station employees “F-GRO-NL-10214” v2 - Updated skill matrix with positions for scale check	that they, too, had to undergo the training. Used method: 3 Whys and brainstorming sessions		
4.8.4	Hygiene sluis: low water pressure from the taps, a worn-out nail brush, standing water at the bottom of the stairs, lots of loose, mouldy sealant on the stairs.	The water pressure at the tap was fixed that same day. The worn nail brush was removed and discarded; there were other nail brushes in good condition at the same washbasin. All nail brushes have now been replaced. The water puddle was drained. The deviating sealant layers were removed. They have now been replaced. Evidence seen: Pictures of hygiene facilities maintained during production activities.	The personnel responsible for maintaining hygiene facilities, conducting pre-SSOP, SSOP, and structural inspections have completed a refresher course on 2026-03-30. This course covered, among other things, maintenance of the facilities, the proper manner to adequately perform checks, the actions to be taken upon identifying deficiencies, and the correct documentation to ensure appropriate improvement measures. The Facility service manager has been advised to conduct verifications more frequently regarding both the maintenance of the hygiene facilities and the manner in which the department inspectors carry out and record these checks. The department manager has also	During the daily check, the inspector noted that the water from the tap was flowing slowly. This had not been the case earlier that day or on previous days. The department manager immediately issued a priority one notification. A technician arrived to investigate the situation, and the problem was resolved. The investigation revealed that a magnetic valve was damaged and needed to be replaced; the damage was the result of normal wear and tear. Due to the temporary blockage of the regular hygiene sluice, the sluice with the pool of water at the stairs,	2026-04-03	

Minor						
		Agreed with correction and proposed action plan. Minor is closed.	been addressed on the points of attention and measures he must take regarding hygiene facilities in the factory, particularly in the event of deviations from normal daily procedures. Evidence seen: Attendance list for refresher training for facility services employees “F-GRO-NL-10214” v2	was used much more intensively than normal at a time, and the cleaning schedule had not been adjusted accordingly. The nail brush and sealant were also worn out due to regular use. An investigation into the observed deviations revealed that checks of the hygiene sluice were often performed inadequately, resulting in deviations not being detected in time and measures to remedy them being taken either too late or not at all. Used method: 3 Whys and brainstorming sessions		
4.3.4	A purple Dolav with a blue bag is being used to collect meat hooks. The blue bag is torn in several places, which causes the risk of contamination of the Dolav with grease.	The hooks were removed from the purple dolav, and the dolav was taken out of the production area and marked as unsuitable for reuse for collecting meat. The hooks were placed in a	The employee has been informed that the blue/purple dolavs must not be used for the meat hooks, but that a non-food container may be used for this purpose, if needed. The entrance is back in use with a functioning door, allowing the carts to be brought	The hooks are normally placed on a cart, but due to a defect in the door to the entrance—through which the cart is normally wheeled into the department—this entrance was temporarily blocked,	2026-04-03	

Minor						
	There are also purple Dolavs intended for meat standing next to it.	yellow, non-food container with a black inlay. Evidence seen: Picture yellow non-food container with a black inlay. Agreed with correction and proposed action plan. Minor is closed.	into the department and used again. Evidence seen: - Picture hook cart - Picture operating door	making it impossible to bring the carts into the department. In the haste, the employee grabbed a purple dolav as a temporary solution for the missing cart. Used method: 3 Whys and brainstorming sessions		
7.1.7	When preparing crates with foil, there is foil waste on the floor and obsolete crates and foil piled up on a table, even though it had been agreed to place these on a pallet with a 'blockade' label.	The deviation was corrected during the inspection: a pallet was placed on which the rejected crates could be put, and a sign was also placed for visual identification. Evidence seen: Picture clean area and "geblokkeerd" sign on pallet. Agreed with correction and proposed action plan. Minor is closed.	In consultation with the packing station coordinator and the maintenance department, it was decided to remove the weighing/packaging conveyor belt station from the foiling area and place it in maintenance storage until it is needed again. This has created more space around the pre-packaging/foiling station. After the pre-SSOP rounds, and before work commences at the station, the packing department supervisors make provisions for at least a provide a pallet and blockade board so that any non-standard materials found during	During the pre-foiling of the crates, the crates and plastic inlays are visually inspected. Deviating material is sorted out and marked as unsuitable for use (using a blockade board or form). During the inspection, the deviating material was indeed sorted out, but it was lying in a disorganized manner and was not marked as unsuitable for use. This was because there was no provision at that time for the proper storage of this	2026-04-03	

