BRCGSAB009 BRCGS A&Bi3 审核方案(BRCGS A&B Audit Programme Issue 3)

文件范围 Documentation Scope：适用于中安信（北京）食品安全技术有限公司的 **BRCGS** 贸易商标准第 **3** 版标准的审核方案管理。

文件发放部门 Document Distribution:

范围 Scope	❒所有部门 ANSENSE	❒总经理 General Manager
	❒公正性委员会 Committee for Impartiality	■技术委员会 Technical Committee
	■认证部 Operation Department	❒销售部 Sales Department
	■质量部 Quality Department	■办公室 Office Department

批准人：总经理 舒冠成

Approved by: GM Shu Guancheng

修订记录 Change log：

版本号 Version No.	日期 Date	修订描述 Description
V1	2023-11-11	初次发布 Initial issue

目录 Contents

1 General protocol – audit preparation

1.1 Selection of an audit option

There are three options and processes available for sites to demonstrate their commitment to the Standard.

1.1.1 Announced audit programme

This is available for existing certificated sites and those new to certification. The audit date is agreed with the certification body in advance of the audit.

Successful sites are awarded a certificate with grade AA, A, B or C, depending on the number and type of non- conformities identified.

More details on the announced audit protocol can be found in Part III, section 2.

1.1.2 Blended audit programme

The blended audit programme utilises ICT (information and communication technology) to audit remotely without the auditor visiting the site. It predominantly looks at the documented systems and records. The blended audit is only offered by the certification body following a risk assessment which:

- confirms that a robust audit is possible (e.g. availability of remote technology at the site)
- assesses the percentage of the audit that can be completed remotely (the Standard does not limit the proportion of the audit that may be audited remotely, and a completely remote audit is permitted where this is supported by the certification body's risk assessment; see Part III, section 3.1.2 for full details).

At the time of publication, this option is only available for announced recertification audits and not for initial audits (i.e. the first BRCGS audit at a site) or unannounced audits. Successful sites are awarded a certificate with grade AA, A, B or C, depending on the number and type of non-conformities identified. More details on the blended audit protocol can be found in Part III, section 3.

1.1.3 Unannounced audit protocol

The unannounced audit option is available to all sites, although sites that are not currently certificated need to recognise that the audit may not take place for up to 1 year from the date of application.

The certification body will identify a suitable audit date but the date is not discussed with, or communicated to, the site in advance of the audit.

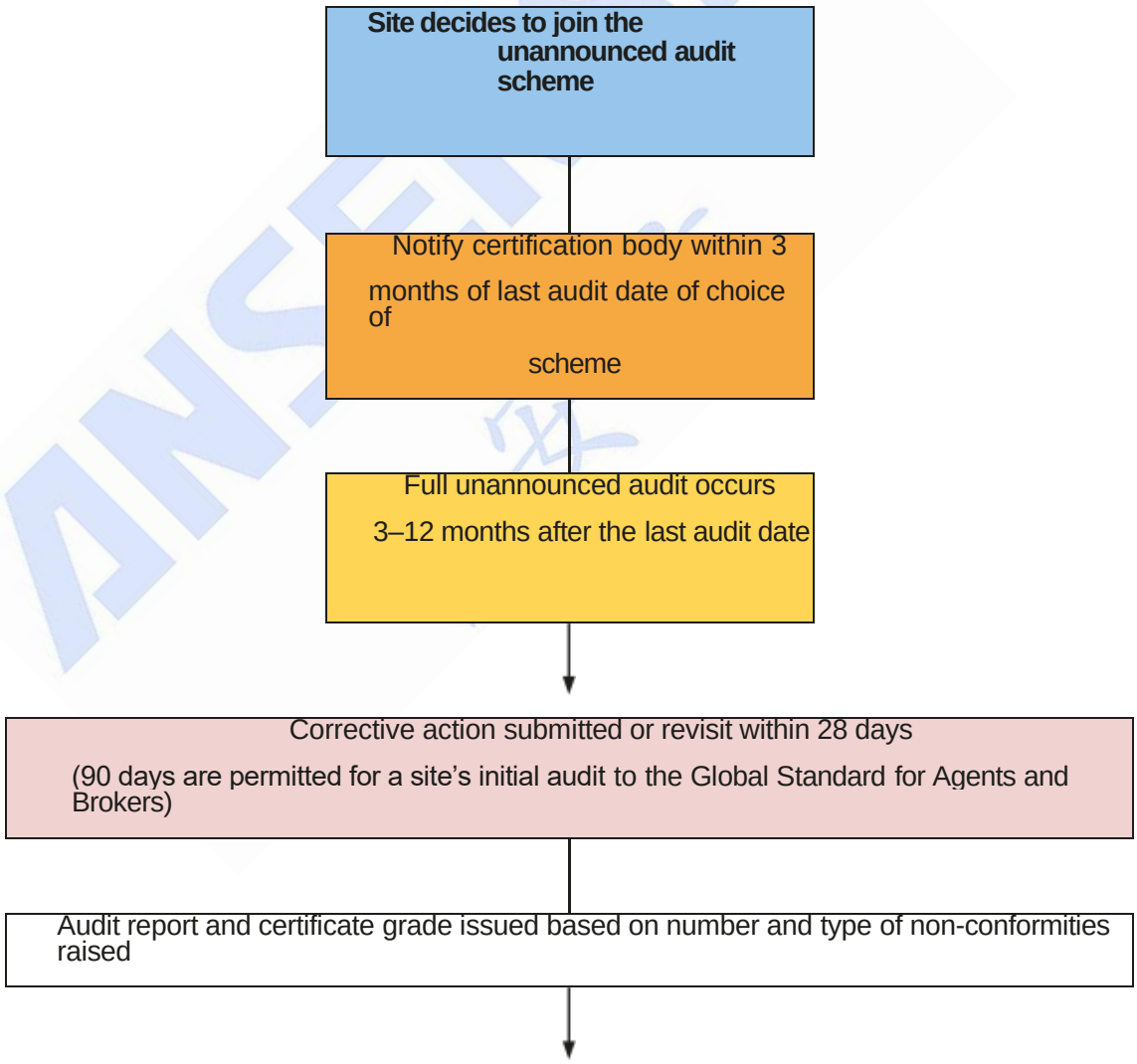
The unannounced audit option provides sites with the opportunity to demonstrate the maturity of their quality systems and successful sites are awarded grades of AA+, A+, B+ or C+, depending upon the type and number of non-conformities identified at

