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

1. Audit Summary			
Company name	Distrifresh Coldstore Den Bosch	Site code	10007268
Site name	Distrifresh Coldstore Den Bosch		
Scope of audit	Plate, crate and box freezing of unpacked and packed red meat. Packing of red meat in crates, carton boxes and foils. Tempering of packed red meat.		
Exclusions from scope	No		
Justification for exclusion	Na		
Audit start date	2025-08-06	Audit finish date	2024-08-08
Re-audit due date	2026-08-09	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	A	Choose an item	Audit programme	Announced
Previous audit grade	B		Previous audit date	2024-08-14	
Certificate issue date	2025-09-12		Certificate expiry date	2026-09-20	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	

2. Audit Results

	Minor	7

3. Company Details

Site address	Goudenheuvel 51 5234 GA ‘s Hertogenbosch		
Country	Netherlands	Site telephone number	+31 88 99 53 555
Commercial representative name		Email	@distrifresh.com
Technical representative name		Email	@distrifresh.com

4. Company Profile

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

Shift pattern	24/7 open, 1 and 2 shifts (sometimes extended working hours per shift). Cleaning during the night.	
Seasonal site	No	
Seasonal opening times (Start/end date)	-	-
Other certificates held	Beter Leven (BLK), Organic (SKAL) (IKB) , IFS PIA	
Outsourced processes	No	
Outsourced process description	NA	

4. Company Profile	
Regions exported to	Europe Asia Africa South America North America Oceania
Company registration number	NL543 EG
Major changes since last BRCGS audit	Cleaning of the areas of the plate freezer and packing area implemented on daily basis (before the cleaning was performed weekly): moved from 3 towards 2 shifts, during the 3rd (night) shift, cleaning is performed (outsourced). New Q system quality online implemented. New maintenance system implemented (management system). Implementation of is work in process, not finished jet. Environment has been improved (cooling / maintenance of the building and equipment).

Company Description

Distrifresh Coldstore Den Bosch is situated in 's Hertogenbosch (the Netherlands) and belongs to the Vion Food Group since 2022.

The company is specialized in plate, crate and box freezing of unpacked and packed meat and tempering of red meat. There are 3 plate freeze lines connected to one conveyor belt equipped with a metal detector and a robot palettized at the end of this line. One variable cell used for tempering, one area for packing fresh or frozen meat products with one-line conveyor belt and multiple weigh units. One automated robot pack-line with metal detection of frozen products in use. Four segregated units of shock freeze cells – mainly in use for pallet/ crate freezing.

One HACCP-study according to scope. Building is from year 1986 and extended in 1994. Building is hired from the formal owner.

Main processes are.

1. Plate freezing of raw red meat products (parts of pork meat, organs and separator meat, frozen blocks are metal detected and a palettized at the end of this line palettized by a robot and pallets are covered with foil on pallets covered with foil.
2. Packing parts of meat in carton boxes (with foil inner liners), meat is fresh, chilled delivered in bulk boxes (dolav's). Boxes are shock frozen, metal detected and at the end of this line palettized by a robot and pallets are covered with foil.
3. Shock freezing of red meat deliverd packed in carton boxes, and after freezing boxes, boxes are metal detected and a palettized by a robot and pallets are covered with foil.
4. Tempering of packed red meat under special conditions in a special freezing area / cell, all planned in time on request of the customers

4. Company Profile

All frozen products are metal detected (frozen). After freezing and palletising, products are stored frozen, (min -18C) and loaded in trucks or containers (conditioned temperature) before dispatch.

Only B to B products is handled.

The company works 24/7 on the plate freezing department. Other departments are working in 1 and 2 shifts, shifted shifts, sometimes shifts of 10 h., also depending on workload and availability of employees.

60 Employees working of which around 505 in 2 shifts. (all incl. temporary staff). Plant size is about 22.000m2. Calculation was 24 h but because of working on shifts, performing same processes, reduction of 4 h, in total 20 h audit on site. No high care/ high risk zones.

The company is IKB, Organic and IFS PIA and EKS certified. NVWA legal veterinary registration number is: NL543EG. Last visit by Dutch Food Safety Authority NVWA. Regular, almost weekly visits to confirm export certificates. EKS and EKP (Great Brittain) program in place to allow for sampling based on history instead of 100% control. The emergency number +31 88 99 53 555

Al products are owned by Vion Food Group Boxtel, transport is also arranged by Vion Food group Boxtel, no own transport. Request for tempering products is also managed by Vion Food group Boxtel.

There is a local BT team with 5 members which is also the HACCP-team.

Annual production volume / turnover is not specific shared. No outsourced processing and packing.

5. Product Characteristics

Product categories	01 - Raw red meat Category Category Category
Finished product safety rationale	Chilled red meat products (<=2°C, <=3°C or 7°C, short shelf life), tempered red meat (-8°C until -12°C) and frozen red meat products (<-18°C, long term shelf life)

High care	No	High risk	No	Ambient high care	No

Justification for area	Appendix 2 applied. All products must undergo full cooking step prior to consumption

5. Product Characteristics	
Allergens handled on site	None Choose an allergen Choose an allergen Choose an allergen
Product claims made e.g. IP, organic	Organic and BLK, IKB (GF)
Product recalls in last 12 months	No
Products in production at the time of the audit	Plate freezing of pork meat, palletized, packing pork meat into carton boxes, palletizing of plate frozen pork meat, palletizing and de palletizing boxes (process for shock freezing) Tempered meat seen in the storage under controlled conditions.

6. Audit Duration Details			
Total audit duration	20.5 man hours	Duration of production facility inspection	10 man hours
Reasons for deviation from typical or expected audit duration	Same work performed in shifts (1/2) 24/7 Calculation 24 h based on employees and around m2. However, around 50% of the employees is working in 2 shits (packing/ freezing department, simple repeating activity) and around 80% of the m2 (around m2) is in use as freezing storage. Reduction 24 h-/- 4 h = 2,5 days on site is applicable.		
Combined audits	None		
Next audit type selected	Unannounced – mandatory 1 in 3 years		

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
	Operation manager	x	x	x	x

	QA manager I/O	x	x	x	x
	Lead Quality Assurance	x		x	x
	Planning	x		x	x
	Maintenance manager	x	x	x	x
	Supervisor (IO) trainee	x	x		x
	HR Region manager	x		x	x
	HR			x	
	Expedition, operations/cleaning/reception, chauffeurs/ dispatch / offices		x		

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
2024-08-14	BRCGS Food issue 8	Announced	Pass
2023-04-24	BRCGS Food issue 9	Unannounced	Pass
2022-07-12	BRCGS Food issue 8	Announced	Pass
2021-08-09	BRCGS Food issue 8	Announced	Pass

Document control			
CB Report number	RQA00003404_7052220		
Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16

Directory allocation	Food	*Version*	1.1

Non-Conformity Summary Sheet

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

Critical		
Clause	Detail	Re-audit date

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

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
2.12.3	One month ago, daily cleaning was implemented for the packing and plate freezing areas instead of once a week on Sunday's (weekly). This, as the hygienic situation was not meeting the standard. The validation of this change in the cleaning process was not finished jet.	The validation of the packing area was finished directly after implementing the packing area. This because the packing area directly started with daily cleaning. For the plate freezing area there was a mopper installed who mops during pre-SSOP and during production when needed. *Attachment 2.12.3 "pre-ssop Inpak"* *Attachment 2.12.3.1 "SSOP plaatvries"*	A validation will be put in place for the renewed cleaning schedule. **This will be finished by week 45 of 2025**	During the time of the audit the validation of the renewed cleaning regime wasn't in place due to the short time of implementation.	*2025-09-07*	***Closed***
4.4.1	In a few areas were damaged walls seen, not well maintained to	The walls where damage was seen, where directly fixed after the audit.	Distrifresh will implement at the end of 2025 beginning of 2026. Distrifresh will focus on	During SSOP these broken walls weren't seen and therefore weren't repaired.	*2025-09-07*	

Minor						
	prevent facilitate good cleaning.	*Attachment 4.4.1 "Pictures of repaired wall"*	putting in all machinery of the production areas first and will finish this in Q2 of 2026.			***Fully Closed***
4.4.3	The drainage (incl. the gutter) at the entry/ exit of the meat packing area was not fully suitable designed. This way the drain could not be cleaned well as dirt was left on the floor not reaching the drain / gutter in an appropriate way.	The drainage was cleaned during cleaning after production to make sure contamination is minimized.	A cover is placed over the drain to prevent the personnel from walking directly on it. This cover is hygienically designed, so that the cleaning process isn't interrupted and can be carried out in the correct way. *Attachment 4.4.3 "Picture of installed cover"*	During the implementation of the new packing area, this drainage was already in place and wasn't moved after that point.	*2025-09-07*	***Fully Closed***
4.4.4	In the meat packing area, paint was flaking of a connection between pipework and an overhead of the ventilation equipment. As the Team leader has detected this also, actions to avoid contamination.	The production line was directly stopped, and all foreign body was removed from the packing line. The product on the line is checked and removed / booked out to CAT 2 where needed. The line is cleaned, and all loose paint flakes are removed from the ventilator.	Distrifresh is looking for the option of either moving the ventilator to a different place, so it isn't hanging directly above the packing line or placing a drip tray underneath the ventilator to make sure, when paint is flaking, the pieces of paint won't be	The deviation wasn't seen or did not occur yet during the pre-SSOP. During the SSOP the deviation was seen on the department. The ventilator was painted where after has cleaned/washed, which caused the paint to flake off.	*2025-09-07*	***Closed***