Minor						
			visual inspections can be immediately stacked neatly in the designated area. During work activities, the stacked materials are removed from the production area at intervals by internal transport staff. The pre-packaging station staff have also received refresher training on 2026-03-27 regarding, among other things, the hygienic handling and storage of packaging materials and keeping the packing area tidy during work. Evidence seen: - Pictures removed conveyor belt, resulting in more working space. - Attendance list for refresher training for employees at the foiling/pre-packaging station "F-GRO-NL-10214" v2	sorted material (no board or pallet at the station). Further investigation revealed that there was insufficient space to neatly place the deviating material(s) due to the presence of a weighing / packaging roller belt station that was not in use at the time. Used method: 3 Whys and brainstorming sessions		

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

Additional Modules / Head Office Non-Conformity Summary Sheet

Critical		
Clause	Detail	Re-audit date

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

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

Audit team

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

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Remote or physical	Professional recognition number
			Lead auditor	2026-03-11	08.00	18.00	P	
			Lead auditor	2026-03-12	08.15	17.30	P	
			Lead auditor	2026-03-13	08.15	16.00	P	

1. Senior management commitment

Policy
The site policy is documented in: **P-GRO-NL-10144 v17 2026-02-09**
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.** Last update of the plan was performed by an **assessment "Food Safety culture road map Vion Groenlo".**

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: **04/07/2025**
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:

- **Reduction of foreign body complaints with 30%**
- **Digital registration of all CCPs**
- **Minimum 1x/Q canteen sessions for all production staff**
- **Reduce Salmonella results (customer related)**

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 area leaders.
Date of last management review meeting: **27/08/2025** 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.
Minute meetings reviewed: tier 2 meeting / action plan and agenda **2026-03-04 (weekly on Wednesday)**

Previous nonconformities
All previous non-conformities have been closed out suitably.
Thorough root causes are identified through application of 5-Why. 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 2026-02-10**

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 (hotline) or mail. HQ HR is responsible for monitoring and cascading this to the relevant stakeholders across the site.

The following supporting evidence was reviewed:
- Management review over Q3 2024 – Q2 2025: 2025-07-04, discussed on 2025-08-27
- app
- Action list Tier 1 meeting (daily) 2026-03-10
- Minutes Tier 2 meeting (1x/week) 2026-03-04
- HACCP Verification process Vion Groenlo 2025-07-04
- P-GRO-NL-10117 Organisation 2026-02-10
- P-GRO-NL-10152 “Vervangingsschema“ 2025-02-14
- Last system audit NVWA 2025-03-16 / 2025-03-17
- P-Vion-10063 Whistle blower

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

2. The Food Safety Plan – HACCP

There is one HACCP manual described as the:

HACCP Team
The food safety team is detailed in: **P-GRO-NL-10140 Process management (beheers) plan.**
The team leader is qualified and experienced and 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 2026-02-11**. 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: **Procedure Company information and 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 in **P-GRO-NL-10183 v10 2025-10-10 and company description in P-GRO-NL-10142 v14 2025-02-07)**

Record date and reason for last verification: **04/07/2025**
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)

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 before the carcass cooling step	25 carcasses per hour
2	product temperatures at dispatch for chilled organs	Thermometer	<3°C	Every load of 5 measurements