the audit.

The unannounced audit process is summarised in Figure 2. More details on the unannounced audit protocol can be found in Part III, section 4.

1.2 Self-assessment of compliance with the Standard

The Standard should be read and understood, and a preliminary self-assessment should be conducted by the company against the Standard to prepare for the audit. Any areas that need to be improved to meet the requirements should be addressed by the company to prevent a non-conformity being raised at the audit. Further information, guidance and training to ensure compliance with the Standard, including a downloadable self-assessment tool, is available from the BRCGS website. BRCGS also has a full range of guidelines and supporting materials available from the BRCGS Store or from BRCGS Participate.



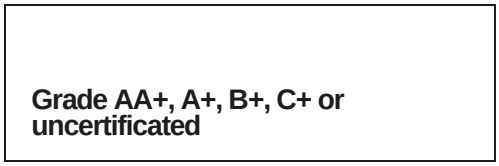


Figure 2 The unannounced audit process

An optional on-site pre-assessment may be carried out by the selected certification body in preparation for the audit to provide guidance to the company on the process of certification. It should be noted, however, that under the rules for accreditation, consultancy cannot be provided during any pre-assessment offered by the certification body that will later undertake the certification audit.

1.3 Selection of a certification body

Audits against BRCGS Standards are recognised only if undertaken by certification bodies that are recognised and approved by BRCGS.

BRCGS cannot advise on the selection of a specific certification body; however, there is a comprehensive programme of measurement of certification body performance around specific key performance indicators (KPIs), the results of which are converted to a 5-star rating and published with the listing of all BRCGS-approved

certification bodies in the BRCGS Directory.

The site may also wish to confirm that its selected certification body is accepted by its customers.

1.4 Contractual arrangements between the company and certification body

A contract shall exist between the company and the certification body, detailing the scope of the audit and the reporting requirements in accordance with the requirements of ISO/IEC 17065. The contract shall also contain

clauses that allow effective management of the scheme by BRCGS and accreditation of the certification body by its accreditation body. These are essential to ensure confidence in the way in which the scheme is managed and consistency is achieved, which benefits all certificated sites. In particular, it is a condition of certification to the scheme that:

- A copy of the audit report and any subsequent certificate or audit result shall be supplied to BRCGS; they may also be supplied to the accreditation body in the agreed format for the Standard. As a GFSI-benchmarked standard, records may be viewed in conjunction with any GFSI compliance audit. Other documents in relation to the audit shall be made available to BRCGS upon request. All documents submitted to BRCGS shall be copies of original documents and shall be treated as confidential.
- Where agreements are in place, BRCGS may make audit reports and certificates

available to customers of sites or the authorities for earned recognition purposes. Sharing can be removed by the site at any time through the BRCGS Directory.

The auditor(s) may be accompanied by other personnel for training assessment or calibration purposes. This activity may include:

- training of new auditors by the certification body
- routine certification body shadow audit programmes
- witness audits by accreditation bodies
- witness audits by BRCGS.

BRCGS reserves the right to conduct its own audit, or visit a site once certificated, in response to complaints or as part of the routine compliance activity to ensure the integrity of the scheme. Such visits may be announced or unannounced.

BRCGS may contact the site directly in relation to its certification status, for feedback on certification body performance, or for investigation into reported issues.

This publication sets out the requirements for sites that want to apply to be audited against the Standard and for sites issued with a certificate. Contracts between the certification body and the company shall include a clause acknowledging these obligations. This contract will be formulated by the certification body.

Non-compliance with any of these contractual obligations may affect the status of certification of the company.

1.5 Service fee

BRCGS require a service fee to be collected by the certification body from the company for every audit undertaken. This covers the service package, allowing the company access to BRCGS support services, including BRCGS Participate, BRCGS Professional and the BRCGS Directory. The certificate and audit report shall not be valid until this fee and the certification body's audit fees have been received, irrespective of the outcome of the certification process.

1.6 Scope of audit

1.6.1 Defining the audit scope

The scope of the audit (the products and services provided) shall be agreed between the company and the certification body in advance of the audit to ensure the allocation of an auditor with the correct product knowledge. The audit shall include all applicable requirements within the Standard and all applicable products traded by the company within the scope of the Standard.

The audit scope and any services excluded shall be clearly defined, both on the audit report and on any certificate issued. The scope description on reports and certificates

shall include:

- products and product category/categories (see Appendix 4)
- details of operation (i.e. broker and/or agent/service provider).

Information relating to any services contracted by the agent or broker will also be recorded on the audit report.