Minor						
		Attachment 4.4.4 "SSOP 06-08-2025"	able to fall onto the line and into the product. This will be done by Q1 of 2026			
4.7.2	Lines/areas were included in as "one object" (not split up per equipment), maintenance per part /specific equipment to be inspected/ maintained was not fully clear. Beside this, not all corrective maintenance was demonstrably documented in . This way it is not fully clear if the maintenance requirements (such as frequency) in are still up to date / if appropriate action was taken.	To make sure all needed corrective actions will be demonstrable in there is made a manual connection between and . All technical deviations, found during the (pre-)SSOP, will be put into by hand. *Attachment 4.7.2 "Afbeelding koppeling SSOP &*	Distrifresh will implement at the end of 2025 beginning of 2026. Distrifresh will focus on putting in all machinery of the production areas first and will finish this in Q2 of 2026.	Distrifresh started implementing the new system in the beginning of 2025. At the time of the audit wasn't fully implemented.	*2025-09-07*	***Closed***
4.11.6	The 2 water hoses used for cleaning the plate freezers in between processing, these were	The personnel are being informed that the hoses can't be put onto the ground and need to be hanged on the	To prevent the hoses from being put on the ground, a technical solution is put into place, where the	The hoses were in use for the rinsing of the plate freezers. The personnel were unaware of the fact	*2025-09-07*	***Closed***

Minor						
	seen stored not in a hygienic manner as they were laying on the platform floor. No direct contamination risk as the nozzles of the hoses were not reaching the platform floor as they were stuck in the fencing away from the platform floor.	borders on the side of the plate freezing department.	hoses can be hung after usage. *Week 35* *Attachment 4.11.6 "Picture of technical solution"*	that the hose needed to be stored on the rails and told us during explanation that they didn't have a proper place to store the hose.		
6.4.4	The satellites use for cleaning (foam and also for disinfection) were calibrated by an external company 4 x year. The calibration reports were submitted to the company by email. The reports were containing beside good results also failing calibration and deviations on checked concentrations of chemical against the cleaning plan.	The satellite has been recalibrated on 11-08-2025. During the new calibration the correct cleaning detergents and percentages are measured and found correct. *Attachment 6.4.4 "Kalibratierapport Jures 11-08-2025"*	To prevent this deviation from happening the TD has put the calibration into . Before uploading the documentation, the documents need to be controlled. This is a constant process.	The satellites are calibrated 4 times per year. The past calibration wasn't carried out properly, there they satellite wasn't calibrated on the correct percentage which caused the. This wasn't seen during the plant's checkup of the calibration form. Furthermore, the company responsible for the calibration didn't know the correct percentages.	*2025-09-07*	***Fully Closed***

Minor						
	Not fully clear was which corrective actions have been taken. The verification of cleaning activities show good results.					

Comments on non-conformities
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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 assessor	2025-08-06	08.30	16.45	Physical	
			Lead assessor	2025-08-07	08.30	16.30	Physical	
			Lead assessor	2025-08-08	08.30	12.45	Physical	

1. Senior management commitment

Policy
The site policy is documented in: **P-DDB- NL-10005 5 Jan 2024.**
It is signed by the person with overall responsibility for the site.
Commitment to continuously improve the site's food safety and quality culture is included.
Communication to staff: Displayed in key areas on notice boards and part of induction program new employees.
Past year quality online has been implemented, most of QA documents are transferred to this quality management system of Vion.

Product safety and quality culture plan including:

1. Food safety
2. integriteit
3. work strategy/ feedback employees
4. communication
5. standardised working methods
6. training and eucation
7. Q4 2025 end goals actions defined incl. a roadmap and gaps to be filled

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 and training program, meetings)
The culture improvement plan is documented in: **FSC roadmap (PDCA cycle's/ dynamic document) 2024/2025 ongoing adapted and adjusted.**
Most goals are on level Bronze. Some on silver, past year these were all on basic level, so improvement is demonstrable.

Projects are implemented.
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 monthly management meetings, last meeting minutes seen 2025-07-28.
A self-assessment was performed over 2024/2025 2025-08-05 incl. improvement initiatives are defined in an action plan, to going forward.
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.

Frequency of reviews: min. 1 x year
Senior management were able to discuss the plan during this audit (spoken to Operational Manager).

Food safety and legality objectives in QA matrix which will be updated the coming months as Vion start to manage KPI's trough a new system in QA -online.
Notable food safety and quality objectives include e.g.:
-Min BRC score A
-Complaints max 5, no FS related complaints
-Integrity 100% (Canalisation of meat)
-Food safety culture goals (see above)

Objectives are monitored monthly by QA and BT team

Key results or significant trends: the site is meeting established objectives / effectively progressing through its objectives.0

Management review
Frequency of management review meetings: 4x year during Quarterly reviews following the Vion format. All required items are discussed.
Who typically attends the meeting: Local business team is attending these meetings, e.g. local site manager, local Manager, supervisor warehouse.
Date of last management review meeting: **28/07/2025**
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. Employees are informed via their supervisor, BT meeting 1 x week, seen minutes of 2025-07-28.

Regular meetings
Routine meetings are held in which food safety, authenticity, legality, and quality issues are discussed. As the company has a small team, short lines are resulting in beside 1 x BT meeting also informal meetings during the week when necessary.
How minutes and actions are communicated to staff and recorded: emerging actions are discussed in BT, weekly meetings and informal meetings within the small team. Management meetings are held min 1x month. Minute meetings reviewed, 28/07/2025

Previous nonconformities
All previous non-conformities have been closed out suitably.
Thorough root causes are identified through application of discussions and brainstorm sessions during management meetings. Preventive actions are effectively implemented to prevent re-occurrence.
A CAPA excel list is maintained.

Organisational structure, responsibilities, and management authority
The site organization structure is documented in: **Organogram Logistics Benelux 2025-07-02.**

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 group QA manager is supporting the local QA team. Vion is also supporting the internal audit programme which is conducted by trained internal auditors of other Vion locations.
Overall responsibility for the day-to-day management of the food safety system is with the Operations Manager.

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 support of head office Vion.

- A whistle blowing system is in place, in the Vionline system (HR digital system as well as it is stored in . During onboarding the policy is shared with employees. whistle-blower procedure d.d. 2020-Sept., code of conduct Vion P-Vion-10017 2022-03-21: reporting issues via

HQ or via an external contractor . Procedure is yearly tested, (last test Q4 2024, result was ok).

The following supporting evidence was reviewed:

- Policy P-DDB- NL-10005 5 Jan 2024.
- Q2 2025 PDCA
- Code of conduct Vion P-Vion-10017 2022-03-21
- whistle-blower procedure
- Organogram Logistics Benelux 2025-07-02
- FS culture plan
- FSC Roadmap
- QA matrix incl. goals/ results/ evaluations

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

2. The Food Safety Plan – HACCP

There is one HACCP manual described as the: **P-Vion-10001 29 Dec 2014**
P-Food 10001 2025-01-09 PRP and additional rCCP's and CP
The company is in a transition now as the previous QMS was no longer fully compliant anymore, the consultant is no longer working for the company. As the company is taken over by Vion, the company is integrating the QMS to the VION system in with help of the group QA manager of Vion Boxtel.

The food safety team is detailed in: **P-DDB-NL-10010 2024-08- 12** Members of the Food safety team are the site manager, operation manager, QA manager, Maintenance manager and the controller and facility manager attend meetings when applicable. 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 is' working now for a few years in the food industry and is supported by Vion Group QA manager. The other members all had appropriate training and experience. Training records were sampled and found sufficient.

Central training HACCP 2025-02-15 was given by HQ.

Scope of HACCP
The HACCP system scope is documented in: **P-DDB_NL-10001 2023-08-29 Procedure Bedrijfsinformatie (company information). The processes are defined all gathered in one HACCP analyse. The processes are conditioned storage, production of meat (including plate freezing and packing), freezing and storage**. It covers relevant processes and all products on site.
More vulnerable groups have been identified. Product is sold B to B.
Product descriptions are detailed in: **P-VION-10000 2024-01-29 Procedure Hazard analyses**. Relevant information is described and information on food safety is included.

The scope accurately reflects all products on site.

Process flow diagram.
Record key process steps/operations to manufacture products within the scope of certification:
For each part of the process, flows are established which are the basis for the HACCP Risk analyses.
These are combined in one document:
P-DDB-NL-10013 2024-09-10 Proc. Flowcharts Distrifresh DB.