3	product temperatures at dispatch for chilled meat	Thermometer	<7°C	Every load of 5 measurements
3a	product temperatures at dispatch for vacuum packed chilled products	Thermometer	<6°C	Every load of 5 measurements
5	Incoming/returned chilled organs	Thermometer	<3°C	Every load of 5 measurements
6	Incoming/returned chilled meat	Thermometer	<7°C	Every load of 5 measurements
7	product temperatures at dispatch for chilled meat by-products	Thermometer	<3°C	Every load of 5 measurements
8	product temperatures at dispatch for frozen meat by-products	Thermometer	<-18°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 Procedure HACCP team v7 2023-09-04
- HACCP integrity training, trainer (Vion Group QA): 2025-01-27, 2025-01-26, 2025-11-26, 2025-01-27
- Frequency of planned HACCP system review (at least annually): annually
- Date of last review: **04/07/2025**
  Completed by: QA manager and plant manager
  Reason for completion: **annual exercise.**
- CCP 1 P-Food-10001 Procedure CCP contamination with digesta, ingesta and milk during pig slaughtering 2025-04-16
- CCP 2 P-Food-10003 Procedure CCP temperatures of products for shipment 2025-10-20
- Flowcharts “P-GRO-NL-10172 schone slachtlijn” 2025-06-06, “P-GRO-NL-10173 slachtlijn zeugen” 2025-03-26, “P-GRO-NL-10174 Snijzaal 2024-11-20, “P-GRO-NL-10200 veredeling” 2024-01-20
- P-GRO-NL-1013 CCP overview Vion Groenlo v8 2024-08-29
- Demonstration during site tour: F-GRO-NL-10001 CCP2/3/3a, temperatures 3,3-5,8°C
- Seen during site tour 2026-03-11: “F-GRO-NL-10003 Afwijkingen temperatuur vlees” v13 2026-02-24
- Seen during site tour 2026-03-11: “F-GRO-NL-10002 Verification temperature meat” v14 2026-02-24
- HACCP Verification process Groenlo 2025-07-04
- MT / HACCP meeting action plan 2026-03-04 (weekly on Wednesday)

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:
- "P-VION-10007 Procedure document management" v5 2024-08-19
- "P-GRO-NL-10028 Procedure document management" v11 2024-10-18

- Digital ( ) and paper records

3.4 Internal audits

The following document(s) define the process: **P-VION-10011 v10 2025-09-02**
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.

A separate program of internal inspections of the factory environment and processing equipment is undertaken daily by pre-SSOP and 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: **21/08/2025**. 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:
- "P-VION-10011 Internal audits" v10 2025-09-02
- Planning Internal Audits 2026 (4x/year)
- Results of internal audits and inspections in the management review
- Internal audit on 2025-08-21 by , 7 minors in action list (PDCA) 2025-09-08
- Internal audit on 2025-02-20 by , 10 minors in action list (PDCA) 2025-02-24
- Certificate Lead Auditor by LRQA on 2023-04-17 / 2023-04-21
- Certificate Internal Audit refresher by LRQA on 2025-05-08

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
Vion Farming	Pigs and sows	VKI status of farms	VKI's
	Foil	GFSI certificate	BRC certificate exp. 2026-04-27

All suppliers are evaluated: annually

Suppliers are rated on certification, quality, service, delivery, environmental, price and complaints. Three suppliers graded unsatisfactory in the past year. One supplier will be dismissed and an improvement plan has been made for the other two suppliers.

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:
- Up to date Excel list approved supplier
- Supplier evaluation 2025-04-15

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.

The following evidence was reviewed:
- "Vervoersdocument"
- Seen during trace test control packaging "schoon en onbeschadigd"
- Seen during trace test "Pakbon"
- Seen during trace test Power BI "wegingen"
- Seen during trace test in 17 supplies of pigs with their UBN numbers
- F-GRO-NL-10178 Traceability of packaging material
- VKI's of several farmers
- BRC Certificate exp. 2026-04-27
- DoC FSA Dolav bag

3.5.3 Management of suppliers of services

The following services are used:
- Pest control
- Maintenance
- Laundry services
- Contracted cleaning
- Transport
- Off-site storage
- Agencies

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
	Laundry
	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:
- Supplier evaluation 2025-04-15

3.5.4 Management of Outsourced processing

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

3.6 Specifications

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

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

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

During the audit, several specifications were reviewed:

- Finished product: art. 12439 Nek z/been z/knars FS
- Packaging: FSA Dolav bag, Folia
- Cleaning agent: ( ) 2024-11-06, ( ) 2024-03-13, ( ) 2024-11-06, ( ) 2024-04-18
- Lubricant: greases by , SDS and TDS online available

All were seen to be clear and accurate.

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

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

The following evidence was reviewed:

- Application MDM with all finished product specifications
- List of all chemicals onsite: seen specifications

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.

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 Tier 2 meeting

3.8 Control of non-conforming product

Control of non-conforming products is detailed in: **blocking procedure P-GRO-NL-10165, blocking Form F-Gro-NL-10168, Tainted meat / cat 2 / cat 3 P-GRO-10068**

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 Cat 2 or Cat 3 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, blocking form F-GRO-NL-10168

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: **04/04/2025**
Product **IKB Karkas**
Lot code: **kill 2025-03-27**
Results are retained as documented information and reports include all relevant information and data (including mass balance information). Traceability is achieved within 4 hours.

