Audit Report **Global Standard Food Safety Issue 9**

1. Audit Summary			
Company name	Vion Scherpenzeel B.V.	Site code	8476525
Site name	Vion Scherpenzeel B.V.		
Scope of audit	Slicing, brining and curing, smoking, cooking, marinating and seasoning of (vacuum and/or bulk boxes) packed fresh or frozen pork meat and pork meat preparations/products. Freezing of pre-packed pork meat. Trading of pre-packed frozen meat products.		
Exclusions from scope	None		
Justification for exclusion	NA		
Audit start date	2025-09-02	Audit finish date	2025-09-04
Re-audit due date	2026-12-11	Head office	No

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	AA		Previous audit date	2024-11-28	
Certificate issue date	2025-11-12		Certificate expiry date	2027-01-22	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	

2. Audit Results

	Minor	9

3. Company Details

Site address	Het Zwarte Land 13 3925 CK SCHERPENZEEL		
Country	The Netherlands	Site telephone number	+31 (0)88 995 4800
Commercial representative name		Email	
Technical representative name		Email	

4. Company Profile

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

Shift pattern	2 shifts, 5-6 days a week.	
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	ISO 9001, IKB (welfare), farming star (welfare), USDA, organic (SKAL), IFS PIA and QS.	
Outsourced processes	No	
Outsourced process description	NA	
Regions exported to	Asia North America	

4. Company Profile

	Europe Oceania Africa
Company registration number	NL82EG
Major changes since last BRCGS audit	No cutting/deboning activities anymore, some team changes. Sous-vide cooking as a regular process.

Company Description

Vion Scherpenzeel B.V. belongs to the Vion Food Group which produces pork and beef. Vion Group is one of the biggest meat processing and selling companies in Western Europe and sales is worldwide with a focus on Europe and Asia (China, Japan, Korea). The site employs approx. people working basically in a 2-shift system from Monday to Friday, occasionally production on Saturdays. Vion Scherpenzeel B.V. is specialized in the production of cured and/or smoked bacon by, cutting, slicing, brining and curing, smoking, marinating, (slow) cooking (sous vide) and seasoning of packed (vacuum and/or bulk) fresh or frozen pork meat and pork meat preparations and products. Further also freezing of prepacked pork meat. Also, other products are produced like sliced pork meat, vacuum packed in consumer packs, bulk packed in boxes (B to B) and other packaging activities are performed. Only pork meat is processed and final products are based on welfare and good farming breed programs of the pigs (EKO, GB, GF, QS, standard and FS (farming star)). Three HACCP studies are valid. The raw materials come from own slaughterhouses, which are part of the Vion Group in the Netherlands and from some other non-Vion slaughterhouses in France. Only B2B delivery. The storage and transport of finished products is by incident partly outsourced (both cooled and frozen) as sister company Distrifresh is now involved in transporting from and to own Vion plants (not in the scope of this audit). Also by incident deep-freezing of some products to external cold stores is outsourced. This no standard process. The products do not return to the site and are therefore out of scope of this audit. Furthermore, on-site cleaning of crates and pallet boxes. The company is under veterinary control for exporting activities, is USA approved and has several client statuses e.g. . Official veterinary approval number: NL 82 EG. Packed pork products which are bought from Vion International B.V. (produced by Vion sites, mainly Vion Boxtel) are frozen after reception, stored and palletized for export in containers. Per week, approx. Tons fresh (vac packed) consumer products are produced, Tons of packed products are frozen and approx. Tons of vacuum packed bacon (salted/cured and slated/smoked, and or sliced) are handled. De company is about m2 and situated on an industrial area. No negative influences of processing of other companies were identified.

5. Product Characteristics

Product categories	03 - Raw prepared products (meat and vegetarian) 08 - Cooked meat/fish products 09 - Raw cured or fermented meat and fish Category Category Category Category

5. Product Characteristics					
		Category			
Finished product safety rationale		Temperature < 3ºC (organs), < 7ºC or < -18ºC (other products), vacuum packaging (bacon), dosage nitrite (> 1 gram/liter brine / > 60 ppm on ingoing product). Sous-vide cooked pork ribs meat is heated >72ºC for min. 3 h. But all products need to be heated prior to consumption.			
High care	No	High risk	No	Ambient high care	No
Justification for area		Appendix 2 applied. All products (incl. sous-vide cooked pork meat) have to undergo full cooking step prior to consumption. Also smoking process step is not considered as a sufficient heating step justification for area.			
Allergens handled on site		Mustard 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 Choose an allergen			
Product claims made e.g. IP, organic		IKB, FS (farming star / “beter leven”) and GB (= GF + welfare) and GF (good farming) + Qualität und Sicherheit (QS) + Organic (SKAL)			
Product recalls in last 12 months		No			

Products in production at the time of the audit	Brine production Salting/ smoking/sous vide cooking of meat products Vacuum packing and slicing of product

6. Audit Duration Details			
Total audit duration	24 man hours	Duration of production facility inspection	12 man hours
Reasons for deviation from typical or expected audit duration	NA		
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	x
	Site QA Manager	x	x	x	x
	Group QA manager			x	x
	QA employee / sampling/ trace test			x	
	Dep. Manager salting/bacon/smoking/sous vide	x	x	x	x
	Manager Maintenance		x	x	x
	Dep manager slice/ CU	x	x	x	x
	Dep. Manager coldstore/ exp	x	x	x	x
	HR officer		x	x	x
	Shiftleader		x		
	Shiftleader		x		
	Non food shift leader		x	x	
	Work preparation Maintenance			x	x
	Maintenance manager			x	
	Product manager /trace test			x	x

	Product development		x		
	Employee Expedition		x		
	Employees / operators		x		

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
2022-09-14	BRC Food 9	Unannounced	Pass
2023-12-06	BRC Food 9	Announced	Pass
2024-11-28	BRC Food 9	Announced	Pass

Document control			
CB Report number	RQA9832747 / jobnr. 7328508		
Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16
Directory allocation	Food	*Version*	1.1

Non-Conformity Summary Sheet

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

Critical		
Clause	Detail	Re-audit date

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

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
2.3.1	There is a very detailed document created by CENTRAL (P Vion 10000), all potential risks aspects that could potentially affect Food safety effects are considered. However, not clear defined is which products or product groups (conform CA step 2) are applicable for this site, lack on information to consider the possible implications needed	**Immediate Corrective Actions:** The site HACCP team conducted a review of all products and product groups handled at the site to identify which ones are applicable according to the Central document. The QA Manager reviewed the updated HACCP plan to ensure completeness and compliance. 2.3.1. P-SPZ-NL-10005	**Preventive Actions:** A formal procedure is developed to define how the site risk assessment is applied to site-specific products, ensuring a consistent approach for all product introductions. All relevant employees, including the HACCP team and operators, will be trained on how to interpret the risk assessment and apply them to site-specific HACCP studies. The HACCP plan will be reviewed annually, and whenever new products are introduced, to ensure all hazards are identified. **Verification of Effectiveness:** Effectiveness will be verified through a review of the updated HACCP plan to ensure all site products have identified hazards, controls, and monitoring. Training records will be checked to confirm that employees understand the procedure. Internal audits will verify that	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non-conformance. The root cause of this observation is that the Central risk assessment was designed as a general document, not tailored to individual sites. Additionally, there is no formal procedure for mapping Central-level risk assessments to the site's product groups, and there is insufficient cross-functional verification between	26-09-2025	

Minor						
	for the site HACCP study.	Description of the product groups ***Closed to verify during next on site audit***	no hazards are missed and that the updated procedures are being followed consistently.	documentation and the site HACCP team. The changes that have occurred in the last years by Vion Scherpenzeel also seen the production of meat preparation are added in the HACCP plan and flow chart. The product overview was not changed due to these changes.		
3.2.1	Documented workplace instruction is trained to employees on the work floor. No version/ date was printed on the workplace instructions No. 17 and 18. Not clear was if the latest versions were	The version number and date was added on the working instructions seen during the audit. 3.2.1. Example for work instructions ***Closed to verify during next on site audit***	We discuss this point with all the department managers and the HR department. The HR department performed on the 10-9-2025 an inventarization of all working instructions. All instructions are now identified with a date and a revision number in order to ensure that the employees will be trained against the last version.	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non-conformance. In the period when several changes in personnel occurred by the HR department, some work instructions were made by the department managers	26-09-2025	