The flow diagrams are drawn up and checked by the HACCP team demonstrably on annual basis.
Record date and reason of last verification: **1 Aug. 2025.**
Q review: parts are reviewed by MR which is managed also 2025-07-28.

Hazard analysis procesbeheersplan F-DDB-100029 2025-08-06.
HARA is based on comprehensive information sources**.** A VION central PRP and CCP plan is the basis for the local HACCP plan (P-FOOD-10000 PRP's and additional CCPs' and CP's is regularly updated). The hazards are part of this document (incl. microbiological (esp. pathogens, with Salmonella as higher risk (therefore temperature at receiving is a CCP), chemical, physical (incl. radioactivity/ radiological hazards)
Severity vs likelihood is considered, all in basic managed and supported by QA of HQ Vion Boxtel.
No allergens on site.
The local HACCP plan (process beheersplan) is last updated **Hazard analysis procesbeheersplan F-DDB-100029 2025-08-06.**
Severity vs likelihood is considered in a general document maintained by head office of Vion.
Each identified hazard was reviewed and given a risk rating 1 to 9 (severity and likeliness of a hazard occurring = 3 x 3 matrix). A decision tree is used. A set of flow diagrams is part of the HACCP documentation (see above). The processes are shown on flow diagrams for each process, all checked during this on-site audit.

CCPs, limits and controls
At this moment one CCP is valid (this was before an OPRP): **P-Food-10004 2024-11-26.**

#	CCP	Control measure	Critical limit	Monitoring frequency
1	Temperature of meat at reception of meat packed in carton boxes	Temperature measurement at reception of packed meat in carton boxes to be (shock) frozen directly after reception.	• Fresh packed meat in carton boxes • T ≤ 7 °C core temp. • T ≤ 3 °C core temp. for organs • T≤ 2 °C core temp. For separator meat	5 measures of each batch received (2 measurements at start 1 in middle and 2 at the end).

Several (o)PRPs have been identified in: **procesbeheersplan F-DDB-100029 2025-08-06.**
Control measures have been defined. This includes e.g.

1. Reception temperature of fresh meat in dolav's
2. FIFO delivry of plate frozen meat and packed meat
3. Icross contaminition (cleaning& disinifection)
4. Foreign bodies
5. Peronal hygine
6. Fallen meat
7. Condence
8. Metal detection frozen meat

9. Contaminated meat products
10. Pest control

As mentioned, the whole documented HACCP system has been transferred and implemented in QA online, the quality management system of Vion. During the last year procedures and instructions are checked and one by one transferred and implemented in the new system for this site. Only a few (clear marked) documents are still valid of the previous system.

Examples of corrective actions:
See chapter 3.7.

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 CCP (Performed on daily basis by QA employee).

One month ago, daily cleaning was implemented for the packing and plate freezing areas instead of once a week on Sunday's (weekly). This, as the hygienic situation was not meeting the standard.
The validation of this change in the cleaning process was not finished jet. ***Minor NC on 2.12.3***

Frequency of planned HACCP system review (at least annually): 1x year
Date of last review: **28/07/2025**
Completed by: QA manager local Distrifresh Coldstore
Reason for completion: **Past year the transition is mainly performed toward from a local QA manual to integrated Vion QA manual in**

About integrity, this is in control, since Jan 2024 EKS qualified, all controlled by the company together with the Dutch NVWA.

The following supporting evidence was reviewed:
Documents in : CCP control checks and results
Management review 2025-07-28 incl. minutes of (HACCP) meeting
Action plan HACCP meetings (weekly meetings)
QQA online
P-Food-10004 2024-11-26
F-DDB-100029 2025-08-06
Verification flow diagram 01-08-2025
Validation reports adjusted cleaning activities started July 2025.

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: – P-Vion-10001 – 2014-12-29

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 and when needed in English and Polish. 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 QA on line (date of chage, name by whoom this document wasa changed and the topic/item which was changed) which contains only the last valid version the documents.

All documents seen during the audit were complying.

Record completion and maintenance.
Records are in good condition and retrievable electronically or on site. Records retained as a minimum for the shelf life of 2 years plus one year.

The following supporting evidence was reviewed:
This was checked for e.g. F-DDB-NL-10004 2024-05-02 Label check inpak changes and approval are documented automatically, yearly review of documents is atomised, remark together with HACCP team, this is included in the validation system to validate each document yearly.

3.4 Internal audits

The following document(s) define the process: **P-Vion-10011, no version date as document is in approval status as this document was changed recently, last up to date version was from 2024-11-19**
The audits generally follow BRCGS v9 guidelines and clause structures.

Internal audits are conducted: 3 x year of which 2 announced, one unannounced internal audit and 1 self-assessment against BRC standard incl. internal policies. The programme of 2024/ 2025 was seen and includes at least four different audit dates spread throughout the year and is risk-based, considering any previous audit findings.

Internal audits are performed by internal independent auditors, trained by Vion head office.
Auditor competency has been demonstrated through training records, sufficient knowledge of the products and processes and experience, which was verified for internal auditors and .

Internal audits are reported in: **central Word format, reviewed yearly and adapted to the schemes if changes occur**.

The reports reviewed detail conformity as well as non-conformity. An number of minor nonconformities and 2 majors have been raised with no trends identified. Root cause conducted by brainstorm session is included where required. All actions were closed within the due date. Audits contained a basic amount of

detail. Follow is demonstrable in the audit report forms. Verification is conducted by the next internal auditor (independent). Timescales have been drawn up for follow up and verification.

: cross list: BRC/IFS/Client specific requirements

Internal audit reports reviewed during this audit:
In 2024 4 internal audit plus a self-assessment was performed.
2024-10-18 unannounced: 7 minor NCs.

In 2025 so far, 3 internal audits were performed as planned.
2025-05-12 5 minors.
2025 05-01 3rd countries, Hygiene and integrity audit, 5 minors.
2025-04-07 announced 7 minors.
Most minors were followed up and closed, 3 open minors, not overdue, in progress.

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.

A separate program of internal inspections of factory environment and processing equipment is undertaken Daily checks are performed, SSOP's per department in
Hygiene is checked on daily basis, each area/ department/process has its own form to document this:
This is verified on monthly basis. This was seen for Jan-June 2025.

This is reported in:
Actions directly communicated with team leaders and employees, re-check next day if deviations were seen, checked again after actions taken and follow up was recorded on the same list. If needed escalation towards HACCP team. Completion of actions is verified upon the next inspection by QA. Effectiveness of the system is discussed in the Management Review (X-matrix).

Most of these checks are digitalised, implemented in , which makes escalation easier to manage by email notification in case verification is out of specification/target.

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: setup centrally by HQ in Boxtel.

Risk identification / risk assessment related to raw materials resulting in product specifications specifying relevant aspects to quality and food safety (CP). As the meat suppliers are all within the Vion company, all approved GFSI certified suppliers (intercompany). No additives are used.
No high-risk food suppliers identified for this organization. For packing material, Approval of suppliers based on GFSI-certification. All suppliers of packaging materials have to be approved by the central Vion office entered into the system ( ) before they are allowed to deliver. Supplier questionnaires used too. Some additives from the brine delivered by trading companies.

The company's raw material risk assessment, including primary packaging is documented in: List seen of suppliers' additives Vion Food NL (S-MMI-10190), List of approved transporters (S-MMI-10013) and 'List of approved cold stores in use by VION (S-MMI-10199), yearly demonstrably reviewed by Vion HQ

All potential risks have been appropriately considered.
No significant risks include for this site applicable.
The risk assessment forms the basis for the raw materials acceptance and testing procedure and for the processes adopted for supplier approval and monitoring.

Reviewed during the audit according to the last updated evaluation included in the MR, packing suppliers are all GFSI certified. Only one type of direct food contact, foil delivered by RVC packaging.

- RVC packaging, GFSI cert performance ok
-

Supplier approval P F00D 10026 is managed by VION central PNF
Supplier Evaluation process: P Food 10032 on annual basis: information of the sites are provided to Head office. Head office manages the main contracts and contact between Vion and the suppliers. For this year, less performing suppliers: actions were not communicated jet towards the sites as the MR/ documents was just finished (end of July 2025).

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

The following evidence was reviewed:
On receipt the raw materials were assessed conform procedure ref. PROD-1010 issue 10-11-2022, verified receipt records and explanation by interviewed person gave enough evidence for a correct implementation. Seen record keeping on issues like temperature, correct labelling, BLK, best before, damaged packaging etc. In case there were deviating deliveries remark for personnel goods receipt was made.

Procedures for the acceptance of raw materials and primary packaging on receipt is in place and based on risk assessment (see 3.5.1). The meat is owed (delivered) by VION Head Quarter, al fresh provided by intercompany sites (GFSI certified).

Acceptance by receiving checks:
Deliveries are visually checked for product integrity, labelling and cleanliness, incl. temperature control and visual inspection on FB/s. This is all recorded per delivered Batch. Products receive per packed unit an SSCC code at reception. (traceability).

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 during day 2, reception by expedition.