The wording of the scope will be verified by the auditor during the site audit. The description of products or product groups within the scope shall enable a recipient of the report or certificate to clearly identify whether products supplied have been included within the scope.

1.6.2 Exclusions from scope

The fulfilment of the certification criteria relies on clear commitment from the company management to adopt the best-practice principles outlined within the Standard and to develop a product safety culture within the business.

It follows therefore that the exclusion of products from the scope of certification shall only be permitted by

exception. There are two situations where an exclusion may be permitted:

• Certificates are issued to the company for specific office locations (sites). It is permissible for a company to have some offices certificated under the scheme and other offices not to be included;

or

• The Standard is applicable to three types of products: food, packaging, and consumer products. Sites are permitted to exclude a type of product (e.g. consumer products); however, it is only permitted to exclude the entire type of product. It is not acceptable to include some food products in scope and exclude others (e.g. include chilled and frozen foods but exclude ambient foods), or to include some consumer products and exclude others.

For example, a site handling both food and consumer products shall have a scope that either:

- includes all food products and all consumer products, or
- includes all food products and excludes all consumer products, or
- excludes all food products and includes all consumer products.

The BRCGS logo can only be used by sites that have no exclusions.

Where exclusions are requested, these shall be agreed with the certification body in

advance of the audit. Exclusions shall be clearly stated on the audit report and certificate, and the justification recorded on the audit report.

1.6.3 Additional locations and office assessments

Companies providing services within the scope of the Standard may have a single office or a number of offices based in one or more countries around the world. The scope of certification may include all the offices or only specific offices.

Where a company has more than one office location included within the scope of the audit, it will be necessary to audit the operations of each individual office. Where a company's office locations all operate to the company's

common quality management system, and where all records are electronic and available from the company's primary location (e.g. the company's head or central office), these additional offices may be audited remotely and combined with the audit of the company's primary location. Remote auditing techniques are explained in greater detail in Part III, section 3 (blended announced audit protocol).

All of the offices included within the audit scope must meet the scope's requirements (see Part III, sections 1.6.1 and 1.6.2). For example, it is not possible for an office to exclude some activities or products unless it meets the requirements for exclusions from scope (Part III, section 1.6.2).

The certification body shall develop an audit programme for the assessment of a multiple-office system which enables the information relating to each individual office to be fully audited. The audit shall provide complete confidence that each individual office complies with the full requirements of the Standard (i.e. the certification body shall have full confidence that the same quality system is in use in each office and is operating effectively).

A completely separate audit of an individual office location is required where:

- it operates a different quality management system
- the central systems do not work effectively during the head office audit or are insufficient to provide complete access to information
- information supplied by the company is found to be incomplete or inaccurate
- significant issues are identified at an office audit, which would necessitate visits to another office (or offices) to fully demonstrate compliance to the level required for these offices to be certificated
- the specific office location requires its own certificate or audit report.

Where the office location is audited as part of a combined audit of multiple-office locations, it is essential that this is justified, and a full audit of each location shall be completed before a certificate is issued.

Therefore it is expected that, for each additional office being audited, the auditor shall:

- access sufficient records and procedures to demonstrate the satisfactory operation of the systems and the accuracy and completeness of relevant record-keeping at that specific office
- complete at least one vertical audit of a product handled or managed through that office
- interview relevant staff. The purpose of these interviews is to question staff on specifics relating directly to documents, processes or activities already assessed and to obtain clarity on any points raised while auditing the systems (i.e. the interviews are identical to those that would be completed during an on-site audit). It is not intended for the whole audit to be conducted during these interviews, as a substantive amount of the procedures, records and operations will already have been reviewed.

The audit plan for all offices shall be agreed between the certification body and the company. This plan shall be sufficiently detailed so that, for each office, the minimum time required and the activities that will be covered by the audit are clearly identified.

The audit duration for a company with more than one office is expected to be significantly longer than for a single- office audit of comparable size and complexity. Each additional location included in the audit scope will therefore increase the audit duration by a minimum of 2–3 hours.

Non-conformities raised against all office locations within the scope of the audit shall be recorded on a single audit report and included within the count of non-conformities contributing to the grade and certification decision.

Therefore all office locations will form part of the same certification decision. A single certificate and audit report shall be issued to the company and will include all the offices audited. (An individual certificate and audit report for a single office can be issued only where an auditor has audited that specific location against all criteria of the Standard under a separate application for certification.)

The format of the certificate will comply with the template in Appendix 5 of this Standard.

1.6.4 Remote staff

ICT technology has made it possible for staff within many organisations to operate remotely, or for whole offices to operate without a traditional physical office.

Where site staff complete relevant (in scope) activities but work remotely (i.e. not at an office location as defined in the glossary), their activities can be included within the scope of the audit provided that:

- the blended audit protocol is used (i.e. the certification body completes the audit in accordance with Part III, section 3).

This will include, for example:

- certification body processes to ensure compliance with IAF MD4:2018
- a risk assessment by the certification body to confirm that the audit objectives can be achieved remotely
- certification body procedures for remote auditing
- the use of ICT to complete the relevant portion of the audit
- procedures to ensure confidentiality, security and data protection (CSDP)
- BRCGS requirements for additional office locations are met (see Part III, section 1.6.3). These requirements stipulate that:
  - there is a common, company-wide quality management system
  - all records are electronic and can be made available to the auditor
  - the auditor can interview relevant staff
- the scope of the audit meets the requirements in Part III, sections 1.6.1 and 1.6.2.

There are no limits to the number of remote staff that may be included in the audit scope.