Minor						
	used for the onsite training of the employees.		All the working instructions are being controlled and archived by the HR department. A formal procedure is made to ensure that all workplace instructions include version numbers, dates, and approval signatures. **Verification of Effectiveness:** Effectiveness will be verified by reviewing training records to confirm that all employees have been trained on the latest versions of workplace instructions. Internal checks are implemented to ensure that version control is applied consistently and that employees are following the correct procedures. Any deviations will be addressed immediately. **Responsibility:** The QA Manager will ensure version control is applied and maintained. Supervisors are responsible for confirming that employees are trained with the latest instructions. The Training Coordinator will manage refresher training and documentation.	were no date and version number where added. There is no formal procedure to ensure version control is applied consistently across all workplace instructions		

Minor						
3.3.1	Recently the electronic system was replaced by HQ for another electronic system to manage documents like specifications and DOCs of ingredients and packaging materials. The site responsible employee did not have an authorised access	The FD Manager requested authorized access for . The facility manager is trained, in week 40 2025, to access the portal where all the specifications for the packaging materials and ingredients are stated and linked to the end product. 3.1 attachments Example from regarding the link between the product article number and the packaging article number. Packaging specifications and DoC's.	All packaging information is now available by the facility department from Vion Scherpenzeel. Further on Vion Scherpenzeel made an inventarisation of all key personnel that need access to . They will ask via the service desk accounts for this system. Together with the accounts digital training will be provided in week 40 to all employees that receive an account. Additionally, regular checks will be implemented to confirm that all site employees requiring system access maintain proper authorization, especially when new employees are added or responsibilities change. **Verification of Effectiveness:** Effectiveness will be verified by: • Confirming that all responsible site employees have active access to . • Performing a mock document retrieval and upload test to confirm functionality. • Internal audits will check that no critical documents were missed or outdated during the transition.	A root cause analyses in order to define the root cause of this non-conformance. Due to the nonactivity of and the lack of other systems to replace this, all plants were responsible for having a decentral database of packaging and ingredients specifications, certifications and other information. On central level is in the last 1,5 year a database of packaging and ingredients specifications created that is link to each finished product ( ). The facility manager was not able to access the central data base for the packaging materials and	26-09-2025	

Minor						
		Closed to verify during next on-site audit	**Responsibility:** • Site Responsible Employee ( ): Confirm access functionality and ability to manage documents. • IT Support / Master data nonfood: Provide and maintain system access. Internal Auditor: Verify compliance during audits.	ingredients. This is due to not yet understanding the request procedure in order to receive access to the system.		
3.4.1	In 2024 in total 4 internal audits were performed during the year. As different formats were used: 1) not clear was if all processes were audited min. 2x year (as defined in the procedure P VION 10011 2 sept 2025) and 2) not fully clear was if these audits together cover the complete BRC audit program.	Vion made an inventory as ground base for the new online audit platform in see attachment. QA man/ 3.4.1 P-VION-10011 3.4.1 Inventory internal audits ***Closed to verify during next on-site audit.***	Vion made an inventory as ground base for the new online audit platform in see attachment. In the QA meeting of 21-09-2025, training will be performed to all lead auditors concerning the use of the new online platform which will aloud Vion to be sure that all of the IFS and BRC points will be followed op conform P-VION-10011, see attachment.	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non conformance. In the moment of the audit there is no standardized format presented to the auditor. That due to the fact that VION was in transition phase one internal audit format to a digital one. Vion Scherpenzeel did not register the inventory after at least one year that the internal audits	26-09-2025	

Minor						
				covered all steps of the process conform the Vion central procedure.		
3.7.2	Handling nonconformities in the CAP was not fully compliant: follow up/ verification of the 10 NC's defined during the internal audit of 29-10-2024 was not demonstrably performed.	The following up of the CAP from audit's NC is integrated into the new online audit platform. QA man/ 3.7.2 inventory internal platform ***Closed to verify during next on-site audit.***	In the QA meeting of 21-09-2025, the minor regarding internal audits was not discussed sufficiently in dept.: 3.7.2, will be discussed with the lead-auditors. With the introduction of the new online internal audit platform (where the following up of CAP of all internal/external audits will be followed up) Vion will make sure that all NC's from previous audits will be assessed. See attachment 3.7.2 inventory online platform Vion Scherpenzeel will take the responsibility to make sure all CAP are accounted for and checked	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non conformance. Due to different standards and subjects, audited, between different type of internal audits not all NC's were followed up during every internal audit.		
4.3.4	Cross contamination risks seen smoked /cooked bacon was moved towards a chilled storage cell but crosses the department handling raw salted bacon.	Product is per direct covered and protected to avoid the possibility of cross contamination.	The route of the smoking department is changed temporarily, the way of working as well, meat that has to make the crossing to the other side. It is to be covered in plastic before aloud to make the crossing.	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non conformance The root cause is a lack of alignment between	26-09-2025	

Minor						
	Besides contamination risks, this routing is not included in the plan with routing of the product P-SPZ-NL-10159 2025-08-01	QA man/ 4.3.4 attachments The new layout and the procedure with the new work instruction. The modification request in . ***Closed to verify during next on-site audit***	Employees are trained against these work instructions. A modification request for the maintenance team has been made to adjust the walls of the building to be able to make a proper routing and storage.	actual product flows and the documented routing plan. Changes in logistics or storage practices were not formally assessed for food safety impact or incorporated into the official routing documentation.		
5.1.2	The new product art. was introduced end of 2024 (take over from Vion Groenlo). The development flow in " " plus the additional FTR form used for approval by the HACCP team of the site were not fully complete: not clear defined was if the introduction of the product	The FTR was changed, and the Product development task are added to it. QA/Mt/ 5.1.2 attachments FTR form and procedure. ***Fully closed***	A decentral procedure for FTR and MOC is made where a clear description of the tasks and responsibilities by the introduction of new processes or products or by changings in the productions are described. See attached P-SPZ-NL-10222.	Vion Scherpenzeel has caried out a root cause analysis. No FTR was performed by the introduction of a new product Culinair tender loins. Nevertheless the FTR was completed with a similar products Culinair hams this was not done for the Culinair tender loins.	26-09-2025	

Minor						
	including the processes involved, resulted in modifications to the existing HACCP / FS plan. This way certain (new introduced) risks can be missed.					
6.1.1	The shelf life of art. 37793 was set on 28 days after production (=tempering). During the trace test initiated by the audit was seen that a batch of vacuum packed product of art was tempered during 24 h starting on Friday. This batch was labeled on Saturday 30th of August with UBD of 28 days (UBD 27-09-2025). The other part of this batch	The site will immediately define and document the start point for calculating shelf life, ensuring it is unambiguous and consistent across all products. PK/ 6.1.1 Form and training evidence. ***Closed to verify during next on site audit***	The site will immediately define and document the start point for calculating shelf life, ensuring it is unambiguous and consistent across all products. A registration form is developed for products yet to be tempered. This form contains the production date and already the best before date that will be printed on the label. In this way the employees are able to perform also the check if the right shelf life is printed. On 16-9-2025 the employees from the Retail department responsible for this process are trained by the department manager.	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non conformance On the retail department was an batch with thawed products labeled. Due to an administrative error done by the retail employees the shelf life printed on the label was not calculated from the production date (hours after the defrosting proceed has begun) but from the date of labeling (which was two	26-09-2025	

Minor						
	stayed in the chilled storage and was labeled on Monday 1st of September with also a shelf life of 28 days (UBD 29-09-2025) But in fact this shelf life was 30 days after tempering.			days later). In this way the product receive instead of 28 days shelf life (which was validated) 30 days. The site will immediately define and document the start point for calculating shelf life, ensuring it is unambiguous and consistent across all products. A registration form is developed for products yet to be tempered. This form contains the production date and already the best before date that will be printed on the label. In this way the employees are able to perform also the check if the right shelf life is printed. On 16-9-2025 the employees from the Retail department responsible for this		

Minor						
				process are trained by the department manager.		
6.3.1	The methodology/ frequency of weight check of individual packed CU's was not very clear. Price per CU is printed per CU on the label, based on the exact weight and Euro/kg. Seen tarre implemented per product in and calibration of the weighing units. No weight verification of individual CU's were documented / could be shown, The individual weight per box (with around 20 pieces) was weight and documented as agreed with the supermarket. Detail: No complaints on	Slice / Retail procedure is adapted and documentation will be performed. PK/6.3.1 attachments Procedures describing the new checks, Training records and certificates for the weights that will be use to verify the scales. ***Closed to verify during next on site audit***	A recording form is developed and implemented for scale weight verification, including: • Defined methodology for frequency and check of the scales. • Documentation requirements to ensure traceability of checks performed. This is accomplished by creating a log for the controls on the . • Clear responsibilities for operators and QA staff. On 11-9-2025 the employees from the Retail department responsible for operating the lines are trained by the department manager. Training is provided to the operators on the new procedure, ensuring they understand how to conduct, document, and escalate weight checks. Calibration schedules for weighing equipment will continue to be followed, and records will be linked to weight verification documentation.	Vion Scherpenzeel has caried out a deep analyse in order to define the root cause of this non conformance. The root cause is the absence of a formalized procedure specifying how and how often individual CU weights should be checked and recorded. Reliance was placed on tarre settings in and calibration of weighing units, without implementing a documented verification step. •	26-09-2025	

Minor						
	weight of CU's were received since previous audit.					