Vertical audit details:
Finished product: **art. 12439 Nek z/been z/knars FS**
Raw materials: **slaughter date 2026-01-08 (checked for UBN)**
Printed packaging and labels: **Batch**
Production/packing date: **09/01/2026**
Quantities reconciled: **kg**

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 17 farms were checked, quantity records in SDS, Reflex calculations 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 PRPs, 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.

3.10 Complaint-handling

Complaint-handling is documented in: P-GRO-NL-10086 2025-04-23.

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
.

Product complaints:
2024: 714 complaints
Q3/Q4 2024 + Q2/Q3 2025: 637 complaints of which 163 FS related and 161 packaging/labeling related

Top 3 complaint reasons:
1. Cutting / snit
2. Wrong article loaded
3. Bone pieces / knars

Top 3 FS complaints: 1. Hard plastic 2. Temperature 3. Soft plastic

A trend analysis is maintained and documented and discussed in management meetings (including the management review). Overall scoring AAA (= <0,02 complaints / T). The aim is to handle complaints within 7 days. Account manager is contact person.

There has been no significant increase in the complaint group.

The following complaint samples were taken:
- KL.VGS.26.017 Complaint on 2026-01-11 red plastic in meat strips
- KL.VGS.26.116 Complaint on 2026-03-09 temperature cat. 3 above max. limit

3.11 Management of incidents, product withdrawal and product recall

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

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

There is a documented product withdrawal and product recall procedure: **P-VION-10015 Crisis Management v16 2026-01-08**.

The recall procedure identifies those who are to be notified (including CB, LRQA) in the event of an incident where product safety or legality is in question. There is a recall plan which is supported by a recall checklist. Mobile phone numbers for the senior management team are available for out-of-hour 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: 04/04/2025
Product: IKB karkas
Lot code: kill 2025-03-27

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.

The following evidence was seen:
Mock recall report

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

4. Site standards

4.1 External standards

Plant located in an industrial area in a rural environment.

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

Types of buildings include stables and life animal truck cleaning facilities, production 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:
- "F-GRO-NL-10197 Bouwtechnische controle" v10 2025-07-24, 1x/Q, seen Q4 2025
- "SSOP facilitaire dienst" in
- Ungoing construction of new cooling area and cool tunnel.
- 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.**

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: **CCTV, 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 2025-06-17 as input for the MR.
- Vions ten commandments of cyber and information security.
- Procedure unwanted visitors available at recpetion.

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 **current plans.**

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. Unless a purple Dolav with a blue bag is being used to collect meat hooks. The blue bag is torn in several places, which causes the risk of contamination of the Dolav with grease. There are also purple Dolavs intended for meat standing next to it **(see NC log).**

There were temporary constructions noticed 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 with routings
- 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. In the meantime, the hygiene status is sampled and analyzed to be sure, that the area is still ok and 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 foggy. A new cooling tunnel will be running at the end of March 2026, which will remove a significant amount of moisture from the carcass. Until then, condensation will be removed manually on a regular basis.

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.

The high-speed door expedition and the external roll-up door are often open at the same time, creating an open connection between the outdoor area and the exposed meat **(see NC log).**

There is a dedicated washing area present. The washing of equipment is done separated from production. Plastic strip curtains present of which one torn which was reported in .

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, canteen water, cleaning water, hand washing 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:
- Analysis report spray water cool tunnel 2026-02-10, 7 samples, E.coli, Enteros, TVC 22°C all within limit. 3 samples Legionella also within limit.
- Analysis report water hygiene sluis and ice 2025-05-27, 7 samples, E.coli, Enteros, TVC 22°C and Legionella all within limit.
- Water sampling plan 2026, risk based frequency

4.6 Equipment

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

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

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

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

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

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

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

Mobile equipment and battery-charging equipment is in use, potential risk to the product is prevented by means of separate storage and up to date maintenance. Pallet trucks are clean.

The following evidence was reviewed:
- Suitable slaughtering line, dirty and clean part
- Cutting lines in cutting department and deboning department
- System to transport clean crates to the cuting lines and dirty from the cutting lines
- DoC conveyor belts 2026-03-11.