The certification body shall develop an audit programme for the assessment which includes the remote staff and enables the information relating to their activities to be fully audited. The audit shall provide complete confidence that each individual activity complies with the full requirements of the Standard (i.e. the certification body shall have full confidence that the same quality system is in use and that it is operating effectively).

It is not a requirement of the Standard for the auditor to complete a vertical audit of the activities of every remote worker. However, it is likely that the auditor will need to complete more than one vertical audit of different products or operations, to be confident that the company's systems are operating correctly and consistently.

The total audit duration is not expected to vary significantly from the total time outlined in the audit duration calculator; however, a longer duration may be needed if, for example, the auditor requires additional time to ensure that specific requirements are fully audited or there are a large number of remote staff, whose activities are different and therefore need to be audited separately. The amount of time spent auditing the activities of a specific remote staff member will depend on the system/activities being audited, the ease of access to relevant information, etc.

Non-conformities raised against any activity completed by remote staff shall be

included within the count of non-conformities contributing to the grade and certification decision.

As explained above in section 1.6.3, a single certificate and audit report shall be issued for the whole audit. It shall include the activities of the remote staff, and the registered address of the site being audited. The addresses of individual remote staff shall not be disclosed. Information on the remote staff (including how many) will also be provided in the company description. A separate certificate and audit report will not be issued for individual remote staff.

The format of the certificate will comply with the template in Appendix 5 of this Standard.

1.6.5 Virtual companies

ICT technology has made it possible for many organisations to operate remotely without a traditional physical office. Where a company operates virtually, it can be audited and certificated. This will be a remote audit using the blended audit protocol (i.e. the certification body completes the audit in accordance with Part III, section 3). This will include, for example:

- the certification body processes to ensure compliance with IAF MD4:2018
- a risk assessment by the certification body to confirm that the audit objectives can be achieved remotely
- certification body procedures for remote auditing and the use of ICT
- procedures to ensure confidentiality, security, and data protection (CSDP).

The audit will also include the BRCGS requirements for additional office locations (see Part III, section 1.6.3). These requirements stipulate that:

- there is a common, company-wide quality management system
- all records are electronic and available to the auditor
- the auditor can interview relevant staff.

The scope of the audit shall meet the requirements in Part III, sections 1.6.1 and 1.6.2.

All activities that are within scope of the Standard shall be incorporated into the audit (a single audit will be completed).

The certification body shall develop an audit programme for the assessment which enables the information relating to all the relevant company activities to be fully audited. The audit shall provide complete confidence that each individual activity complies with the full requirements of the Standard (i.e. the certification body shall have full confidence that the same quality system is in use and that it is operating effectively).

The total audit duration is not expected to vary significantly from the total time outlined in the audit duration calculator; however, a longer duration may be needed if, for example, the auditor requires additional time to ensure that specific requirements are fully audited.

Non-conformities raised against any relevant activity shall be included within the count of non-conformities contributing to the grade and certification decision.

A single certificate and audit report shall be issued for the virtual company. The registered address of the company being audited will be used on the documentation.

The words 'company operates virtually' shall be included after the registered address on the certificate and report. For example:

1 Road name, City name, Postcode (registered address – company operates virtually).

The format of the certificate will comply with the template in Appendix 5.

1.6.6 Extension to scope

Once certification has been granted, any additional significant products or product groups traded or services undertaken by the company, which may subsequently need to be included in the scope of certification, shall be communicated to the certification body. The certification body shall assess the significance of the new products or services and decide whether to conduct an office visit or undertake a document review to extend the scope.

Where an extension to scope is awarded, the current certificate will be superseded by a new certificate showing the amended scope. The new certificate issued shall have the same expiry date as detailed on the original certificate.

1.7 Auditor selection

It is the responsibility of the company to ensure that adequate and accurate information is given to the certification body detailing the products it trades and the services provided, to enable the certification body to select an auditor with the required skills to undertake the audit. Auditors shall be skilled to audit in the relevant product category, as listed in Appendix 4.

The certification body, auditors and the company shall be aware of the need to avoid conflict of interest when arranging an auditor for the office visit. The company may decline the services of a particular auditor offered by the certification body. The same auditor is not permitted to undertake audits on more than three consecutive occasions at the same company.

Where the audit is not completed in the native language of the site, an appropriate translator shall be provided who has knowledge of the technical terms used during

the audit.

2 Announced audit protocol

2.1 Audit planning

2.1.1 Preparation by the company

For the initial audits the company shall agree a mutually convenient date, with due consideration given to the amount of work needed to meet the requirements of the Standard.

Newly established companies shall ensure that systems and procedures in place are compliant before an initial audit is undertaken. It is at the discretion of the company when it wishes to invite a certification body to carry out an audit; however, it is unlikely that full compliance can be satisfactorily demonstrated at an audit undertaken less than 3 months from commencement of operation.

There is a requirement on the company to be prepared for the audit, to have appropriate documentation for the auditor to assess and to have appropriate staff available at all times during the audit.

2.1.2 Information to be provided to the certification body for audit preparation

The company shall supply the certification body with background information before the audit day to ensure the auditor is fully prepared and to provide the best opportunity for the audit to be completed efficiently. The information will be requested by the certification body and may include, but is not limited to:

- overview of the company's operation, including office locations
- management organisational chart and key contacts
- list of products or product groups included within the audit scope
- list of services to be included within the audit scope
- international range of company activities
- summary of hazard and risk analysis
- recent quality issues, withdrawals or customer complaints, and other relevant performance data.