Comments on non-conformities
-

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	2025-09-02	08.00	17.00	Physical	
			Lead Auditor	2025-09-03	07.00	17.00	Physical	
			Lead Auditor	2025-09-04	08.00	13.30	Physical	

1. Senior management commitment

Policy
The site policy is documented in: **P-SPZ-NL10158, v30.01.2024.**
It is signed by the person with overall responsibility for the site, the Plant Manager.
Commitment to continuously improve the site's food safety and quality culture (sharp connected and brave) is included.
Communication to staff: Displayed in key areas on notice boards and part of induction program new employees.

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: **SPZ10153, updated July 2025.**
Activities undertaken, involving all sections of the site: personnel survey, workshops, year-end meetings with personnel, food safety training, whistleblowing policy, sign up to business code of conduct.
Success of the plan is measured through monitoring of actions taken during management meetings. Tier 1 boards show current performance against the objectives for the benefit of the staff.
Plan is ongoing. During this audit, the implementation of this plan was also verified on the factory floor and all other departments that were audited.

Date of last review of plan: 14/07/2025
Frequency of reviews: 2xY
Senior management were able to discuss the plan during this audit (spoken to Operational Manager).

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

- **CCPs more digital recorded in 2025.**
- **HACCP training for teamleaders (management)**
- **BRC "A+, AA+"**

Weekly MT, HACCP team 1x month (included in MT team.
Objectives are monitored 4xY by MT
Key results or significant trends: the site is meeting established SMART objectives / effectively progressing through its objectives. Employee satisfaction survey was held.

Management review
Frequency of management review meetings: 4xY. All required items are discussed.
Who typically attends the meeting: whole MT.
Date of last management review meeting: **14/07/2025**
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 (1-5) with Tier 1 held with operatives daily and Tier 2 with line management weekly.
Action lists meetings reviewed: **every Thursday.**

Previous nonconformities
All previous non-conformities have been closed out suitably.
Thorough root causes are identified through application of Fish bone model: (mens machine methode materiaal). VOS FTR (First time right) Preventive actions are effectively implemented to prevent re-occurrence. A CAPA excel list is maintained. 10-12-2024 Capa overview seen: all actions closed and verified.

VION central is supporting.

Organisational structure, responsibilities, and management authority
The site organization structure is documented in: **P-SPX_NL 10092 23-10-2024 Organogram.**
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 (Vion central Quality departments and intercompany quality employees). ~~The QA employees (intercompany) supporting the internal audit programme.~~
Overall responsibility for the day-to-day management of the food safety system is with the Department Managers and Foremen.

Reporting food safety issues
How food safety risks, concerns or non-conforming issues are reported by staff and resolved:
Feedback from personnel on factory floor demonstrates that staff is aware when, how, and to who report food safety issues to. The company keeps up to date with emerging issues, legislation, and good practice through branch organization and the Central Organisation.

A whistle blowing system (Included in the Business practice guide for employees) is in place, also a box is placed within the rest room and employees are free to leave anonymous concerns. Employee introduction the Operations Manager is responsible for monitoring and cascading this to the relevant stakeholders across the site; **seen V2023-08 FD** information.

The following supporting evidence was reviewed:
Logo use; not applied.
Profile production employee.
FSC action plan including goals and setting: incl. measurement of the situation.
Tier half every morning, a huddle on the floor, Tier 1 everyday meeting with managers.
Tier 2 every week (MT/HACCP).
Actions of MR: pest control: frequenter check in fry storage.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
1.1.13	No logo use.

2. The Food Safety Plan – HACCP

There is one HACCP manual described as the: **Risk analyses general (HQ) P Vion10000, 26-11-2024 and about systems P NL food 22-11-2023.**

HACCP Team
The food safety team is detailed in: **P Vion10000, 26-11-2024**
The team leader is well qualified and experienced. The team is multidisciplinary, experienced, and knowledgeable in their fields with required level of food safety training. The HACCP Team is led by the QA Manager who has more than 5 years' experience in the food industry and trained in Level 3 HACCP. The other members all had appropriate training and experience. Training records were sampled.

Scope of HACCP
The HACCP system scope is documented in: **P Vion10000, 26-11-2024**. 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: **P Vion10000, 26-11-2024 P-SPZ-NL 10005** . Relevant information is described and information on food safety is included.
The scope accurately reflects all products on site.

Minor NC on 2.3.1: There is a very detailed document created by CENTRAL (P Vion 10000), all potential risks aspects that could potentially affect Food safety effects are considered.
However, not clearly defined is which products or product groups (conform CA step 2) are applicable for this site, lack on information to consider the possible implications needed for the site HACCP study.

Process flow diagram.
Record key process steps/operations to manufacture products within the scope of certification:
Intake, storage, slicing, brining and curing, smoking, cooking, marinating and seasoning, freezing and/or tempering, labelling and dispatch.

Record date and reason of last verification: **28/08/2025**
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:

- Microbial/Chemical/Physical/Allergen hazards.

CCPs, limits and controls
Provide CCPs / PRPs details: Training 41

#	CCP	Control measure	Critical limit	Monitoring frequency
1A 1B 1C	• 1A: Core temperature at reception of meat • 1B: Core temperature at reception of meat for raw materials transferred within Vion plants	Measuring temperature with calibrated thermometer	• meat ≤ 7ºC (legal limit) • organs ≤ 3ºC (legal limit) • meat for raw materials transferred within Vion plants, ≤ 6ºC	Each intake. See instruction

1D	• 1C: Core temperature at reception of meatpreparations • 1D: Core temperature at reception of ms meat		• meatpreparations ≤ 4ºC (legal req.) • ms meat ≤ 2ºC (legal req)	
2A 2B/C	• 2A: Temperature loading of fresh meat: ≤ 7ºC • 2B/C: Temperature of vacuum packed meat and meat products/preparations (incl. returns) ≤ 6ºC	Measuring temperature with calibrated thermometer	• Fresh meat: ≤ 7ºC • Vacuum packed meat and meat products/preparations (incl. returns) ≤ 6ºC	• Each loading • Each packing run

PRPs have been identified in: **P-SPZ-NL-10067 1-8-2025**. Control measures have been defined.

CP 01 M Bezoedeling vlees door medewerkers en bezoekers
CP 02 M Kruisbesmetting van vlees en bloed met pathogenen via mes en machines
CP 03 M Gevallen producten, bezoedeling vlees
CP 04 M Vlees in contact met retouren en vuile emballage
CP 05 M Bezoedeling op vlees abces
CP 06 M/C Bezoedeling product via verpakkingsmateriaal
CP 07 M Lekke (vacuüm)zakken
CP 08 M Besmetting van vlees met condens
CP 09 M/C Aanwezigheid harde en zachte vleesvreemde bestanddelen
CP 10 F Bezoedeling door olie/ smeermiddelen
CP 11 C Verontreiniging vlees / hulpstof / verpakkingsmateriaal met koelmedium
CP 12 F Vleesvreemde middelen inpakken bijv. hout, peukjes, zacht plastic e.d.
CP 13 M Kruisbesmetting van vlees / hulpstof / verpakkingsmateriaal door onvoldoende R&D
CP 14 C Residu reiningings- en/of ontsmettingsmiddel in product.
CP 15 F Bezoedeling van vlees / hulpstof / verpakkingsmateriaal door contact met (uitwerpselen van) ongedierte
CP 16 C Versleping van gif
CP 17 M/C Besmetting vlees / hulpstof / verpakkingsmateriaal door onvoldoende schoon water
CP 18 M Doorgroei door gebruik van niet verse producten (waaronder retouren)
CP 19 M Kwaliteit aangevoerde grondstoffen (vlees)
CP 20 M/C/F Kwaliteit aangevoerde hulpstoffen (incl. gas)
CP 21 M Doorgroei pathogenen door te te hoge producttemperatuur in combinatie met te lange verblijfstijd
CP 22 M temperatuur / tijd verhittingscyclus niet voltooid/behaald
CP 23 CP 24 M Te hoge temperatuur ontvangen vlees diepbevroren (incl. retouren)
M Te hoge temperatuur verladen vers vlees, vleesbereiding en gehakt vlees, vleesproduct, separatorvlees diepgevroren (<-18)
CP 25 M Te hoge temperatuur ontvangen vers vlees getempereerd
CP 26 M Juiste THT op etiket
CP 27 C Aanwezigheid van allergene stoffen
CP 28 M Doorgroei in eindproduct door onjuiste dosering nitriet
CP 29 M Onvoldoende pekel geïnjecteerd
CP 30 C Doseren pekel met hoog nitriet/nitraat gehalte
CP 31 M Doorgroei als gevolg van onjuiste pekelsterkte