4.7 Maintenance

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

Preventive maintenance covers all plant, processing equipment and mobile equipment.
Contractor services are used for: most utilities, calibrating services, scales, x-ray, metal detectors, cooling system, slaughtering equipment.

Samples seen and completed to schedule:
- X-ray calibration annually by X-RAY on 2026-03-12
- Metal detectors calibration annually by
- Weighing units
- Cooling system including checking of PT100

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
Range of food grade lubricants used: Seen specification NSF H1 (chain grease), supplier 2021-06-29.

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 hand wash present.

The following supporting evidence was seen:

- Samples seen in (stunning device 3 (2025-12-15), (2026-03-10))
- Calibrating metal detectors by 2025-06-10
- Weighing units by 2025-11-06
  - S/N 191316 Floor scale “veredeling”
  - S/N 19024 Floor scale “snijzaal”
- “F-GRO-NL-10160 Weegwerktuig test” weekly checks
- Contract (compressors) 2025, annually maintenance, last time on 2026-02-04
- List of approved chemicals
- Flushing water system monthly, last time on 2026-02-08
- Servicing cooling system including checking of PT1000 thermometers by , annually, last time on 2025-07-16
- Cleaning evaporators by on 2025-08-23/24
- Inspection by on 2026-02-28

4.8 Staff facilities

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

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

Handwashing and shoe washing
Hands-free operable handwash facilities located in several areas at entrance to production, equipped with an adequate supply of water (not all) 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.

Hygiene sluis: low water pressure from the taps, a worn-out nail brush, standing water at the bottom of the stairs, lots of loose, mouldy sealant on the stairs **(see NC log).**

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

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

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

4.9.1 Chemical control

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

An unattended carton box containing round blades was found on the workbench near the rear legs in the cutting room **(see NC log).**

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

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

Evidence:

- F-GRO-NL-10190 In- en uitgifte messen slijpruimte expeditie / snijhal" v12 2024-11-25, seen data week 2 2026
- F-GRO-NL-10127 Messen regime slachthal" v9 2025-11-28, seen data week 2 2026

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.

Evidence:

- P-GRO-NL-10147 Glass hard plastic", 1x/Q, seen 2026-02-14, 3 deviations in . Q4 2025 7 deviations.

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 won't go into production areas.

4.9.6 Other physical contaminants

Describe any other specific controls on physical contamination such as packaging:
Deboxing and debagging procedures include controls for physical contamination and is executed in separate areas: packed in yellow plastic crates and dolav boxes in order to prevent contamination risks.

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

Dedicated yellow crates are used to store small equipment to be used during deboning. Separate yellow crate for dirty equipment.

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.

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

The following evidence was reviewed:
Demonstration metal detector test in the cutting line with rods Fe 5,0mm, nonFe 6,0mm and STS 8,0mm

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-10240 Afdelingen schoon bijhouden en veegschoon opleveren” 2025-08-21**

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, 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, every 2 weeks meeting incl. multi disciplinal team of the company (prod leader / fac. Manager / maintenance and QA). Actions are defined for both sides and spoken minutes of meeting were seen / action list (PDCA),

The following evidence was reviewed:
- “F-GRO-NL-10021 Reinigings- en desinfectieplan (Pre-SSOP)” 2025-01-26
- Periodic cleaning planning 2026
- Week plan cleaning 2026-01-01

- Daily pre-SSOP, seen 2026-01-09 slaughtering area, hygiene sluis (1 deviation, no soap) / packaging (1 deviation). Immediately follow-up of deviations or register in .
- Daily SSOP (1x/week together with NVWA), seen results slaughter area (7 deviations), cutting area (temperature meat 5,1°C and 5,3°C), veredeling (2 deviations), packaging. Immediately follow-up of deviations or register in .
- Specifications chemicals Cleaning agent: ( ) 2024-11-06, ( ) 2024-03-13, ( ) 2024-11-06, ( ) 2024-04-18
- “Concentratiemeting Vion” 1x/Q, 2025-07-03 and 2025-04-08. All within limit.
- titration foam units 2025-12-16. All within limit.
- “Chemiekaart Vion”, with used concentration per chemical
- “F-GRO-NL-10198 Controle metingen krattenwasmachine” 2026-03-11: temperature water 52,02°C, temperature hot air 78,3°C, conductivity 3,10 mS/cm. Alle within limit.