Submitting detailed information prior to the audit, and in the format requested by the certification body, may reduce the duration of the audit and the time required to produce the final audit report; therefore sites are encouraged to fulfil such requests in a timely manner.

The company shall make the previous year's audit report and certificate available to the certification body where the audit is with a new certification body (i.e. different

from last year's).

The time needed to assess all documentation by the auditor and certification body is supplementary to the duration of the audit.

2.1.3 Duration of the audit

Before the audit takes place, the certification body shall indicate the approximate duration of the audit. The minimum duration is 1 working day of the company's primary office facility (e.g. the head office or central office). A calculator has been developed to assess the expected time required to undertake the audit of any particular company to ensure consistency. This shall be used as the basis for calculating the total audit duration. Full details can be found on the BRCGS website.

The calculation for the audit duration is based on:

- number of suppliers
- number of products or product groups traded
- number of office locations included in the audit scope.

It is recognised that other factors may also influence the actual time taken to complete the audit and may result in a longer than scheduled audit. These factors include:

- whether it is an initial audit
- shortfalls in the information provided prior to the audit (see section 2.1.2 above)
- communication difficulties (e.g. language or failed links to other offices)
- the number of non-conformities recorded in the previous audit (resulting in additional time to review the relevant systems and confirm implementation of effective preventive action)
- difficulties experienced during the audit, requiring further investigation
- the quality of company preparation (e.g. documentation, hazard and risk analysis or quality management systems)
- the number of additional services provided by the agent or broker.

The calculation for the audit duration shall determine the minimum expected amount of time to undertake the office audit. Additional time will be required for the review of any documentary evidence provided in response to non-conformities identified and the completion of the final audit report.

Deviation from the calculated audit time shall be justified and specified on the audit report.

2.2 The office audit

The office audit consists of the following stages:

- opening meeting – to confirm the scope and process of the audit
- document review – a review of the documented hazard and risk analysis and quality management systems
- traceability challenge(s)
- review of records
- final review of findings by the auditor - preparation for the closing meeting
- closing meeting – to review audit findings with the company. Note that non-conformities are subject to subsequent independent verification by the certification body management.

The company will fully assist the auditor at all times. It is expected that at the opening and closing meetings those attending on behalf of the company will be senior managers who have the appropriate authority to ensure that corrective action can be progressed if non-conformities are found. The most senior manager on site, or their nominated deputy, shall be available at the audit and attend the opening and closing meetings.

During the audit, detailed notes shall be made regarding the company's conformities and non-conformities against the Standard and these will be used as the basis for the audit report. The auditor will assess the nature and severity of any non-conformity.

At the closing meeting, the auditor shall present their findings and discuss all non-conformities that have been identified during the audit, but shall not make comment on the likely outcome of the certification process.

Information on the process and timescales for the company to provide evidence to the auditor of the corrective action to close non-conformities shall be given. A written summary of the non-conformities discussed at the closing meeting will be documented by the auditor, either at the closing meeting or within 1 working day after completion of the audit.

At the closing meeting, the auditor shall provide the company with an explanation of the BRCGS Directory, which allows secure access to audit data for both the client and its nominated customers.

The decision to award certification will be determined independently by the certification body management, following a technical review of the audit report (including the non-conformities) and confirmation of the site's post-audit actions, including:

- closing out of any non-conformities

- completion of root cause analysis and the development of a preventive action plan.

All site actions shall be completed within the appropriate timescale.

The company will be informed of the certification decision following this review.

2.3 Non-conformities and corrective action

The level of non-conformity assigned by an auditor against a requirement of the Standard is an objective judgement with respect to severity and risk. It is based on evidence collected and observations made during the audit. This is verified by the certification body management.

2.3.1 Non-conformities and corrective actions

There are three levels of non-conformity:

- Critical Where there is a critical failure to comply with a product safety or legal compliance issue
- Major Where there is a substantial failure to meet the requirements of a statement of intent or any clause of the Standard, or where a situation is identified which would, on the basis of available objective evidence, raise

significant doubt as to the conformity of the product or services being supplied

- Minor Where a clause has not been fully met but, on the basis of objective evidence, the conformity of the product is not in doubt.

As the objective of the audit is to provide a true reflection of the standard of the operation and level of conformity against this Standard, consideration should be given to awarding a single major non-conformity where minor

non-conformities are repeatedly raised against a particular clause of the Standard. Clustering of a significant number of minor non-conformities against a clause and recording this as a single minor non-conformity is not permitted.

The certification body shall justify a high number of minor non-conformities (more than 20) where one or no major non-conformities are given. This shall be detailed on the audit report.

2.3.2 Procedures for handling non-conformities and corrective action

Following identification of any non-conformity during the audit, the company shall undertake corrective action to remedy the immediate issue, undertake an analysis of the underlying cause of the non-conformity (root cause), and develop a preventive action plan to address the root cause and prevent recurrence.

The process for closing non-conformities depends upon the level and numbers of non-conformities identified (see Table 1).

Critical non-conformities or a combination of non-conformities resulting in non-certification

In some circumstances the number or severity of non-conformities raised at the audit prevents the site from being certificated following that audit. This will be the case where:

- a critical non-conformity is raised
- the number or type of non-conformities exceeds the limits for certification, as per Table 1.

The grading of non-conformities will be reviewed by the independent certification process of the certification body as soon as possible after the audit. Where the review confirms that a certificate cannot be awarded, the company will be required to undertake another full audit before assessment for certification.

In this situation, because of the nature of and number of the non-conformities, it is unlikely that they can all be addressed within a 28-day period (with fully effective improvements implemented and established), although there may be some exceptions. Therefore, the re-audit shall not take place earlier than 28 days from the audit date.