3.5.3 Management of suppliers of services

The following services are used and assessed:

- Pest control
- Laundry services
- Contracted cleaning
- Transport
- Temporary employees

Supplier approval, monitoring and evaluation process documented (referenced under 3.5.1) in List of approved transporters (S-MMI-10013) and ‘List of approved cold stores in use by VION (S-MMI-10199).

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

Quarterly management review Q2 -3 include performance of suppliers of services and feedback.

Supplier approval Nov 2024 P F00D 10026 is managed by VION central PNF.

Supplier Evaluation process: P Food 10032 2024-04-19, last performed evaluation 2024-04-18.

Contracts are manged by Head office that clearly define service expectations. Food safety aspects are appropriately addressed.

Examples assessed during this audit: Approval was based on risk to the safety and quality of products, compliance with legal requirements and potential risks to the security of the product. Ongoing monitoring was based among other things on complaints / service delivered. Service suppliers' performance was ongoing and was part of the management review.

3.5.4 Management of Outsourced processing

No outsourced processing and packing.

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 managed by Head office in the central system.

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

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

Specifications include limits for relevant attributes (relevant chemical, microbiological, physical and allergens (no allergen containing products on site)). Key data is included to meet customer and legal requirements and to assist the user in the safe usage of the product.

During the audit, several specifications were reviewed:

- Art. 77679-7 70/30 mager met (delivered intercompany)
- Art 35623 Hampunt (delivered intercompany)
- Art 11843 Separatorvlees GFarming (delivered intercompany)
- Art. 79493 Pork Bellies Rindless (delivered intercompany)
- Packaging: Foil , tracetest art. foil used as inbetween layers (frozen) product and orage foil (top / inbeween layers foil).
- cat 3 material
- Cleaning agent:
- FG and allergen free

All were seen to be clear and accurate.

Only B to B products is handled, frozen and packed. No customer branded products.
Verified customer approval during the vertical traceability exercise.

Frequency of review of specifications: at least every 3 years or if changes occur, every 3 years a review job is generated via MDM system.

During the audit, several specifications were verified: The safety and legal requirements were documented verified for 77679-7 70/30 mager met.

Packaging food safety declaration (orange and blue foil) issue date 2023-03-29 including migration declaration. All were seen to be clear and accurate.

Supplier Evaluation process: P Food 10032 2024-04-19
Performed evaluation 2025-04
Supplier approval 2023-11-29 P F00D 10026 is managed by VION central PNF
Verified for
packaging GFSI cert performance
contract managed by VION Central

Pest
No deviations were seen.

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-NL-10088**

Identified issues are logged in: the site central action list, RCA is included for all PRPs (CP's) and CCP's.

During this audit, several samples were taken to verify effectiveness of corrective and preventive actions. Root cause analysis is performed by the HACCP team in case of trends or significant non-conformities effectiveness of root cause analysis was by checking reoccurrence. Action list was discussed in meetings of the BT and HACCP team.
Usually the team discusses the RCA, no specific method in use, to determine appropriate preventive actions.

This approach is applied for: internal audits findings (in case not directly to correct), 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: BT team, during weekly meetings or HACCP meetings.

The following evidence was reviewed:

- Corrective actions as result of IA, see also 3.4 Internal Audits.
- Examples of corrective actions verified for:
- Less hygiene results in plate freezer: the cleaning frequency was adjusted form 1 x week, towards 1 x day.
- Corrections seen as result of returned goods (paperwork was not fully compliant: made compliant after the batch cold be sent to the company.

3.8 Control of non-conforming product

Control of non-conforming product is detailed in: **PBSD-6000 2022-01-07**
Returned product is detailed in: **PB-DDB-NL-10007 24-04-2025**
All documented in Form F-DDB NL 10005 2024-010-09, last returns 2025-07-29 - 2025-07-31 documents were not correct, temp correct, after checks and documentation, again sent to the customer.

Approved by QA manager.

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.

Supply vision system: stock blocked: all info in digital system, release procedure limited to defined employees (QA, site manager).

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

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.

The following evidence was reviewed:
Maintenance record system
Internal Audit actions listed.
Complaint records
Example seen of non-conforming product incident: **UBD date over due: product was demonstrably blocked. SSCC code Batch art. Exp date 2025-04-10, location Cel 9.**

3.9 Traceability

The traceability process is documented in: **PBSD 4000 2024-05-27 canalisation en traceerbaarheid Vion Procedure on trace tests P-NL-Food 10070 2023-11-22.**

Traceability through the process:
Traceability system operates through the ERP computer system and paperwork enables trace of raw materials and packaging from supplier through processes to packing and dispatch. Incoming goods are entered into the ERP system and labelled. Basically, full pallets are transported from the Vion sites towards this cold store to be packed and frozen and in general they do not return. Replacements recorded based on scanning. In case of distributing recipients from the pallets to the production facility this will be entered manually into the system. Recording of batch information raw materials, packaging materials.

Traceability marking on products:
SSCC labels are printed on all products and packing at reception and after packing. The SSCC code is generated by the ERP system, this way all required data can be generated and is traceable.

Traceability test details company:
Frequency: min 1x year
Last test conducted**:**

Recall test incl. bottom-up trace test 2025-05-22, within 30 minutes performed and procedure was still correct. Art 77010B, 25-10 received THT 2 years after freezing 3690,46 kg. evaluation: all ok, no remarks. Top down 2025-04-24: product mager met 80/20 art. 211529 incl. received 2025-03-05, plate freezer prim. Pack material was traced (foil RVC) within 2 h performed, ok.

Results are retained as documented information and reports include all relevant information and data (including mass balance information). Traceability is achieved within 4 hours.

Vertical audit details:
Transport order 2025-05-30 to client # , start tampering 2025-05-23, order #
Pallet list:
Art. No 77679-7 3 pallets and 2x ,
Plate freezer 250409104, mager met 70/30 FSA, 1044 Transport by UBD 2027-04-07.
Delivered by Vion Groenlo 2025-04-09 1048 kg (truck documents1046,5 kg, slaughtered 2025-04-07, prod. date 2025-04-08, losses by drying 4 kg (acceptable), 1048 kg, total 1044 kg.
Plaatvriezen 2025-04-13 (incl. metal detection ok) and packing incl foil on pallets to be stored frozen.
Digital info all collected from . Ccompliant by plate freezing is a normal performance, ok packaging food safety declaration (blue and orange foil) issue date 2023-03-29 including migration declaration, delivered by RVC packaging GFSI cert, supplier performance ok. All were seen to be clear and accurate.
Test performed within 2 h incl. all documents / quality checks on processes and the products.

Key documentation reviewed including process control and quality control documentation: Temp control during reception, freezing and storage.
With a vertical audit list, (the internal LRQA list based on Raw materials/Production/Distribution/Quality Assessments/Finished Product Weight Control/HACCP – OPRP temperature of bulk packed products/Other Food Safety Controls/Microbiological Controls/Product Specification/ Cleaning on Sunday of the plate freezer installation. Management Systems/ Maintenance/Calibration/Training records) during the audit was tested. Mirco: results were complaint incl. Ca %.

Summary traceability and vertical audit:
Tracing (forwards/backwards) was possible within 4 H in the records/system. Rework is not used. Mass balance was compliant No product in stock, all sold. Seen product specification of the raw material and finished product, receipt records, food compliance certificate is verified. Fully traceable one-step-up and one-step-down the system, including packaging. There were no issues found during the product traceability and all documents showed control over the system for food safety by the organisation.

3.10 Complaint-handling

Complaint-handling is documented in: **maintained in general by HQ. in**

PBSD-4100 issue 2024-08-09 for complaint handling was also seen. Seen : record of complaints plus an EKS list (Teams).

Follow-up of complaints is managed through: Complaints are handled centrally and on the location. Investigations are completed by the site and returned to the central function for responses. Corrective actions are carried out promptly and effectively. As there are only B to B products handled, main complaints are about KG. s/ administrative complaints, damaged packing and Fb's.

Product complaints:
FY 2024-2025: **83** complaints (last FY 2023/2024 166 complaints)

Top 3 complaint reasons:

1. Loading issues (quality of loading/ documentation/ client specification)
2. Damaged sec. packing
3. Foreighn body (most of them are about plastic pieces) (5 plastic, 1 metal)

Beside these complaints, about 77 returns are registered in the past year. Returns are mainly caused by incorrect (export) documents complying to the product/ country of destination of the products

No serious Food safety related issues.
A trend analysis is maintained and documented and discussed in management meetings quarterly documented and analysed in Q review. (including the management review).

There has been a significant decrease in number of complaints against previous year.

The following complaint samples were taken:
Complaint trends were included in last management review July 2025. Also, ongoing complaint handling during operational meetings for making improvements.
Seen letter of improvement on documents to be add during export to certain countries: documents like EKS seen report? Improvement letter dated 2025-06-11 on incorrect (export) documents not fully complying to the product/ country of destination of the products, corrective actions demonstrable taken (4 eye principle on site plus extra check hy office VION back office.