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, Salmonella.

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:
- “Planning agar 2026”. Frequency monthly (on a weekly basis). Seen results of 2026-01-09 (80 samples), 2025-06-09, resampling of 1 sample on 2025-07-24. 2026-02-05 20x agar of hands. Improvement needed for slaughter employees.
- Listeria swabs, quarterly:
  - 2026-01-09, intestines area and ventilation slaughter area, 14 samples
  - 2026-01-16, slaughter area, 1 positive (bordes), 5 re-samples on 2026-01-29, all good
  - 2026-02-11, zwepers 10 samples, also Salmonella
  - 2026-02-11 ceiling, air bag, evaporators (also yeast and moulds)
- Kalium-Jodide residue testing strips recorded 4x/year on F-GRO-NL-10091

4.12 Waste and waste disposal

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

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

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

4.13 Management of surplus food and products for animal feed

Materials transferred to the animal feed chain:
are the licensed recipients of Cat. 2 (e.g. blood) and Cat. 3. 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 and from mid 2026 , who already is contracted for currently (partly) pest control.
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 weeks, 2026-03-11 most recent periodic routine control.
Content of routine inspection: **Rats outside, mice inside, crawling insects and EFK devices.**
In-depth inspections performed: **annually, seen 2025-05-12 by DB.**

Frequency is suitable. Because of a lot of rebuilding activities since last year, temporary extra traps of . Maps and documents are available.

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:
- Trend analysis previous 12 months, 23 rats outside and 0 mice.
- Certificate IPM on 2022-01-09
- Certificate bestrijdingstechnicus exp. 2026-07-14 and exp. 2026-12-31
- Inspection reports 2026-03-11 and 2026-02-26
- Online portal with e.g. contract, authorized personnel, plan, inspection results, recommendations and action list for both A 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.

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.
- “F-GRO-NL-10120 Pre-shipment control”
- “Vervoersdocument Vion” 2026-03-12 truck

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
4.10.2	No filters and sieves applied
4.10.4	No magnets applied.
4.10.5	No optical sorting equipment applied.
4.11.7	No CIP cleaning in use
4.14.3	Pest control is outsourced
4.15.4	No controlled atmosphere storage in use
4.15.5	No outside storage

5. Product control

5.1 Product design/development

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

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

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

HACCP team involvement and agreement on customer requirements:
HQ is responsible for product and process alterations and CAPEX system applies.
HACCP reviews are held and include HACCP assessments made by the HACCP team leader for each new cut. The HACCP team also 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:
- Microbiologiscal sampling plan
- Micro results of product in the tracetest Art by lab

5.2 Product labelling

The following documentation describes the process: **P-GRO-NL-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
- 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 , FS , FS, IKB (and Standard) pork meat.
Appropriate mitigation measures are developed and implemented, which include:
Chain of custody audits are done (IFS PIA) by an external certification body (LRQA).

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: **25/06/2025**

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 LRQA exp. 2026-04-30 with a 100% score
- Organic certificate exp. 2027-01-01
- "P-GRO-NL-10237 Protocol China production" v5 2026-01-28, signed by plant manager on 2026-01-28 and NVWA on 2026-02-10

5.5 Product packaging

The packaging materials for finished products are: **naked hanging on hooks, 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 FS Dolav bag,

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 last Q of swabs from carcasses do show good results within the limits (regarding to EU 2073/2005). 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 TVC 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:
- Trichinella results middenrif 2026-03-10. No positives in the last year.
- "P-FOOD-10008 Micro analysis standards" v22 2025-12-22. TVC log m-M: carcasses 4-4,7 / veredelde parts 4-5 / trimmings 4,7-5.
- Results micro (TVC, Enteros, Salmonella, Listeria) carcasses (1 sample/1000 pigs) 2026-01-08
- Results micro hoofddelen (1x/2 weeks) 2026-01-07
- Results micro trimmings (5 samples) 2026-01-08
- Results micro veredelde parts (5 samples) 2026-01-07
- Seen micro trend analysis 2025
- "P-GRO-NL-10089 Monstername chemische analyses" v43 2025-11-28. Minimum annually of kidney and middenrif.
- Results ochratoxine A in kidney (2x/year) 2025-11-14 and 2025-06-20.
- Results heavy metals: cadmium, lead, mercury (4x/year) 2025-02-27, 2025-10-16 and 2026-02-24
- Results PFAS (4x/year liver and meat) 2025-12-10 and 2025-08-26..
- External lab

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

Animal primary conversion applicable. Risk assessment as part of 3.5.11.