Where this occurs at a certificated site, certification shall be immediately withdrawn.

It is a requirement of some customers to be informed when their suppliers have a critical non-conformity raised against them or fail to gain certification. In such circumstances the company shall immediately inform its customers and make them fully aware of the circumstances. Information on the corrective actions to be taken to address the non-conformities will also be provided to customers where required.

Major and minor non-conformities

No certificate shall be issued until major and minor non-conformities have been demonstrated as having been corrected, either permanently or by a temporary solution that is acceptable to the certification body.

For each non-conformity raised, the site shall, in addition to undertaking the necessary immediate corrective action, undertake a review of the underlying cause (root cause) of the non-conformity. The root cause shall be identified and an action plan to correct this, including timescale, provided to the certification body. The proposed preventive action shall be included in the audit report.

Close-out of non-conformities can be achieved either by objective evidence being submitted to the certification body, such as updated procedures, records or invoices for work undertaken etc., or by the certification body undertaking a further office visit.

If satisfactory evidence is not provided within the 90 calendar days following the audit for companies new to the Standard or within 28 calendar days for existing certificated companies, certification will not be granted. The company will then require a further full audit in order to be considered for certification.

Non-conformities from the audit shall also be checked during the next audit to verify effective close-out of the non-conformities and their root cause. Where the correction has been ineffective, a non-conformity shall be raised against clause 1.1.12 in Part II.

The certification body shall review objective evidence of corrective action completed before awarding a certificate.

2.4 Grading of the audit

The purpose of the certification grading system is to indicate to the user of the report the commitment of the site to continual compliance and will dictate the future audit frequency. The grade is dependent on the number and severity of the non-conformities identified at the time of the audit (see Table 1). Non-conformities are verified by a technical review process completed by the certification body management (see Part III, section 2.2). If the review results in a change in the number and/or severity of non-conformities, the site shall be notified.

Table 1 Summary of grading criteria, action required and audit frequency

Grade		Critical	Major	Minor	Corrective action	Audit frequency
Announced	Unannounced					
AA	AA+			fewer	Objective evidence within 28 calendar days (90 days for an initial audit)	12 months
A	A+			6–10		
B	B+			11–15	Objective evidence within 28 calendar days (90 days for an initial audit)	12 months
B	B+		1	10 or fewer		
C	C+			16–20	Objective evidence within 28 calendar days (90 days for an initial audit)	6 months
C	C+		1	11–15		
C	C+		2	10 or fewer		
Not certificated	Not certificated	1 or more			Certificate not granted. Full re-audit required, usually no less than 3 months following the initial audit	
				21 or more		
			1	16 or more		
			2	11 or more		
			3 or more			

Note that shaded cells indicate zero non-conformities.

2.5 Audit reporting

Following each audit, a full written report shall be prepared in the agreed format. The report shall be produced in English or in another language, dependent upon user needs. Where the report is produced in a language other than English, the audit summary sections shall always be reported in English in addition to the other language.

The audit report shall provide the company, and particularly customers or prospective customers, with a profile of the company and an accurate summary of its performance against the requirements of the Standard.

The audit report shall inform the reader of:

- the product safety controls in place and improvements since the last audit
- the non-conformities, the corrective action taken and plans to correct the root cause (preventive actions).

The report shall accurately reflect the findings of the auditor during the audit. Reports shall be prepared and dispatched to the company within 42 calendar days (or within 104 days for initial audits where additional time is required to close out non-conformities) of the date of completion of the full audit.

Audit reports shall remain the property of the company commissioning the audit and shall not be released, in whole or part, to a third party unless the company has given prior consent (unless otherwise required by law).

The audit report shall be uploaded to the BRCGS Directory in a timely manner irrespective of whether a certificate is issued. The owner of the audit report may allocate access to the audit report to customers or other parties via the BRCGS Directory.

The audit report and associated documentation, including the auditor's notes, shall be stored safely and securely for a period of 5 years by the certification body.

2.6 Certification

After a review of the audit report and documentary evidence provided in relation to the non-conformities identified, a certification decision shall be made by the designated independent certification manager. Where a certificate is granted, this shall be issued by the certification body within 42 calendar days of the audit (or within 104 days for initial audits where additional time is required to close out non-conformities). The certificate shall conform to the format shown in Appendix 5. Logos used on certificates, e.g. BRCGS and accreditation body logos, shall comply with their respective usage rules.

The certificate will detail:

- the scope of the audit. The certificate shall be issued to the company and

include the location of the office applicable. Where multiple office locations are included in the audit, these will be listed along with an indication of whether the auditor was on-site or audited the additional locations remotely.

- the audit option chosen (i.e. announced, blended or unannounced)
- the auditor registration number of the lead auditor
- the date(s) of audit specified on the certificate. This shall be the date of the audit relating to the granting of that certificate, irrespective of whether later visits were made to verify corrective action arising from the audit.

While the certificate is issued to the company, it remains the property of the certification body, which controls its ownership, use and display.

2.7 Ongoing audit frequency and recertification

2.7.1 Scheduling re-audit dates

The ongoing audit schedule and choice of audit programme will be agreed between the company and the certification body. The frequency of announced audits will be 6 or 12 months and is dependent upon the performance of the site at an audit as reflected by the grade (see Table 1).

The due date of the subsequent audit shall be calculated from the date of the initial audit, irrespective of whether further site visits were made to verify corrective action arising from the initial audit, and not from the certificate issue date.