3.11 Management of incidents, product withdrawal and product recall

Incident management process documented in P-Vion -10015, 2023-11-07 and P10009, 2023-09-12. 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). NVWA will be informed directly and LRQA will be informed within 3 working days according to procedure. Further via central HQ, quarterly reporting to LRQA seen.
Contingency plans have been considered, including the need to withdraw or recall products.

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 / The following incident occurred since the previous visit.

Date of last incident management procedures test: **22/05/2025**
Traceability test details performed by the site company: Art 77010B, 2024-10-25 received THT 2 years after freezing 3690,46 kg.
Beside the test performed on site, also test is performed on annual basis by Head office as officially they are responsible for the sales and purchase of materials.
Type of test completed: recall/withdrawal/incident.
Frequency: min 1x year

Mass balance information is included in the report. Traceability is achieved within 30 min. Successful test conducted. No improvements have been required as result of the outcome.

Report of conducted test was seen, ok.

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.
Incident list was reviewed:

Beside the mock recall, an incident has taken place on 2025-04-08 of which the safety prevention report (evaluation) was seen:

The entire factory was evacuated, and employees were evacuated. Products were secured (in refrigerated or frozen storage). The fire department stopped the leak by closing a supply valve. A specialized company ( ) repaired the leak the same day. Employees were sent home for the rest of the day. Work resumed the following day. Food safety was not compromised. Report

Q2 2025 EKS incident list 2025-07-11 because of a certificate mistake (type mistake).

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
3.5.1.3	No questionnaire was used for approval suppliers' raw materials. No questionnaire approval A&B.
3.5.4.1 till 3.5.4.6	No outsourced processing and packing.
3.9.4	No rework was allowed no rework seen during the site tour.

4. Site standards

4.1 External standards

Plant located in an industrial area in a rural environment.

Site boundaries are clearly identified. Premises is partly fenced off with security gate access to the facility, outside day shifts the main port is locked, then the site fully fenced. Maintenance of the exterior was outsourced.

Types of buildings include production facility, storage building, offices, and maintenance workshop.

Site security:
Unauthorised access is prevented by use authorised entry and guidance during in site visit. Visitors/contractors must register at the office building. Several cameras are installed. Staff must use staff entrance which was locked during the site tour and visitors must report their presence seen visitor registrations. No significant bird roosting seen during this site tour. Legal requirement for site registration sees 4.2.

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

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, but this is included in the regular food safety/ HACCP training.

Food defence risk assessment is documented and based on TACCP: **P-DDB-NL-10003 2023-01-03 RAvDistrifresh Coldstore Den Bosch**

Last check 2025-01-13, 1x year performed 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 **staff that is no longer working for the organisation and external chauffeurs.**:
Reception of food, external entry/ gates batches.
Appropriate control measures are developed and implemented: **site is fully fenced with gates opened for trucks all checked and controlled by employees and cameras, batches are used for employees, locked doors. No outside storage.**

Site registration by the legal Dutch authorities NVWA was demonstrable. Company had registration number NL-EG543 Last official authority inspection (NVWA) Jan 2025 (see audits 3.5) was reviewed no official remarks. No external storage tanks, silos or intake pipes with external opening.

Access is via key coded doors for employees. 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.

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 **List 9001A 2024-05-22.**:

Production risk zones (based on BRCGS Annex 2):

- Open product areas: Low risk production zone identified due to processing of the meat to be frozen.
- Enclosed product areas: warehouses and storerooms
- Non-product areas: canteens, laundries, offices
- No High care and no High risk areas

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:
Sitemap Location Distrifresh LijstTD-900A 2024-05-22.

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

Building materials were in basic condition. Smooth cement floors, in some situations some cracks in the floors and wall surfaces show some damages. But in the areas where naked meat is handled, the area is in basic condition and is cleanable. No issues were detected during the environmental motoring in open product areas. Walls, and ceilings from metal cladding.

Condition of building was acceptable. No deteriorated doors or gaps evident. No suspended ceilings and internal drains. However, the building is old, Maintenance and facility working hard together to keep the facility suitable for the processes running. As the building is hired from the formal owner, this seems not always to be easy what can and will be done (maintenance). Despite of all the efforts, a few nonconformities were raised against the environmental situation.

In a few areas were damaged walls seen, not well maintained to prevent facilitate good cleaning. ***Minor NC on 4.4.1***

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

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

Doors in basic condition, external doors are well fitted and kept closed when not in use.

The drainage (incl. the gutter) at the entry/ exit of the meat packing area was not fully suitable designed. This way the drain could not be cleaned well as dirt was left on the floor not reaching the drain / gutter in an appropriate way. ***Minor NC on 4.4.3***

In the meat packing area, paint was flaking of a connection between pipework and an overhead/ceiling as part of the ventilation equipment. As the Team leader has detected this also, actions to avoid contamination. ***Minor NC on 4.4.4***

4.5 Utilities – water, ice, air and other gases

Water is used only for: **cleaning**

Source(s) of water supply:
- Municipal/city (cleaning, handwashing)

Only potable water is used.

Microbiological or chemical testing is undertaken: 4 x year 2 samples, risk based, last2025-04-06 (turbidity, colour, smell, E. coli, coliforms,TPC 22 C, Entero's all ok.

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, issue date 2021-10-14.
Sampling points include: in the water plan.

Gas used in packaging: **no**
Compressed air used: **no**
Purpose of compressed air use: activating machines only
In direct product contact: **no**
Filtered at point of use (when in direct contact): **no because no product or primary packaging comes in contact with compressed air.**

Checks are done on filter replacement as part of the preventive maintenance program, also to protect the machines against rust etc. However, compressed air is activating equipment only.

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

4.6 Equipment

Key production and product-handling equipment include: **FTR checklist of Vion is used ,** maintenance recorded and monitored with help of Some sample taken, equipment was included and maintained. Most is maintained by own engineers.

Equipment is suitable and designed for the intended purpose, mostly stainless-steel construction. Hose used for product transfer is registered as FDA compliant for food contact. Conveyor belts are food grade, seen specification and DOC 2024-08-05.

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. Equipment is suitable and designed for the intended purpose, mostly stainless-steel construction. Seen in validation report relevant information on Impact (packing line) in use now, report of 2024-04-06. and part 2 packing line 2024-08-09.

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

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 when stays at the department.

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.

4.7 Maintenance

Preventative maintenance
Maintenance management system is implemented in . Since 2025-01-07 a new maintenance manager has started. Together with 2 permanent and a few external hired engineers the site is maintained.

The maintenance backlog has been largely reduced. Open product areas, in particular, were addressed first. Furthermore, the cooling system has been optimized to control condensation (along with an additional cleaner who removes condensation throughout the day to prevent contamination).

has been implemented as Maintenance management system.

However, lines/areas were included in as “one object” (not split up per equipment), maintenance per part /specific equipment to be inspected/ maintained was not fully clear. Beside this, still not all corrective maintenance was demonstrably documented in . This way it is not fully clear if the maintenance requirements (such as frequency) in are still up to date / if appropriate action was taken. ***Minor NC on 4.7.2.***

Notable lines with equipment checked and were managed in : metal detection, plate freezer, packing area, robot line and top seal (hoezen) equipment.

Frequency of main checks is on daily basis; control rounds are performed. In the maintenance planning, preventive maintenance of main equipment is planned (e.g. plate freezers and packing robots). Performed maintenance is documented.
A maintenance pan was risk based set up. The building (environment) needs maintenance, but the building is hired and there are meetings ongoing to discuss what maintenance needs to be done an who is responsible for this maintenance. Communication is improving.

Inspection of equipment condition
Inspections for damage and wear are completed for: robot packer, cooling installations (register) and ventilation equipment. Samples see above.

Temporary maintenance
Temporary repairs are controlled via photo in app of the engineers and contact by phone. No temporary repairs were seen during the onsite audit.

New maintenance area was designed, with clean running floor mat to prevent the ingress of metal grindings, etc. suitable storage for grease was implemented (locked cabin).

Handover
Suitable handover processes were in place after maintenance work to eliminate foreign matter risks generated. Rule is that food contact material is always cleaned before use after maintenance activities.
Regular planned maintenance is demonstrably performed before cleaning activities.
Other areas depending on the maintenance performed and an oral hand over towards production is performed. If corrective maintenance has taken place during production, handover and cleaning is performed by employees under supervision of team leader, all documented in SSOP of that day including Fotos of the situation. Seen proof of such an activity of 2025-08-06 of the packing department where paint flaking of the ceiling was detected. Corrective maintenance during working hours, this handover and evaluation is maintained in . SSOP as seen in this example.

Seen handover form F-DDB-NL 10008 2024-08-012, equipment / line clearance after maintenance.

Lubricants
Range of food grade lubricants used, all stored in a locked cabin (maintenance department. DOC’s and MSDS were on site available. Checked for lubricant FG H2 EP Aug. 2014.