CP 32 M Vermeerdering van kiemen in condens in de drukleiding
CP 33 C Olieresten in druklucht
CP 34 M Kruiscontaminatie tijdens slicen van producten uit verschillende groepen
(zoals gekookt, gezouten, gefermenteerd, rauw)
CP 35 C Ontstaan van polycyclische aromatische koolwaterstoffen (PAK's) bij roken, braden en branden
CP 36 Verwisseling van de Nitriet / Nitraat-vrij met nitriet / nitraat houdend
CP 37 Controle op lekke zakken door versmering marinade / slechte seal
CP 38 Temperatuur en tijd moet behaald worden(product afhankelijk ; +/-3uur bij ≥72°C

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

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

Procedures include performing internal audits, review of records where acceptable limits have been exceeded, review of complaints (by enforcement authorities or customers), review of incidents (of product withdrawal or recall).
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 two CCPs.

Frequency of planned HACCP system review (at least annually): 1xY
Date of last review: **01/07/2025**
Completed by: HACCP- team
Reason for completion: **update and yearly verification**

The following supporting evidence was reviewed:
P SPZ1-144 10-12-2021 HACCP team
New process 22-05-2025 packing stomach fresh chilled.
Procédure interne audit P VION 10011 2 sept 2025
Mystery guest 30-12-2024 food defense: failed audit:
Lay- out verified version; 18.07.2024.
PRP inventory; SPZ-NL-10067, v29-04-2024

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

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 only; all staff are expected to have appropriate levels of Dutch Language skills. Interpreters are available should they be required. 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.

Most of the documents seen during the audit were complying. (seen deviations)

Record completion and maintenance.
Records are in good condition and retrievable electronically or on site. Records are archived for 5 years according to procedure. Maximum product shelf-life applied is 2 years. All electronic data are secured by daily back-ups, arranged by HQ.

However, documented workplace instruction is trained to employees on the work floor.
No version/ date was printed on the workplace instructions No. 17 and 18. ***Minor NC on 3.2.1***

Recently the electronic system was replaced by HQ for another electronic system to manage documents like specifications and DOCs of ingredients and packaging materials.
The site responsible employee # did not have an authorised access: ***Minor NC on 3.3.1***

The following supporting evidence was reviewed:
Right version of CCP intake temperature.

3.4 Internal audits

The following document(s) define the process: **PV10011, v19.11.2024.**
The audits generally follow BRCGS guidelines and clause structures.

Internal audits are conducted: 4XY. The programme includes at least four different audit dates spread throughout the year and is risk-based, considering any previous audit findings.

In 2024 in total 4 internal audits were performed during the year. As different formats were used: 1) not clear was if all processes were audited min. 2x year (as defined in the procedure P VION 10011 2 sept 2025) and 2) not fully clear was if these audits together cover the complete BRC audit program. ***Minor NC on 3.4.1.***

Internal audits are performed by the consultant together with QA (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: normal reports**.**
Objective evidence of compliance and non-compliance are reported. The audit criteria are clearly referenced. Findings are included in a central log, monitored for follow-up, and evaluated in management meetings. Follow-up actions include immediate correction, root cause analyses and corrective action. Responsibilities and timescales for verification/closure of findings have been defined.

Internal audit reports reviewed during this audit: **for overview dates see below.**
The reports reviewed detail conformity as well as non-conformity. A few minor nonconformities have been raised with no trends identified. Root cause by 5-Why is included where required. All actions were closed within the due date. Audits contained a good amount of detail.

A separate program of internal inspections of factory environment and processing equipment is undertaken 12xY.

This is reported in: **f.e. SSOPs and related monthly verification**.
Inspections are performed by using a 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 QA. Effectiveness of the system is discussed in the Management Review.

Inspection report reviewed during this audit: **05/06/2025**. A few minor issues had been observed. Follow-up of actions is demonstrable with records.

In 2024 in total 4 internal audits were performed during the year. As different formats were used: 1) not clear was if all processes were audited min. 2x year (as defined in the procedure P VION 10011 2 sept 2025) and 2) not fully clear was if these audits together cover the complete BRC audit program.

The following evidence was reviewed:
21-10-2024 11 minors and one major: closed.
29-10-2025: 10 minors some still open (***see minor NC on 3.7.2)***
18-03-2025 : IA 10 minor NC's, closed.
26-3-2025 Pre klanten audit hygiene actions closed.
02-06 2025 Process audit/Coldstores: 3 actions closed
5-6-2025 Hygiene and integrities (13) minors in progress.

Procedure interne audit P VION 10011 2 sept 2025.
Handling nonconformities in the CAP was not fully compliant: follow up/ verification of the 10 NC's defined during the internal audit of 29-10-2024 was not demonstrably performed.

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: **PF10032, 19-04-2024.**
All potential risks have been appropriately considered.
Significant risks include: NA.

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: PF10032, 19-04-2024.
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
	Ingredients	Valid GFSI certificate	IFS- certificate
	Salt	Valid GFSI certificate	IFS- certificate
	Ingredients	Valid GFSI certificate	IFS- certificate
	Packaging foil	Valid GFSI certificate	BRC- certificate

Vion Boxtel	Meat	Valid GFSI certificate	IFS- certificate

All suppliers are evaluated: 1xY.
Suppliers are rated on quality, service, delivery, and complaints. All suppliers graded satisfactory in the past year.

Suppliers, that are not audited or certificated, have been traceability tested on first approval and then at least every three years: NA
This was seen for: 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: **Y.**

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

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

The following supporting evidence was reviewed:
See above, supplier as result of the traceability test.

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

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

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

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

The following evidence was reviewed:
13-08-2025 Intake check on 32253 King-size ½ kop deel GF, 389 kg spec 1-11-2023.
37233 King-size 2 hamvlees GF 8303- P1K, 441 kg, spec 1-11-2023.

3.5.3 Management of suppliers of services

The following services are used:

- Laboratory; (ISO17025 under no.)
- Pest control; , seen contract
- Maintenance; f.e. (belts), (calibration) and (cooling equipment)
- Laundry services; (audit)
- Agency temp employees:
- Contracted cleaning; (cleaning schedules)
- Transport; (supplier audit 07-11- 2024, including temperature monitoring)
- Off-site storage; NA
- Waste;

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

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

Examples assessed during this audit:

-

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

Monthly management reviews include performance of suppliers of services.

The following evidence was reviewed:
31-07-2025 supplier evaluation was seen (within the group of Vion).

List suppliers approved and evaluated 2-7-2025 (local overview of suppliers).

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 ( ), and access is restricted to the compliance team.

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.
CoA.

During the audit, several specifications were reviewed:

Name/Initials supplier	Supplier of:
	Conveyor belt
	Cipton VC11
Vion Boxtel	Meat
	Ingredients
.	Salt
	Ingredients
	Packaging foil (incl. DOC/Migration tests)
	Lubricant LG FG 2/0.4
	Hose (different colours) BF SD

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:
Foil vacuum top 56- PE 80 mu 500m transp. PIS 06-05-2025, , DOC valid until 31-03-2026.

Bottom 564 PA PE 120 mu 350 m used 13-08 for vacuum packing PIS 06-05-2025, DOC valid until 31-03-2026.

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: **P Food 10012 11 June 2021**

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

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: HACCP meetings.