The subsequent announced audit shall be scheduled to occur within a 28-day time period up to the next audit due date. This allows sufficient time for corrective action to take place in the event of any non-conformities being raised, without jeopardising continued certification.

Appendix 6 provides worked examples.

It is the responsibility of the company to maintain certification. Where an audit is delayed beyond the due date, except in justifiable circumstances, this shall result in a major non-conformity being awarded (against clause 1.1.10 in Part II) at the next audit. Justifiable circumstances shall be documented in the audit report.

2.7.2 Delayed audits – justifiable circumstances

There will be some circumstances where the certificate cannot be renewed on the 6- or 12-month basis because the certification body is unable to conduct an on-site audit and a fully remote audit is not possible (e.g. due to the outcome of the pre-audit risk assessment; see Part III, section 3.1.2). The justifiable circumstances that would *not* result in a major non-conformity against clause 1.1.10 in Part II include when the company is situated in:

- a specific country, or an area within a specific country, which the government has

advised not to visit and where there is no suitable local auditor, and a remote audit is not possible

- an area that has suffered a natural or unnatural disaster, rendering the auditor unable to visit, and a remote audit is not possible.

If renewal of the certificate is prevented because of these exceptional circumstances, the customer may decide to continue to take products from that company for an agreed time, as it may still demonstrate legal compliance by other means, such as risk assessment and complaints records, until another on-site audit can be arranged.

Postponing the audit to a more 'acceptable' date for reasons of combining audits or lack of personnel is not a justifiable reason for missing the due date.

2.7.3 Audits undertaken prior to due date

The due date of the renewal audit occurs within a 28-day window up to the 6- or 12-month anniversary of the initial audit.

In some circumstances it is possible to undertake the audit earlier than this due date (e.g. to reset the audit date to allow combined audits with another scheme). Where an audit date is brought forward, the following rules shall apply:

- The audit report will detail the reasons why an audit has been brought forward.
- The audit due date will be 'reset' to the 6- or 12-month (depending on grade) anniversary of this new audit date.
- The certificate shall be issued with an expiry date of 6 or 12 months (depending on grade) +42 days from the 'new' audit date.

Changing certification body for an early re-audit

In addition to the situations described in section 2.7.3 above, sites occasionally request an early re-audit, usually

shortly after the previous audit or following a failure to be certificated. This often occurs to improve the audit grade.

Although sites have the ability to request an early re-audit in this situation, this must be completed by the certification body who issued the current certificate.

In exceptional circumstances, a site may be permitted to change the certification body for this early re-audit when agreed in advance by BRCGS. Justification for changing the certification body shall be provided in writing to the certification body, who shall submit it to BRCGS for consideration through the formal concession process. Where a change in certification body has not been sanctioned, the re-audit will be null and void and will not be accepted in the BRCGS Directory.

This requirement only applies when these early re-audits have been requested; it does

not change the process for re-audits completed to the normal 6- or 12-month schedule.

3 Blended announced audit protocol

The blended announced audit scheme allows the certification body to consider which requirements of the Standard may be audited using ICT to conduct an off-site remote assessment.

The percentage of the audit that may be completed remotely is determined by the certification body using a risk assessment (see Part III, section 3.1.2).

The Standard allows a fully remote audit to be completed (i.e. no additional on-site audit is required), provided that it is supported by the risk assessment. Where the assessment demonstrates that it is not possible to audit the entire Standard remotely, the remote audit is followed by an on-site audit of the requirements that could not be completed remotely. This is to ensure that all requirements are fully audited.

The certification body shall have a documented process for undertaking blended audits that ensures compliance with IAF MD4:2018.

Additional information on the processes for blended audits is available in BRCGS080: Blended Audits – Remote Auditing using ICT (available on the BRCGS website).

3.1 Audit planning

3.1.1 Selection of the blended audit option

This option is only available for recertification audits and not for the first BRCGS audit at a site or for audits at sites not holding a current BRCGS certificate.

Remote audits can be used as part of the recertification audit, irrespective of the site's previous grade (i.e. all grades from AA to C are eligible); however, the grade will be taken into account during the risk assessment (see section 3.1.2 below). Following the risk assessment, the certification body will decide whether to offer and/or accept the blended audit option.

Before planning the remote audit, the certification body shall consider the willingness of the company to consent to the use of remote auditing by ICT. The availability of ICT is also a factor in the effective completion of this audit. It is important that both parties mutually agree to this option.

3.1.2 Pre-audit risk assessment

The certification body shall undertake a risk assessment to determine whether the audit objectives can be achieved remotely. The risk assessment shall include the ability of the company to receive a remote audit, including the:

- historical audit performance of the site, including the risks from complaints and recalls

- availability of documentation and records in electronic form and a willingness to share these remotely (including any limitations)

- capability of the certification body to conduct the remote audit (e.g. trained auditors, access to an IT system that both the certification body and the company will be able to use)

- capability of the site staff to utilise technologies used in remote audit techniques, including on-site video.

Any limitations on document- and record-sharing shall be understood before the audit. This pre-audit risk assessment is not included in the calculation of the audit duration.

3.1.3 Confidentiality, security, and data protection (CSDP)

The certification body shall consider local data protection and privacy laws (as stated in IAF MD4:2018, clause 4.1). It is important that, if ICT (such as video) is utilised, the relevant consents have been sought from the individuals involved to ensure compliance with local privacy regulations.

To prepare for the use of ICT, all requirements (certification, legal and customer) related to confidentiality, and security and data protection shall be identified, and actions taken to ensure their effective implementation.