Samples seen and completed to schedule:

- number 00594 ompaklijn DGS:

- Plaatvriezer number 11307 : maintenance on replacement and repair of lamps. job 2646231 date 020425
- Maintenance top foil machine (hoezen machine) 2025-6-26
- Daily checks on cold store installations, if setpoits are reached, defrosting schedule is normal and temperatures are ok.
- Lift plate freezer 2025-07-14. oil hydrolic
- Calibration and maintenance floor weighing unit 11-08-2025 planned, last was performed 7-8-2024 Doc 2 (expedition) by
- line Inpak floor scale maintenance and calibration 26-06-2024
- scale boxes line Inpak 2-5-2024 plus dayly check by ceryificated calibrated weight unit.
- Maintenance and calibration metal detection Heat and control 2025-06-16, 2025-0710 an extra check was performed on client request (China approval).
- Opper plate freezer line (scheur) damaged edge 2025-07-15, number 293701: planned for repair, material ordered for repair. In defined.
- Periodic repair of floors and walls are included in jobnumber 07564. 11-07-2025 but no specific planning was demonstrable. (see minor NC)
- maintenance of cooling system is contracted and ongoing.
- Calibration PT100 vsensors freezing and chilling installation NH3 2025-02-24
- Seen setpoints and real time temperature registrations in online system: May and August 2025: Setpoints were adapted on 2025-07-24 as was seen that temperature of some areas were slightly too high (some times during the day up to 4°C in stead of 3°C). Now all chilled areas are set on below 3°C. Proof was seen, ok. Beside this adustification, a meeting is planned on every Thursday to look at the outside temperature en discuss if the cooling must be adapted, achive the right temperatures inside the chilled storages / reception area before plate freezer.

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 is outsourced. Captive site shoes are stored in the work-wear locker when not in use. Enough sets of working clothes are available for the employees.

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
Two rest room areas for food storage and eating; no catering facility in place. There are vendors for food and drink (no nut products allowed or seen), a kettle and a microwave. There is a sink available for use also. Special areas for employees to store their own brought food. The checked smokers' facilities and waste handling were sufficient. No (white) working jackets are allowed to prevent contamination risks. Good controlled

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: **F-DDB-100029 2025-08-06**
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:

- and DOC Aug 2024
- 2022-2-22 MSDS
- MSDS 2-7-2023 Specification March 2022

All chemicals as sampled are suitable for the intended application.

Waste handling and spillage control is effectively managed.

4.9.2 Metal control

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

An example was seen on the factory inspection and observed to be in a satisfactory condition.

Knife check performed by operation management, were documented on F-DDB-NL-10030 2025-08-06 (last updated version) daily checked per shift (1 rack with knifes per shift), seen registrations July/Aug 2025 ok.

Condition and integrity are monitored: by QA/QC on monthly hygiene audits; 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 glued or stitched.

4.9.3 Glass, brittle plastic, ceramics and similar materials

Procedure P-DDB-NL10029 2025-08-07.
Monitoring of glass/brittle, plastic and ceramic items is done through 2 x year.
Records were seen for: **1 May 2025 was most recently performed glass inspection.**

Besides 2x year checks, issues are documented on the SSOP (daily) lists of the areas with open products (packing and plate freezing areas) sites.

Last round performed and recorded on record: 2025-05-01

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.

Windows are protected against breakage with foil.

4.9.4 Products packed into glass or other brittle containers

Products are not packed into glass/brittle containers.

4.9.5 Wood

The use of wood had been eliminated as far as possible near open product areas.

No significant risks off the use of wood were seen during the site tour. Wooden pallets are allowed for packed raw material storage and packed end product.

Wooden pallets in and out were checked if they were fit for purpose. 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:
Observed freezing and packing of fresh meat staff was sufficiently aware to prevent physical contamination risks. To minimise the risk of physical contamination. blue unbreakable pens were used. In the hygiene rules non, approved items were included e.g., mobile phones, tablets etc.

Management of portable handheld equipment:
Metal detection is used for frozen products. Single piece biros are used with no small parts evident. The process is a largely enclosed tank and pipe system.

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 OPRP.

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, documented on the SSOP's.

No foreign bodies detected recently.

The following evidence was reviewed:
SSOP''s of the departments during the on-site audit and vert trace test.

4.10.2 Filters and sieves

No filters or sieves used.

4.10.3 Metal detectors and X-ray equipment

Metal detection was used for frozen meat only:

2 metal detectors on site:

1. After plate freezing / before the robot stacks the frozen blocks on pallets. Example seen of metal detector of the carton boxes used test rods only check of frozen meat FE6,0, NFE 8 and SS 8mm, Checked every 4h, (3 x per shift) LIJST-420 V07 2021-04-30.

2. After shock freezing of carton boxes with frozen meat.: Critical limits with marked test pieces were StS: 8,0 mm, N-Fe: 8,0 mm, Fe: 6,0 mm. Minimal test frequency was at start-up and at the end of the production period and two times in between checks recorded on LIJSTD-0425 V04 2021-10-22.

Metal detection equipment installed as result of the risk analysis and are not controlled as CCP, as only B tot B product is packed and transported.

Monitoring frequency: Checked at start, middle and end of packing.

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 CCP control plan. Data is maintained in documentation. The sensibility of the detector is justified. An automatic belt stops with an alarm in place.

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

No contamination was found since last audit .

No x-ray was used.

Based on risk assessment ref. PBSD-1200 and PBSD-1250 issue 2021-11-22 the company installed metal detector on request of some customers. The detection equipment was placed after plate freezer and before stacking. Sensitivity of removal method was appropriate. Procedures were in place in case of failure, including re-inspection of the products since last successful test. In case of detected foreign bodies these were investigated to find source and to prevent reoccurrence no significant incidents reported.

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: daily cleaning (of the plate freezing line and packing line) and less frequent cleaning following a planning.

Also, cleaning is performed by own employees: List 60 plan 2025: this list was up to date.

Documented cleaning and disinfection procedures are in place and maintained for the building, plant and all equipment. Example seen of outsourced cleaning set up risk based: **2025-07-07 plan Den Bosch**
In the plan, objects, frequency, cleaning agent, concentration and method verifications was included (e.g. 1,5%, foam 4%)

During the onsite tour was seen:
The 2 water hoses used for cleaning the plate freezers in between processing, these were seen stored not in a hygienic manner as they were laying on the platform floor. No direct contamination risk as the nozzles of the hoses were not reaching the platform floor as they were stuck in the fencing away from the platform floor. ***Minor NC on 4.116***

Cleaning methods described are found to be suitable. Plate freezer and packing area are cleaned on daily basis now and other departments and areas once a week. Walls, ceilings etc. are less frequent cleaned but scheduled. The company started with food contact areas cleaning on daily basis only a few weeks ago because the hygiene standard was not suitable, from begin of July, seen results until 6-8-2025. ok
The area environment at that time was smelling bad.
The validation was still ongoing as there are some challenges to work on. One of the challenges is the condense in the area after cleaning. Now an extra employee has been hired to remove condense from pipework and overheads to avoid condense drops and contamination. Employee is clothed in green and is dedicated working on removing condense.

Cleaning agents' concentration is calibrated by Distrifresh, 4x year, seen report of 10 Jan 2025. However, the report of external company # was not fully complete as dome calibrations failed. (***minor Nc on 3.7.2*** (corrective actions)).

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: seen cleaning performance check after cleaning of Jan-August 2025 Good communication was seen by App, email and on the control forms. Dedicated contact person of , good contact and regular meetings, Checks on the effectiveness of the cleaning on daily basis,
Agar samples taken on daily basis: 10 agar plates of food contact surfaces incl. residue check: results are good.

Cleaning records were reviewed in both the traceability exercise and on the factory inspection with no issues noted.
Cleaning instructions verified.
Cleaning records detail the cleaning requirements stipulated in clause 4.11.2. (PRE-SSOPP's). Examples records seen: records verified for Jan-August YTD 2025. Forms (like Pre-SSOP's to be) are verified by QA.

Microbiological and chemical parameters were investigated for cleaning following the sampling plan PROD_3131v03 Micriobiologisch onderzoek (Listeria) see also 4.11.8. Trends were used for improvements. Overall hygiene status of the inspected walls, floors, ceiling and overheads was sufficient.

The following evidence was reviewed:

PRE-SSOp's of packing area and Plate freezer area July-August 2025.
1x month normal micro check:
2025-06-05 listeria sample plate freezer on the block table was positive detected:
A detailed action plan was drawn up on extra cleaning activities/ sampling and investigate cleaning methods.
Action plan was drawn up: overview actions including results: from 10 June -21 Jul. results included:
2025-06-17 resample: again, detected on table and between the plate freezers.
Resample 2025-06-25 plate freezer 11 detected again, other samples negative, from 2025-07-07, all samples negative (also as result of more intensive and frequent (daily) cleaning.
On 2025-07-10 also Listeria m detected under hopper: extra cleaning and in-depth cleaning after dismantling the installation.
More samples taken on 2025-07-05, 2025-07-16 and 2025-07-17, all ok.
Now situation is in control: 1 x 2 weeks listeria swaps to be continued for the time being continue monitoring.
Packing 1x month listeria check, in control. Last sampling results 2025-06-10 , results of July were not provided jet.

4.11.7 Cleaning in place (CIP)

CIP is not applicable.