Handling nonconformities in the CAP was not fully compliant: follow up/ verification of the 10 NC's defined during the internal audit of 29-10-2024 was not demonstrably performed. ***Minor NC on 3.7.2.***

The following evidence was reviewed:
Capa list 2025 updated until end of August 2025

3.8 Control of non-conforming product

Control of non-conforming product is detailed in: **P-SPZ-NL- 101176 03-08-2021 Blocking and release of products**

There are categories for customer complaints, internal NCs and incidents, non-conforming materials and suppliers used.

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 and put on hold in the ERP system. There is a segregated section in the warehouse for non-conforming products and returned goods.

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

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

Example seen of non-conforming product incident: None.

The following evidence was reviewed:
Example seen of stomachs received temperature too high on first audit day: blocked with red form: decision Cat 3. OK

3.9 Traceability

The traceability process is documented in: **P-SPZ-NL-10009, 14-07-2025.**

Traceability through the process:
Traceability system operates through computer system + Software and paperwork enable trace of raw materials and packaging from supplier through processes to packing and dispatch.

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

Seen well-labelled items during the audit.

Traceability test details company:
Frequency: 1xY
Last test conducted: **08/07/2025**
Product **art delivery 3-7-2025, 23688 kg pd 27-06-2025**:
Lot code
Results are retained as documented information and reports include all relevant information and data (including mass balance information). Traceability (which was also performed as a recall test) is achieved within 4 hours.

Finished product: **king size tenderloin**
Raw materials: **tenderloins (Vion), brine ingredients from**
Printed packaging and labels: **foil**
Production/packing date: **13/08/2025**
Quantities reconciled: 830 kg meat (RM, rest is brine, 1009 kg produced, and vac. Packed: 394 kg still on stock (freezer -18 C), dispatch on 1-9-2025 613.34 kg.

Key documentation reviewed including process control and quality control documentation:
Mass- balance, intake evaluations, specifications, process- checks etc.; according to our vertical traceability form.

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 all raw materials and 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, CPs and PRP's, delivery control checks, production checks, calibration and analyses were verified too. Time to perform the test was respected (<4h). There were no issues found during the product traceability and all documents showed control over the system for food safety by the organisation. Food contact materials legalization is fully implemented. The company's traceability system is found to be effective.

3.10 Complaint-handling

Complaint-handling is documented in: **P-SPZ-NL_10008, 27.09.2024.**

Follow-up of complaints is managed through: / Excel list. Complaints are handled centrally using the Salesforce 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 deemed as not justified following investigations.

Complaints are defined in FS related complaints and others since this year. Most others were mainly claims of customers such as drip and or delivery performances.

Product complaints:
2023: 3,3/week complaints
2024 YTD: 2,6/week complaints
This is 0,002 complaint per Ton product.
2025 (different system against last year): 2 FS related complaints received: black pieces (could be caused by smoking), pieces of plastic (from dolav).

Internal deliveries 19 complaints on RM received intercompany:
Top 3 complaint reasons:

1. temperature
2. wrong labelled
3. scanning prolems of the label/ (printing)

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

There has been no significant increase in a complaint.

The following complaint samples were taken:
Seen both FS related complaints: black pieces (could be caused by smoking), pieces of plastic (from dolav).

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-SPZ-NL_10009, 21-08-2024.**

The recall procedure identifies those who are to be notified (including CB, LRQA) in the event of an incident where product safety or legality is in question. There is a recall plan which is supported by a recall checklist. Mobile phone numbers for the senior management team are available for out of hour's emergencies. Recalls are categorised as critical (food safety, allergens, FBs, health, pest, and legislation) and non-critical (quality, coding and packaging).

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

No withdrawals/recalls occurred since the previous visit**.**

Date of last incident management procedures test: **08/07/2025**
Type of test completed: recall/withdrawal/incident : Product **art delivery 3-7-2025, kg pd 27-06-2025**: Lot code:

Mass balance information is included in the report (as it was also a traceability test, achieved within 4 hours. Successful test conducted. No improvements have been required as result of the outcome.

The following evidence was seen:
-

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
3.5.4	Outsourced processing is not applicable to this operation.

4. Site standards

4.1 External standards

Plant located in an industrial area in Scherpenzeel.

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

Types of buildings include production facility, storage building, offices, maintenance workshop and a storage area across the road.

Site security:
Unauthorised access is prevented by use of ID badges and/or fingerprint access. Visitors/contractors must register at the security building and request for a badge. Several CCTV cameras are installed.

Supervision by maintenance staff. Truck drivers need to ring the bell before they can enter and will be supervised by warehouse staff. The company is always guiding the visitors while visiting the production areas.

External tanks are in place, but only for water buffering cleaning.

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

The following evidence was reviewed:
Lay out P-spz-NL-10159 01-08-2025.
Plant tour outside.

4.2 Site security and food defence

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

There is no legal requirement for specific training.

Food defence risk assessment is documented and based on TACCP: **P-food-10051, 22.11.2023.P-SPZ-NL_10195 12-10-2020**
The TACCP was part of the verification document P-SPZ-10194 **12-10-2020, last verification** 14-07-2025 (included in MR).

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

Examples of threats that have been determined **access to the building**:

Appropriate control measures are developed and implemented: **fenced, security office and tags for doors.**

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

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

A test was performed: a mystery guest had entered the company, ended up on the working floor was questioned by an employee who did not know the woman. Improvement / actions were defined and implemented as the woman was able to enter the site without being noticed until on the working floor.

The following evidence was reviewed:
Internal audit reports on Hygiene (including Food defence).
Mystery guest report 30-12-2024.
Lay out P-spz-NL-10159 01-08-2025.
Plant tour in/outside.

4.3 Layout, product flow and segregation

A **lay out map** with flow of processes and movement of personnel is present, including zoning. This is documented in **Lay out P-spz-NL-10159 01-08-2025.**

Production risk zones (based on BRCGS Annex 2):

- Open product areas: All products (incl. sous-vide cooked pork meat) have to undergo full cooking step prior to consumption. Also smoking process step is not considered as a sufficient heating step justification for area. Therefore all areas Low Risk, incl. Expedition due to routing reasons.
- Enclosed product areas: warehouses and storerooms; f.e. the storage area across the road
- Non-product areas: canteens, laundries, offices

However, cross contamination risks seen smoked /cooked bacon was moved towards a chilled storage cell but crosses the department handling raw salted bacon. Besides contamination risks, this routing is not included in the plan with routing of the product P-SPZ-NL-10159 2025-08-01. ***Minor NC on 4.3.4.***

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

Premises allows sufficient working space and capacity to work in a proper way. There were no temporary constructions noticed during this audit. Also, there was no modernisation work in progress during this audit. There is a site plan for the plant. The routing for the removal of waste products is also demonstrably stated.

The following evidence was reviewed:
Lay out P-spz-NL-10159 01-08-2025.
Plant tour.

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

The site, building and other facilities are suitable for the operation. The walls (sandwich panels) are appropriately maintained to prevent accumulation of dust, dirt and mold growth. They also facilitate easy cleaning. The floors (concrete) are impervious and are suitable for the intended use and withstand daily activities of cleaning and demands of the process. Drainage is designed to minimize contamination. It is appropriately covered and maintained well. The slope of the floor in the processing area is adequate to avoid stagnation of the water.

The ceilings (concrete) are kept clean and there is no accumulation of dirt, no evidence of mold growth and condensation. Suspended ceilings are used in the production areas but adequate access to the void is provided. Windows can't be opened or are adequately screened.

No elevated walkways, access steps or mezzanine floors that are adjacent or above open product. Ventilation controls in place to ensure good air flow.

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

Doors in good condition, external doors (in general) are well fitted and kept closed when not in use.

There is a dedicated washing area present for crates/Dolavs. The washing of equipment is done separated from production. Plastic strip curtains present; all clean and maintained.

The following evidence was reviewed:
-

4.5 Utilities – water, ice, air and other gases

Water is used as: Cleaning purposes only.

Source(s) of water supply:
- Municipal/city
- Borehole)
- Storage tanks (claening water)

Only potable water is used.

Microbiological or chemical testing is undertaken: 1xY
Water testing is completed to ensure the requirements of The Private Water Supply Regulations 2016 are met. Analysis reports for chemistry are completed internally via compliance checks and microbiology via an accredited external laboratory.

A water system distribution schematic diagram is available, including boreholes, soft water, CIP, reverse osmosis and holding tanks.

Sampling points include: all relevant water used points.

Gas used in packaging: **No**
Compressed air used: **Yes**
Purpose of compressed air use: equipment
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.