Inspection by Dutch authority NVWA at lairage and post-mortem to ensure that the animals are fit for human consumption.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
5.2.3	No claims in use to satisfy a consumer group

5.3.7	No claims applied regarding the suitability of a food for allergy or food sensitivity suffering
5.6.2.2	No testing laboratory on site
5.8	No product rendered to pet food

6. Process control

6.1 Control of operations

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

During this audit all processes were in operation (except 2026-03-11 because of a huge server problem) 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, sorting, storing and loading
- Valorisation tool per article: cut (incl. pictures), packaging, labelling, palletising. Seen 4260-P2 art. nek z/been z/knars
- CCP 1 bezoedeling, data 2026-01-08, verification 3x/day (daily by NVWA)
- “F-GRO-NL-10001 CCP 2, 3, 3a monitoring temperature meat”, seen data 2026-01-09
- “F-GRO-NL-10002 Verification ”, 4,0 – 4,5°C on 2026-01-09

6.2 Labelling and pack control

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

Records of checks were sampled from the vertical audit trail.

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

The following evidence was reviewed:
- Masterdata packaging Vion Group

- "F-GRO-NL-10172 Etikettering dozen derde landen", seen registration (date, weight, shelf life, temperature, amount on pallet, amount of pallets) 2026-01-26
- "F-GRO-NL-10184 etiket controle"

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:
- "F-GRO-NL-10172 Etikettering dozen derde landen", seen registration (date, weight, shelf life, temperature, amount on pallet, amount of pallets) 2026-01-26
- 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 :
- Calibration metal detectors by 2025-06-10
- Calibration weighing units by 2025-11-06
- Calibration S/N 191316 Floor scale "veredeling"
- Calibration S/N 19024 Floor scale "snijzaal"
- Servicing cooling system including checking of PT1000 thermometers by , annually, last time on 2025-07-16
- Calibration S/N 15383090 and S/N 15291321 thermometers internally on 2026-01-31
- Calibration reference thermometer S/N 19744936 by on 2025-12-09

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.

The skills matrix states that the assistant dispatch foreman must complete the training on weighing equipment, but this has not been done. In practice, this person is unaware of the maximum tolerance of the floor scales, even though he is required to enter this information on the SSOP list ( ) **(see NC log).**

Employee training is defined in a documented procedure. For operators there are records of sign off against key tasks.

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.

In practice training hasn't been followed-up properly. When preparing crates with foil, there is foil waste on the floor and obsolete crates and foil piled up on a table, even though it had been agreed to place these on a pallet with a 'blockade' label **(see NC log).**

The following evidence was reviewed:
- Skills matrix Vion Groenlo (Excel), per department for all production employees
- "Afbeeldingentoets Vion Groenlo", (agency) on 2026-02-09
- "General risks Vion Groenlo", on 2026-02-09, scoring 12/12
- "Instructie linnenkamer", on 2026-03-09
- Health declaration 2025-03-12
- Check of performed trainings by HR every Quarter, 2026-03-03
- Training need by QA annually, 2026-03-03
- CCP 2-6 training (every 1,5 year) from 2026-01-13 till 2026-01-29, exp. 2027-07-01
- CCP 1 training (every 1,5 year) on 2025-01-18, exp. 2026-07-18
- Hygiene training (every 1,5 year) on 2024-07-27, exp. 2026-01-27
- Hygiene training (every 1,5 year) on 2025-06-30, exp. 2026-12-31

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:
- "P-GRO-NL-10258 Fabric washing" v1 2026-02-24. All 60°C
- Visitor registration including questionnaire
- Hygiene rules (handed out at the porter to all visitors) P-GRO-NL-10016

- 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:
Health declaration 2025-03-12

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). In-house washing of cloths, according to procedure (>60°C).

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:
- "P-GRO-NL-10258 Fabric washing" v1 2026-02-24. All 60°C
- "Werkwijze linnenkamer", plastic bag for dirty cloths returned from / grey bag for disposed clothing / red bag for broken clothing

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

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

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

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

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

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

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

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