4.11.8 Environmental monitoring

The environmental monitoring program is detailed in: Procedure Microbiologisch onderzoek: List 60 plan 2025.
Implementation of pre-SSOP's and SSOP's for food contact processes was realized.

The programme is risk-based and includes frequency of testing, organisms to be included, typical sampling areas and procedures for out of specification results.

The programme monitors for: TPC and Listeria .

Comment on the results of environmental monitoring programme:
Sampled environmental check:

- Agar seen on daily basis of July/ August 2025. Results are good. In some incidental situation slightly increasing amounts seen of which resampling was seen for the next working day.
- In June Listeria m was detected: an action plan was made and implemented, now all Listeria saples negative, situation is in control (see 4.11 on cleaning reviewed evidence.)

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.

Environmental monitoring programs was based on risk and EG 2073 / Guide 85 verified Listeria swab results. Sampling locations were determined, and target organism were monthly swabs TPC, and residue pH checks recorded on LIJSTD-060.

Limits for acceptable results were recorded including corrective action in case control limit was not realised or in case of upward trends. Environmental monitoring program was reviewed continuously but at least annually during the management review.

4.12 Waste and waste disposal

Waste is categorized in: **Proc. P-DDB-NL 10002 16-01-2025, Storage and disposal of Category materials.**
All waste containers were identified (clear labelled) with contents and stored separate, away from regular product.

Carton, plastic and mixed waste are defined on the map of the company where to collect. All clearly marked. Map: Lijst_901 (a) 22-05-2024

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

Carton, plastic and mixed waste removal is contracted to:
Trademarked waste materials are not present.

Licensed waste (cat 2/3) removal was sampled for:
Records of destruction are being retained.

4.13 Management of surplus food and products for animal feed

No customer branded products produced; surplus materials were destructed.

4.14 Pest management

Pest control is contracted to Alert hygiene.
The scope is detailed as: rodents, flies and insect monitor of crawling insects.

No internal pest controller applicable.

No presence of infestation during the last certificated period or observed during the BRCGS audit. If yes, detail how it was identified and treated. If no, remove this sentence.

Routine visits per year: 8 x year
Content of routine inspection: **2025-06-24**
In-depth inspections performed: **2025-03-03**
Frequency is suitable.
Action status: 2 open actions, not overdue.
Plan 2025-05-19.
Licence RPMV 1-12-2029

Extra EVI was placed near the foil container (No. 630). Included in the map last version 2025-05-19.

Documentation was well maintained and visit reports fully completed with actions closed in acceptable timeframe.

4.15 Storage facilities

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

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

No products on site containing allergens.

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

Stocks of materials are kept on site and stock rotation is via ERP system (SSCC codes) identifying FIFO usage.

All products are scanned at reception, after packing and before dispatch, all identified by SSCC labels.

This was checked for during the on-site audit.

Delivery/Storage record sheets are in place for each raw material & packaging item and are kept at them

storage location: seen within the traceability exercise with no issues noted.

No outside storage. No controlled atmosphere storage.

Seen temperature of shock freezers 6-7-8- August 2025 YTD, included in the trace test 2025-05-26-/30, all ok. and 2024-08-13 Temp till around -40 C (max -48 C, Tampering cel Temp -9C, Freezing area -21,5C Environment temperature at plate freezing area was 8.4 C, cooling cel 1 <4 C.
Cat 2 and 3 is stored at -8 C.

Temperature control is required for raw materials which are received and are stored in 4 cooling cells before plate freezing.

No deviations, cooling equipment is working well at that moment the temperature outside was around 25°C.

4.16 Dispatch and transport

The transport of finished goods is all outsourced to external service providers. There are no company vehicles. Transport is arranged by Vion Head Office Boxtel.

An overview is maintained in the site approved supplier list.
Verified GFSI certification of: **Distrifresh Boxtel**

Temperature checks and hygiene monitoring controls are in place for:
unloading raw materials and loading finished product. This is daily using pre-use check sheets.
unloading Temp meat packed in boxes = CCP, unloading temp of fresh meat chilled packed in dolavs or crates is checked and controlled as an OPRP.

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

This was verified for Belly Sheet ribbed GF container Seal loaded for Maleisia.Temperature checks all < = -18°C, ok

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.5	No suspended ceilings in the production.
4.5.3	No gases were used for direct product contact. No air was used for direct product contact.
4.9.4.1 till 4.9.4.3	No products were packed into glass or brittle containers.
4.10.2.1 and 4.10.2.2	No filters or sieves were used.
4.10.3.5	No X-ray was used.
4.10.4.1	No magnets were used.
4.10.5.1	No optical sorting equipment was used.
4.10.6.1 and 4.10.6.2	No inversion or rinsing equipment was necessary for these products.
4.10.7.1	No other removal foreign-body equipment
4.11.7.1 till 4.11.7.4	No CIP equipment was used for cleaning.
4.13.1 till 4.13.3	No customer branded products produced; surplus materials were destructed.
4.15.4	No specific atmospheric storage required.

4.15.5	Storage outside was not allowed

5. Product control

5.1 Product design/development

Developments mostly related to improvement operational (automated) processes, product quality/safety, packaging material and providing optimal (storage) condition. No specific trials were performed since previous audit.

Seen in validation report relevant information on Impact (packing line) in use now, report of 2024-04-06. Validation report was started on process change of more frequent cleaning as the hygienic conditions of the plate freezing process was not according to the standard to create products in a food safe environment. (see also **2.12.3 (*minor NC*)**).

Since previous audit, no use of new packing materials or processes. No nutritional claims were made to satisfy a consumer group. Only frozen B to B products is handled.

5.2 Product labelling

The following documentation describes the process: **F-DDB-NL-10007 2024-05-16**

Legislation in countries of sale:
Labelling product for EU-market following EU legislation and any additional customer requirement. No markets outside EU for this kind of products produced at this Vion site. In storage no none-labelled goods allowed.

Seen several right labelling of B2B packing.

Artwork approval & accuracy of information:
O specific artwork, only B to B labels.

No allergens on site used.

Cooking instruction validation procedures: No cooking instruction were provided on the packaging / labels, not applicable (B to B)

The following evidence was reviewed:
Label checked for Belly Sheet ribbed GF container Seal loaded for Malaysia.

5.3 Management of allergens

The following documents form the controls in this area: Risk assessment of raw materials formed the basis for the allergens assessment ref. PROD- 3160 PBSD 1200 / 1250. Allergens none were identified in production

Allergens handled on site are none.

The risk assessment covers all potential sources, including cross contamination. Measures implemented include: in hygiene rules on site for employees.

Allergen containing re-work: NA.

Claims for individuals:
No allergen claims are made.

Cleaning, validation and verification:
No cross-contamination warning on labels necessary. No rework was allowed no rework seen during the site tour. Products were not designed for specific vulnerable target group allergy sufferers. No allergens used in production no cross contamination or equipment area cleaning applicable. Interviewed staff were well aware of their responsibilities concerning allergen contamination caused by home brought food. No cross-contamination warning on labels necessary, no rework.

Changeover process:
No change over was assessed, but only fresh raw pork meat was handled during the audit days.

5.4 Product authenticity, claims and chain of custody

Product authenticity (data and product integrity) is detailed in: **Integrity process P-DDB-10004 2025-02-04**

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 company is EKS (daily checks by NVWA visits). and IFS PIA certified (valid until Jan 2026).
EKS integrity valid form F DDB-NL- 3 Jan 2024.

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

Examples raw materials, risk level and mitigating controls:
No significant vulnerabilities have been determined.
No mitigation measures were needed to be developed and implemented.

Review of the vulnerability plan is programmed to be completed annually.
Date of the last review: 13/01/2025
F DDB NL 10025 2025-07-30 a new form was created as the old form was found not fully complete.

Claims:

All claims provided/ connected to the products delivered to the site are kept as labelled (included in the information behind SSCC label. All claims provided with the products by the Vion chain, are copied on the labels, only Vion products with Vion labels.
Claims such as IKB, (Welfare Approved), QS, FS (Good Farming Star), FS (BLK 1 star for retainer #), FS (# , 100% pork, NL/DE are included incl. country of origin.
Clear labelling and checks by NVWA before loading containers (countries specific).

Training:
Involved expedition employees (reception and dispatch) are trained on reception, registration, integrity, whistle-blower procedure and traceability (2023-11-01), and training organised by Vion Head office on IFS PIA and integrity 2023-12-20. Also training sessions on EKS were organised 2024-01-13/15
Mass balances on integrity are tested very frequently; results past months were all compliant (100%). EKS approval was valid again from Jan 2024. Integrity complaints KPI was set on max 8/ quarter, which was achieved.

5.5 Product packaging

The packaging materials for finished products are: **several type/coloured plastic foil.**

Suitable packing procedures and materials are in place with relevant (food contact suitability/migration) specifications. For packing material, Approval of suppliers based on GFSI-certification. All suppliers of packaging materials have to be approved by the central Vion head office entered into the system ( ) before they are allowed to deliver. Specification and declarations of conformity seen for the packaging used in the traceability test.