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

The following evidence was reviewed:
Sampling plan (risk based) 2025
Vitens sampling results Jan-June 2025
13-3-2025 legionella absent
Water analyses municipal and borehole with good results; 11-06-2025: organoleptically, E.coli TPC 22C Enterococcus.
11-06-2025 borehole water organoleptically. E. coli ,TPC 22C, Enterococcus, Plus Heavy metals.
11-06-2025 Mixed water (borehole and mains water) only used for cleaning organoleptically, E. coli , TPC 22C, Enterococcus, plus Heavy metals. All ok.

4.6 Equipment

Key production and product-handling equipment include: **injector/tumbling, slice line, cooking, X-Ray, metal detectors.**

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 food grade. Hose used for product transfer is registered as FDA compliant for food contact.

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.

The following evidence was reviewed:
Belts; spec/ DOC 17-10-2023.
Bottom 564 PE 120 mu 350 m used 13-08 for vacuum packing PIS 06-05-2025, DOC valid until 31-03-2026
Foil vacuum top 56- PE 80 mu 500m transp. PIS 06-05-2025, , DOC valid until 31-03-2026.

4.7 Maintenance

Preventative maintenance
Maintenance management system: based maintenance system used for PPM work.
Frequency of main checks: weekly, monthly, quarterly, and bi-annual PMs are completed.
Notable equipment include: injector/tumbling, slice line, cooking, X-Ray, metal detectors.

Preventative maintenance covers all plant, processing equipment and mobile equipment.
Contractor services are used for: X-ray and metal detectors.

Plans are downloaded along with relevant job sheets. Once completed they are put into the system.

Samples seen and completed to schedule:

- VM 2 job 299419 (sensor was replaced).
- Sous vide cabin PT100 replaced Job 270931.
- slice equipment Job 2846 annual (by external specialist) 10-06-2025 and internal monthly check/insoection 28-08-2025.

Inspection of equipment condition
Weber slice equipment Job 2846 annual (by external specialist) 10-06-2025 and internal monthly check/inspection 28-08-2025.

Temporary maintenance
Temporary repairs are controlled via jobs in with priority.
Hired equipment seria number #0301 calibrated 24-09-2025 and Jan 2025 in use since 30-10-2024.

Handover
Suitable handover processes were in place after maintenance work to eliminate foreign matter risks generated, directly in the production department.

Lubricants
Range of food grade lubricants used: MSDS with compliance to NSF H1 and Allergen Declaration seen.

Overall cleanliness engineering workshop
The workshop was well maintained with a swarf mat present on exit of the workshop. There is also a dedicated rest room, changing room and wand wash present.

The following supporting evidence was seen:
See above.

4.8 Staff facilities

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

Workwear is laundered via .

Handwashing
Hands-free operable handwash facilities located in lobby area at entrance to production, equipped with an adequate supply of water delivered at a suitable temperature, soap and drying facilities. Advisory signs for prompt handwashing are displayed above the sinks.

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
One rest room area for food storage and eating; well-controlled catering facility in place. (not outsourced) There are vendors for food and drink (no nut products allowed or seen), a kettle, a microwave, and a toaster. There is a sink available for use also. 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: **chemical list.**

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: Foam plus (smoking cabins) Disinfection and

All chemicals as sampled are suitable for the intended application.

Waste handling and spillage control is effectively managed.
Calibration unit crate washing 19-08-2025 (4x year).

4.9.2 Metal control

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

Condition and integrity are monitored: by QA/QC on monthly hygiene audits, also based on daily SSOPs; see section 3.4.4 for details.

Staples, paper clips and drawing pins are not used in open production areas. Observed bags and boxes were tired.

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: item inventory. Besides monthly audits, inventory is checked: once per annum. Last round performed and recorded on record: **05-03-2025 and 28-05-2025.** 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. (where applicable) In case of deviations, jobs were demonstrably created, to initiate maintenance activities, ok. Verified for job 274880, ok.
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 were observed to be in good condition.
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. **Management of portable handheld equipment:** X-ray/Metal detection is used. Single piece biros are used with no small parts evident. Other types of control for contamination not covered in section 4.9 are not required.

4.10 Foreign-body detection and removal equipment

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

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

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

No other types of foreign body contamination removal are used.

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

No foreign bodies detected recently.

The following evidence was reviewed:
2 complaints on FB: very low, good control
Prevention by mainly manual work, manual inspections on bones and other possible FBs. ok

4.10.2 Filters and sieves

No sieves used.

The following evidence was reviewed:
-

4.10.3 Metal detectors and X-ray equipment

X-ray/Metal detection is used.

X-ray/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.

X-ray/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.

X-ray/Metal detection was tested during this audit. Correct operation was observed in line with the work instruction.

In case of detection of foreign body contamination, the material is analysed by QA/QC
Date of last record of detection: NA this year.

The following evidence was reviewed:
Tests of metal detection and X-ray (slicing line) during on site audit and vertical trace test.

- Vacuum-packing of BSD Rack 190-8 at Line 2, including the test of the metal detector (CP) with test bars and explained recording and CA if needed.
- Slice department; vacuum packing, seal check, of VP tenderloin (tracetest), X-ray testing (CP, tested with 0,4x2mm SLS 316 wire/ tested with 0,8mm SLS 316 ball/2mm glass/2mm ceramic).

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: Documented cleaning and disinfection procedures are in place and maintained for the building, plant and all equipment. Examples cleaning procedures seen included: **cleaning schedules , agreed with Vion.** 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. Examples records seen: **July /August /Sept. YTD 2025** Cleaning is monitored through visual, residues, swabs. Limits of acceptable and unacceptable cleaning performance is defined for food contact surfaces and processing equipment. Areas visited on the factory inspection were observed to be clean and tidy. Specific cleaning operations seen during the audit: cleaning and disinfecting of cutting boards, which was carried out conform work instruction and cleaning agent manufacturers instruction. **The following evidence was reviewed:** Last version 2025-05-08 Plan cleaning (including cleaning performed by own employees). Plan was changed because of adapted processes/ machines 23-01-2025, discussed with cleaning company 12-03-2025. New plan was seen.

4.11.7 Cleaning in place (CIP)

CIP is not applicable.

4.11.8 Environmental monitoring

The environmental monitoring programme is detailed in: **analyse-schedule 2025.**
The programme is risk-based and includes frequency of testing, organisms to be included, typical sampling areas and procedures for out of specification results.

The programme monitors for: spoilage bacteria, Listeria, coliforms, yeast and moulds.

Comment on the results of environmental monitoring programme:
Results seen were within specification.

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

The programme is found to be suitable and effective.

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

The following evidence was reviewed:

- Agar 12xY; 01-09-2025
- Listeria 1 x Q: 4-08-2025 2-6-2025 54 swaps per quater, in control
- TPC/Y&M; 01-09-2025
- Overview was seen of sample resu;ts environment: in general ok, some resamples were taken in case of amount was too high.
- Lab is

4.12 Waste and waste disposal

Waste is categorized in: **paper, plastic, overall.**
All waste containers were identified with contents.

Good control was seen over the collection and disposal of waste. Dispatch of category 2/VO853 and category 3/VO853 materials to authorized processing companies ( ). Other by-product (like bones) supplied to authorized processing companies for human consumption ( ). Other waste stored on-site and collected separately by .

The factory was seen to be clean and tidy with waste well controlled, and no evidence of spillages were observed. There are limited open product areas.

Waste removal is contracted to:
Trademarked waste materials are not ppresent.

Licensed waste removal was sampled for:
Records of destruction are being retained.

The following evidence was reviewed:

Plant tour in/outside.
Well labelling Cat 2 and 3 of specific containers/ material.

4.13 Management of surplus food and products for animal feed

Category 2 + category 3 material declared unfit for human consumption, retrieved by which is specialized in the destruction of this type of animal by-products. Trade documents according to Regulation 1069/2009/EC. A register is kept, and legal requirements are met, e.g. separate refrigerated storage and clear identification.

The following evidence was reviewed:
-

4.14 Pest management

Pest control is contracted to .
The scope is detailed as: rats, mice, cockroaches, silverfish, house crickets, garden ants, ground beetles, earwigs, woodlice, centipedes, and millipedes.

No internal pest controller applicable.

No presence of infestation during the last certificated period or observed during the BRCGS audit.

Routine visits per year: 8xY is standard
Content of routine inspection : **EIVs, rats, Mices etc.**
Last routine inspection: **15-08-2025**
In-depth inspections performed: **1xY;**
Frequency is suitable.