The following evidence was reviewed:

- Orange foil
- Blue foil
- Form with check batch code/ reception date /date start in use of the batch.
-

Verified was the food safety declaration (orange foil) issue date 2023-03-29 including migration declaration. In case of particular characteristics, the suppliers will be made aware of these requirements. During the site inspection the storage facilities for packaging were inspected. Materials were packed appropriate instruction were verified by interviewing employees. Obsolete packaging and labels were visually recognizable. The contact liners used were blue: standard product, orange: Beter Leven Keurmerk (BLK) and green: organic and an example taken had sufficient strength.

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

The testing programme is outlined in: **Procedure Microbiologisch onderzoek 3131 v3 2024-05-16**
All incoming goods to be packed and frozen are checked on internal (fresh) shelf life of max 9 days. This is checked during label check of incoming goods at reception (and recorded).
Seen for art 12483-7 slaughter 2025-08-05 (reception 2025-08-06).
And fat art 13733 slaughter 2025-08-04, packed 2025-08-05, reception 2025-08-06.
The shelf life was also verified during the trace test initiated by the auditor. All ok.

Sampled environmental check: see 4.11
Risk based B to B only frozen products, no RTE products: sampled by HQ 1x year: product is owned and sold by HQ.

Seen annual verification results shelf-life test trimming (worse case) (max 9 days): Slaughter Apeldoorn 2024-12-09, production (packed 2025-12-12, sampled 2025-12-19 Ent <log 2 and TPC 22 °C Log 4, all within specifications .(shelf life of different products within Vion P-Food-NL-10165 2025-02-14)

Annually samples are also on site reviewed:
Seen results 80/20 FS salmonella check performed: 2025-07-10 samples of several batches: all ok.
Further no product testing.

Types of tests and frequency:
Onsite laboratories
No laboratory on site verified external labs were accredited under number L . No testing in production. Corrective action in case control limit was not realised or in case of upward trends was explained by QA, legal requirements (EG 2073 and Guide 85) must be met.

Reliability of critical testing:
The accuracy of test results is verified through accredited elaborate.

5.7 Product release

In the examples investigated during the audit, release and positive release did not occur before every requirement was investigated by authorised person and were in line with the Quality- and HACCP-plans.

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
5.1.1	No nutritional claims were made to satisfy a consumer group.
5.2.4	No cooking instruction were provided on the packaging / labels.
5.3.5	No rework was allowed no rework seen during the site tour.
5.3.6	No cross-contamination warning on labels necessary.

5.3.7	Products were not designed for specific vulnerable target group allergy sufferers.
5.3.8	No allergens used in production no cross contamination or equipment area cleaning applicable.
5.6.5	No testing activities in production / storage areas.
5.6.7	No laboratory on site.
5.8	No pet food products produced.
5.9.2 till 5.9.4	No receipt of live animals.

6. Process control

6.1 Control of operations

Process control was evaluated in all process steps incl. packing; no change over could be assessed.
The following evidence was reviewed:
During the onsite audit evaluated:

- Unloading and reception of fresh chilled meat packed in carton boxes, crates, dolavs', incl. CCP temperature check / OPRP temp, checking labels and scanning e products into the ERP system
- storage of meat, chilled
- plate freezing of meat
- metal detection and stacking on pallets
- packing pallets with foil and labelling
- packing of fresh meat into boxes within liners
- Vacuum packing of meat, labelling
- Shock freezing op products packed in boxes, labelling
- stacking boxes on pallets
- Wrapping pallets and storage in old store
- tampering of eat in special temperature cell
- Storage of chilled meat (packed in crates, foil, boxes)
- Collecting pallets for dispatch
- temperature check of meat, container/ temperature of container
- Label check with specifications and client requests
- weight control checks
- PRE-ssop and SSOP checks
- Maintenance checked
- Control checks before loading on product temperature (CCP) and trucks order ok
- Chemical storage (for cleaning purposes)
- Cleaning performance

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, set up approval (release) and packing.

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

No products outside of the scope are handled.

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 during the on-site audit: as products are received: the information stays with the product as the SSCC label is scanned,

At the time of the audit there was no change over on the lines so this could not be witnessed but the process was discussed with the labelling supervisor.
There is no online verification equipment for the correct label.

Only B to B labels.
No unlabelled products seen during the onsite audit.

6.3 Quantity, weight, volume and number control

Weight control: the legislation for weight control in country for sale is checked and the client is requested if any specific requirements are applicable. This was checked during the vertical trace test and also checked for the loaded container for Malaysia.

No online check weighers were used.

No bulk quantities are sold.

No online check weighers.

6.4 Calibration and control of measuring and monitoring devices

Calibration procedures ensure relevant equipment is identified and regularly calibrated on calibration form FSD-NL-10083 2022-06-15.
There is a monitoring and registration system for the temperature in cooling / freezing cells and production areas. Calibration of the temperature equipment is outsourced.
Temperature devices (hand thermometers CCP and CP related) and scales (legal issue) were sampled and found calibrated min. 1x calendar year. Calibration of the chemical dosing systems used for cleaning equipment is managed by the cleaning company .

There is a clear schedule of calibration for all equipment. The records of calibration were checked for:

- Metal detector robot 2025-06-16, 2025-07-10 an extra check was performed because of preparations for China approval.
- Temp.meter CCP1 and 2 and plate freezer / QA/QC 23-07-2025 (freq. 1x 2 months)
- Referention Thermometer serie May 2025 (new)
- Calibration weighing unit floor 2024-08-07, Doc 2 (expedition) by
- line Inpak floor scale 2024-06-26
- scale boxes line Inpak 2024-05-02 plus dayly check of scale with afixed weight unit

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

However, the satellites use for cleaning (foam and also for disinfection) were calibrated by an external company 4 x year. The calibration reports were submitted to the company by email. The reports were containing beside good results also failing calibration and deviations on checked concentrations of chemical against the cleaning plan. Not fully clear was which corrective actions have been taken. The verification of cleaning activities shows good results. ***Minor NC on 6.4.4.***

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
6.2.4	No on-line vision equipment used to check product labels and printing.
6.3.3	No online check weighers were used.

7. Personnel

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

Induction training is required for all new employees and includes the company hygiene rules, site policy, general product safety and quality aspects, etc.

There is a 2 yearly refresher training on food safety, fraud and defence session for inductions in place System in use is Accelerate today (Skill / competence matrix), some training is refreshed after 5 years, depending on usage and knowledge .

Training needs for personnel engaged in activities related to product safety, culture, quality and legality, on working environment safety 1 x 5 year training is required. Needs are further defined in an overview. Accelerate today (Skill / competence matrix).
Employee training is defined in a documented procedure. For operators there are records of sign off against key tasks at start of working for the company. P-DFS-NL-10062 – 2023-07-31 supported by the PowerPoint. Hyg. Rules Visitors 3010 v16 2024-05-16.

At this visit, operators were sampled. Clear competency records and refresher training records were seen.

The following evidence was reviewed:
Agency bureau is providing the first training session,
Training was verified for:
(prod. Employee) CCP temp trained 2024-08-08 HACCP Food Fraud en food defence 2023-01-13
Ass supervisor: 2023-05-01 onboarding 2023-05-04 HACCP, HACCP + FD 2024-09-27
2025-03-11 onboarding, training plan seen, in progress.
onboarding HACCP + FD 2025-09-27 CCP 2024-08-05
: Maintenance: HACCP 2025-04-16, 2025-03-26 EPT instructed, incl EK
Document Accelerate today (Skill / competence matrix) is ongoing updated.

Personnel signed for attendance. Training needs were evaluated in the management review also in case specific deviation were found during the year related to training needs (good example was the training sessions on integrity (EKS)). Annual frequency was strived for refresh.

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 must fill out a complete questionnaire.

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.

Plasters were blue coloured verified metal detection recorded on LIJST-2250 version 2023-11-01.

The following evidence was reviewed:
In practice seen every day on site during the audit, good control.

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.

Employees, visitors and contractors have to complete a health questionnaire prior to entry to any production areas. Procedures are established for personnel to notify management of infectious conditions they may be suffering from or been in contact with.
The site makes all visitors, new starters and contractors aware of the need to report infectious disease during the intake by the porter before entering the site. The health and safety service physician signs declarations for each personnel under contract of VION. Persons who are suffering from relevant infectious diseases are not allowed to enter the production facilities. General health declaration is checked and signed by Company doctor (voluntarily)

Personnel should report the use of medicine to their direct leader according to the house rules in the contract. Dutch law ensures basic income in case of absence due to illness.

7.4 Protective clothing: employees or visitors to production areas

Work wear of personnel includes suitable, protective clothing (including hair/beard nets) that provides adequate coverage. Clothing has no external pockets above waste or sewn-on buttons. Gloves 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). was audited by a third party every year seen certificate ISO 22000 valid till 07-12-2025 including declaration "hygiene and washing temperature" based on EN 14065. Clothing was suitable protected against contaminations and commercial sterile. Protective clothing was changed minimal every day.

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.

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

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

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

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

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.