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

The following evidence was reviewed:
Visits: 25 per year, as the EVI's were cleaned more often (summertime), no infestations.
On-depth inspection Yearly:14-10-2024 (incl. evaluation risk assessment) and PRIE was seen: 30-05-2025.
Qualification ; RPMV valid till 12-2027.

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. This is not required for ambient stable raw materials and final products.

Seen separated storage for the Mustard-containing marinade.

Chemicals and (raw) materials are stored separately from finished products. Only electric powdered fork-lift trucks are operated.

Only small stocks of materials are kept on site and stock rotation is via a manual white board 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.

Outside storage is limited to locked, secure bulk ingredient silos; seen on the factory inspection.

No controller atmosfeer storage.
Bij verlading container en bij droge grondstoffen gecheckt.

The following evidence was reviewed:

- Storage seen (part of the tracetest): 394 kg demonstrably on stock: Kingsize tenderloin PD 13-08-2025.
- Loading was een of container for China: art 67423 pd 21-08-2025/ UBD 20-08-2027 10 kg/ box.

4.16 Dispatch and transport

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

An overview is maintained in the site approved supplier list.
Verified GFSI certification of: **; BRC S&D.**

Temperature checks and hygiene monitoring controls are in place for: unloading raw m
aterials 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:
Container and UK transport of bacon.

- Storage seen (part of the tracetest): 394 kg demonstrably on stock: Kingsize tenderloin PD 13-08-2025.
- Loading was een of container for China: art 67423 pd 21-08-2025/ UBD 20-08-2027 10 kg/ box.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.3.6	No temporary facilities
4.4.5	No suspended ceilings or roof voids present.
4.9.1.2	No use of strongly scented or taint forming materials.
4.9.2.2	No staples, clips and drawing pins
4.9.4	No product packed in glass of brittle containers.
4.10.4	No magnets are used in the process.
4.10.5	No optical sorting equipment is in use.
4.10.6	No packing in glass jars or other rigid containers.
4.10.7	No other foreign body detection and removal equipment in place
4.11.7	No CIP installation on location
4.12.4	No trade-marked materials from customers to be destroyed
4.14.3	Pest management is outsourced.
4.15.4	No RH controlled storage.
4.15.5	No storage outside.

5. Product control

5.1 Product design/development

The product design/development procedures are clearly detailed in: **P-SPZ-NL-10100, v03.10.2024.**

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:
HACCP reviews are held biannually and include HACCP assessments made by the HACCP team leader for each new recipe. The HACCP team also consider any amendments to standard processes.

The QA Manager (HACCP Team Leader) reviews process specifications and agrees/discusses information areas with customers before final agreements are made.

Trials:
Trials are agreed between the Contract and Development Manager and customers, but 3 trials are the usual preferred option.

The new product art. was introduced end of 2024 (take over from Vion Groenlo). The development flow in " " plus the additional FTR form used for approval by the HACCP team of the site were not fully complete: not clearly defined was if the introduction of the product including the processes involved, resulted in modifications to the existing HACCP / FS plan. This way certain (new introduced) risks can be missed. ***Minor NC on 5.1.2.***

Shelf-life validation:
Shelf-life trials follow documented protocols that reflect appropriate conditions. The process is the same for existing products.

The following evidence was reviewed:
Allergen testing/validation; 21.02.2024.
Sous-vide process validation January 2024.

5.2 Product labelling

The following documentation describes the process: **P-SPZ-NL-10002, 03-10-2024.**

Legislation in countries of sale:
Labelling product for EU-market following EU-legislation and any additional customer requirement. Following Vion central procedure labelling for markets outside EU approved by sales (HQ Vion) after evaluation by the customer

Artwork approval & accuracy of information:
NA

Cooking instruction validation procedures:
Cooking required; recorded well on labels, although most are B2B.

The following evidence was reviewed:

5.3 Management of allergens

The following documents form the controls in this area: **P-SPZ-NL-10216 23-07-2024**

Allergens handled on site are mustard.

The risk assessment covers all potential sources, including cross contamination. Measures implemented include: storage and marking, product follow and red hoses for the marinade.

Allergen containing re-work:
Reworking NA.

Claims for individuals:
No allergen claims are made.

Cleaning, validation and verification:
Cleaning processes have been verified through rinse water sampling. An audit for allergens, was seen as part of the auditor traceability exercise and was seen to be recorded as fully compliant.

Changeover process:
Allergen testing/validation; 21-05-2024, 18-06-2024 and 17-04-2025 ; results in CP27.
Test in between 23-03-2025, results ok.

The following evidence was reviewed:
Storage and material-check.

5.4 Product authenticity, claims and chain of custody

Product authenticity is detailed in: **P NL -FOOD 10203 12-03-2013**

Knowledge of the Team
The food defence and fraud team are also the site HACCP team. The team leader has completed relevant training (see evidence section below). 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.
Review of the vulnerability plan is programmed to be completed annually. **PSPZ-NL 102024 28-02-2022**
P NL Food 10047 (supplier approvals).

Date of the last review: **11/01/2025**

Examples raw materials, risk level and mitigating controls:
Significant vulnerabilities have been determined. Examples include:
Checks during preparation for export/transport.: FSA, FSA+, FS, IKB (and Standard) pork meat.
Appropriate mitigation measures are developed and implemented, which include:
Chain of custody audits are done (IFS PIA) by an external certification body (LRQA.

The following evidence was reviewed:

- IFS PIA audit by LRQA
- Risk assessment PRO-NL-10235 2025-01-11.

The following evidence was reviewed:
Quality line chosen by clients: client card BLK logo (FS VION) used only if art 56300 Casselberry

5.5 Product packaging

The packaging materials for finished products are: **foil and carton 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:
, Packaging foil (incl. specification DOC/Migration tests) and GFSI; BRC Packaging.

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

The testing programme is outlined in: **analyse-schedule.**

A plan of analysis is available and systematically followed. Product samples are taken from production at the line.

Types of tests and frequency:
A routine sample (finished product) is analysed on a weekly basis by an external accredited lab on odour, colour, visuals, Salmonella, yeasts and moulds.

Next to the final product, analyses on raw materials are done on Salmonella for raw materials with a higher risk for Salmonella via Central Veon sites.

1x Maand een Retail sample (mixed sample 5 x 10 gram).

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

The most recent shelf-life validation was seen for the: Sweet Spareribs.

Confirm process and frequency of shelf-life testing verification: Sweet Spareribs.
Most recent shelf-life verification: **17 June 2025.**

Onsite laboratories
NA.

The following evidence was reviewed:

- Production of no added nitrite: 1sampling 5-07-2025 Spare rib half fresh, unpacked sample number #6675 < 3 mg/kg ok incl. ingredient declaration.
- , ISO 17025 accreditation under no
- Hamsteak 10-04-2025 TPC 30C Entero (norm log 4,7 en 2,7) 5 samples clostridia B SRBList and salm absent
- Sparerib #Al 25-06-2025
- Tenderloins 7-3-2025
- Boerenbeenham cul 21-05-2025
- Back (B to B) 14-7-2025 (1 x week) TPC 30C Entero (norm log 4,7 en 2,7) 5 samples SRBList and salm absent
- Shelf life test 28 day UBD 6-2-2024 tenderloin end of Shelf life 28 days packing 6-2-2024, (Trace test) ok
- 17-06-2025 Bacon unsmoked 42 days shelf life vacuum packed chilled, ok

5.7 Product release

No positive release. Review of the production reports by the (assistant) production manager. Sign off of the production records sheets as reviewed for the vertical audit. When requested by the customer QC inspections can be carried out and results reported as applicable for the vertical audit trail.

5.8 Pet food and animal feed

No pet food produced.

5.9 Animal primary conversion
No animal primary conversion.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
5.3.7	No claims.
5.6.5	No one has my own laboratory.
5.8	The site does not produce pet food and animal feed.
5.9	No animal primary conversion

6. Process control

6.1 Control of operations

The processes covered on the site include:
Intake of raw material, storage, slicing, brining and curing, smoking, cooking, marinating and seasoning, reception of goods (for Coldstores) and raw material to process, freezing and dispatch and waste disposal.

During this audit raw material receipt were in operation and were also reviewed as part of the auditor traceability exercise.

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

There are dedicated logs for each process which include traceability, process steps, process parameters such as times, temperatures and volumes, additions, recipes, quality testing and results, sensory sign-off, set up approval (release) and packing.

The product is subject to CP, CCPs and PRP checks, and these were seen (see details below at evidence).

No products outside of the scope are handled.

However, the shelf life of art. was set on 28 days after production (=tempering).
During the trace test initiated by the audit it was seen that a batch of vacuum-packed vacuum-packed product of art was tempered during 24 h starting on Friday. This batch was labeled on Saturday 30th of August with UBD of 28 days (UBD 27-09-2025). The other part of this batch stayed in the chilled storage and was labeled on Monday 1st of September with also a shelf life of 28 days (UBD 29-09-2025) But in fact this shelf life was 30 days after tempering. ***Minor NC on 6.1.1.***

The following evidence was reviewed:
See above.

6.2 Labelling and pack control

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

Records of checks were sampled from previous days and from the vertical audit trail.

At the time of the audit there was change over on the lines so this could be witnessed.
There is no online verification equipment for the correct label.

The process for back label printing was looked at with checks on bar code and best before date undertaken and recorded.

The following evidence was reviewed:
Label check was verified on site during the audit. .

6.3 Quantity, weight, volume and number control

Weight control is on average weights (gram) for packaged products 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 methodology/ frequency of weight check of individual packed CUs was not very clear. Price per CU is printed per CU on the label, based on the exact weight and Euro/kg. Seen tarre implemented per product in and calibration of the weighing units. No weight verification of individual CU's was documented / could be shown, The individual weight per box (with around 20 pieces) was weight and documented as agreed with the supermarket. Detail: No complaints on weight of CU's were received since previous audit. ***Minor NC on 6.3.1.***

The following evidence was reviewed:

- PRE-SSOP daily scale check
- Annually kalibration of each scale.

6.4 Calibration and control of measuring and monitoring devices

There is a clear schedule of calibration for all equipment. Calibration procedures (with use of maintenance software) ensure relevant equipment is identified and regularly calibrated. Calibration is planned both by QC and maintenance following an overview of equipment. Critical measuring equipment is thermometers (handheld and PT 100/ PT1000 in refrigerators and smoking cabins). Internal calibration with 2-monthly frequency (thermometers CCP), 6-monthly frequency (thermometers CP) and yearly frequency (PT 100/PT1000) or external calibration with yearly frequency (X-ray.
The records of calibration were checked for:

- **24-09-2025**
- **Metal detector Zouterij #1156 28-08-2025.**
- **X-Ray Slice, 20241249; 01-04-2025, radiation verification 02-03-2025.**
- **Temp sensors 19-03-2025 (referention thermometere 23 A/ calibrated.**
- **Ref. thermometer #492; <15.02.2025**
- **Thermometers, 8 and 22; 15.11.2024.**
- **Sous vide cooking cabin PT100 16-05-2025.**

Thermometers 1x 2months (CCP thermometer and others), 1 x 6 months: 14-3-2025 23 a
14-07 no 8 CCP reception no 21 Exp outbound CCP 14-07, ok.

Clear records of calibration were seen within defined limits for all the equipment sampled.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
6.2.4.	No on-line label scanners applied.

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 1 yearly refresher training in place.

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

At this visit, 2 operators and 1 warehouse employee were sampled. Clear competency records and refresher training records were seen. End-of-year meetings are scheduled with employees.

Quality and specialist training are listed:

The following evidence was reviewed:
Accelerate today: competition matrix.
Employee QA # : 21-05-2025 (incl competent ions and core values)
PRE SSOP 2-7-2025 10-1-2025 metal detection 17-03-2025 Xray training and more.
7-7-PRE SSOP CCP pre shipment 10-7-72025 Metal detection 26-07-2025.
2-4-2025 CCP and management HACCP 2-4-2025 16-7-2025, CCP training.
22-07-2025 CCP 12-07-2021 hygiene and sampling.
9-7-2025 12-3-2025 EKS HACCP.
Content CCP 1 training 2025-07 was conform procedure.

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

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

Visitors are required to complete a questionnaire prior to entrance.

Adequate facilities in place. Handwashing takes place at entry of the production area and warehouse area. 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. Double sided lockers for personal and company issued clothing. Staff changes into workwear on site. Toilets are accessible from the locker rooms, segregated from production. Designated smoking area available outside of the main buildings.

The following evidence was reviewed:
Rules in “Werken bij Vion”, version 2022.

7.3 Medical screening
Staff medical screening is limited under national privacy law. Reporting of illness and injuries which might cause a risk to product safety must be reported according to the company hygiene rules. Visitors need to sign the visitor's log and therewith declare adherence to the company rules. **The following evidence was reviewed:** Rules in "Werken bij Vion", version 2022.
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. No gloves used in production processes. Disposable white coats and hair/beard nets available for visitors. Laundering of clothing is done by external service provider (professional laundry service). Limited in-house washing of clothing is done conform a documented work-instruction. Segregation of clean and dirty clothing is effectively managed; there is a dedicated closed bin for dirty clothing. Clean clothing is provided in a dedicated locker by the laundry service provider. **The following evidence was reviewed:** Staff facilities.

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

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

The food safety plan for the Coldstores/ trading is included in the HACCP plan for other processes of Vion Schderpenzeel. **Risk analyses general (HQ) P Vion10000, 26-11-2024 and about systems P NL food 22-11-2023.**
All products are provided by intercompany Vion sites. Also, the freezing process is the same as for the products produced by this site.

The products are the same kind of products as produced by Vion Scherpenzeel production site; specifications are managed by Vion HQ.

9.2 Approval and performance monitoring of manufacturers/packers of traded food products

All packed and labelled products received to be frozen and stored before dispatch are produced at Vion own production location, most of the products are produced in Boxtel (packed cut chilled meat products, directly from the deboning area of the slaughterhouse in Boxtel (Netherlands). The Vion Boxtel company is an approved GFSI certified supplier (as all Vion production sites are GFSI approved).

All handlings of products on the cold store area are performed under direct supervision of the NVWA employee, always on-site during reception and dispatch of goods (they have to approve and sign for the specific forms to approve the requirements for export).

Records of reception of goods are maintained, including the check on approved manufacturer's processes. Internal audits are conducted by HQ Vion including traceably checks, audit reports are verified, certificates confirming the product safety status of the manufacturing and packing sites supplying the products which are traded.

The complaint procedure is applicable for these supplied products, but no complaints were recorded.

Product testing is performed by the producers Vion Boxtel /Vion Groenlo/ Vion Apeldoorn/Vion Tilburg, in case needed analytical reports can be added to the product forms and official papers before dispatch.

The countries of destination can have their own requirements (like USA / Canada, Korea, Japan, China). Dutch authorities (NVWA) issues health certificates on batch level following third countries export protocols.

9.3 Specifications

The specifications are authorised and controlled.

Vion HQ Boxtel is responsible for formal agreement of specifications. Specifications are reviewed internally to ensure they are correct and up to date. Finished product specifications kept up to date in MDM software (Master Data Management). Review every 3 years.

If applicable customer-specified requirements are met.

9.4 Product inspection and laboratory testing

As the products are bought from Vion production sites only, label check and logistic forms are checked during receiving products.

Metal detection is performed after freezing the products (frozen storage), before loading containers. Metal detector functioning is checked using certified sample sticks. Both belts stop systems with and light and/or rejection devices used to depend on the packaging size. Procedure metal detection documented (P-SPZ-NL-10052) on registration form F-SPZ-NL-10072. (Fe2.5 mm, NFe 3.5 mm and SS 3.5 mm)

No laboratory testing by Vion Scherpenzeel. If analyses are required by the country of destination, or the customer, analyses are conducted and approved by the producer (e.g.Vion Boxtel), proof is available at the office, making up the official documents for dispatch.

9.5 Product legality

The legality checked at reception by checking the label information, compliance with relevant legal compositional requirements including quantity/ volume of the batch.

9.6 Traceability

Reference procedure: **P-SPZ-NL-10009, 14-07-2025.**

During the year several trace tests are performed because of all the cold store approvals. However, the company also performed tests.

Trace test was performed specially focused on the cold store/ trading part on annual basis.

Last test was conducted during a pre audit by HQ Vion ( ), the trace test was successfully conducted on 08-07-2025 of pproduct act. , delivery 3-7-2025 23688 kg. prod. 27-06-2025. The lot code UN-SM , traced back to the last manufacturer.

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)
Click or tap here to enter text.

14.1 Additional Specifier Requirements
14.1 Traceability
Click or tap here to enter text.

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