Evidence of agreements related to CSDP shall be available. The CSDP criteria shall be acknowledged by all participants, and measures to ensure confidentiality and security shall be confirmed during the opening meeting.

Where documented information is analysed, it shall be shared in a secure and agreed system, such as a cloud-based, virtual private network or other file-sharing system utilising CSDP guidelines. Once the audit is complete, the auditor shall delete from their system, or remove access to, any documented information and records not required to be retained as objective evidence.

Auditors shall not take screenshots of auditees as audit evidence. Any screenshots of documents or records or any other kind of evidence shall be previously authorised by the company being audited. In the case of non-fulfilment of these measures or non-agreement of information security and data protection measures, the certification body shall not use the blended audit option.

3.1.4 Auditor selection

The auditor conducting the blended audit shall be fully competent and qualified in the appropriate product categories (i.e. the same auditor category requirements apply to both the remote and on-site audits).

If a technical expert is used during the audit, then the documents shared by the site shall also be made accessible to the expert.

3.1.5 Duration of the blended audit

The total audit duration is the same regardless of whether the audit is completed fully remotely, on-site or a blend of both remote and on-site. The duration does not include time spent on audit planning, the risk assessment or report writing.

Where the risk assessment demonstrates that both remote and on-site auditing are possible, the time spent remotely and on-site will depend upon the findings of the risk assessment and the historical performance of the site (including complaints and recalls). For example, if the risk assessment demonstrates that a remote audit is possible, but the historical performance of the site is of concern, then the proportion of time spent on-site will be greater than a situation where the risk assessment identifies fewer risks.

The time allocated for the on-site audit may also be adjusted based on the findings of the remote audit; for example, more time may be required if a large number of non-conformities are identified at the remote audit, resulting in corrective actions to be reviewed on site.

The expected audit duration shall be notified to the site by the certification body in advance of the audit, and any deviation shall be justified and specified on the audit report. BRCGS has published an audit duration calculator, which is available on its website.

3.2 The office audit

3.2.1 The off-site remote audit

Scheduling the remote audit

The audit shall be announced.

Where both remote and on-site audits are to be conducted (see Part III, sections 3 and 3.1.1), the remote audit shall be conducted first. (Where the BRCGS audit is combined with another GFSI-benchmarked standard, the sequence of the two parts of the audit may be reversed; i.e. the on-site audit would be completed first, followed by the remote audit).

The on-site audit shall be conducted within 28 calendar days after the remote audit (although it is recommended that remote and on-site audits are as close to each other as possible).

Sites require sufficient time to close out any non-conformities raised during the on-site audit, while still allowing the certification body to complete a certification decision within 42 calendar days of the on-site audit. Therefore, the remote audit shall take place within the 56 calendar days prior to the audit due date.

Where risk assessment (Part III, section 3.1.2) demonstrates that the entire audit can be completed remotely, then the audit will follow the protocol for the announced audit

and be completed within the 28 days prior to the audit due date.

Preparation for the remote audit

Preparation for the audit can be summarised in the following steps:

- The certification body shall prepare a clear audit plan which highlights the documents that will be needed remotely. This plan shall be shared with the site prior to the audit.
- The certification body shall set up the technical requirements for the remote audit (e.g. internet access, software, and hardware such as monitors, webcams, cameras and microphones).
- BRCGS recommends that the certification body should test the compatibility of the ICT platform with the site, especially prior to the first blended audit at the site or when new ICT platforms will be used.
- Use of webcam/cameras shall be agreed.
- If testing reveals issues that cannot be rectified, then the audit shall be completed as a full on-site audit.
- The remote audit shall be facilitated in quiet environments wherever possible to avoid background noises and interference. The use of noise-cancelling technology such as mufflers on microphones or headsets should be considered.
- If no agreement is reached for the use of ICT for a remote audit, the audit will revert to a full on-site audit.

If it is not possible to maintain satisfactory conditions during the scheduled time of the remote audit, the auditor may decide to terminate it. This shall be recorded in the report. The remote audit may be continued at a later date agreed between the two parties, within the period as described above.

In the event of the technology failing during the remote audit, the certification body and the site can re-schedule, providing this occurs within the 28-day window. The site may be liable to pay for the lost audit day where this is a site issue, and this should be covered in the contract. Ultimately, if the audit cannot be completed remotely, then the auditor will need to complete the audit on site. This on-site audit will follow the protocol for the announced audit option (see Part III, section 2) and shall be completed prior to the audit due date.

Completing the remote audit

The remote audit consists of the following stages:

- opening meeting – to confirm the scope of the audit
- document review – the documents will have been confirmed by the certification

body

- traceability challenge and mass balance test
- interviews/discussions with personnel (e.g. to discuss the document, policy or record being audited)
- final review of findings conducted by the auditor in preparation for the closing meeting
- closing meeting – to review the audit findings with the site and confirm any non-conformities.

The remote audit may also include a live video if required. Any live video shall not be recorded, but a record shall be kept of its duration and what was covered. This is to be recorded in the audit report.

The site shall fully assist the auditor at all times. It is expected that the opening and closing meetings will be attended by the site's senior managers (or their nominated deputies) who have the appropriate authority to ensure that corrective actions can be progressed if any non-conformities are found.

A closing meeting at the end of the remote audit shall conclude the audit findings, confirm any non-conformities, and discuss next steps. Information on the process and timescales for the company to provide evidence for the closure of any non-conformities shall be given.

A written summary of the non-conformities discussed will be documented by the auditor either at the closing meeting or within 1 working day of completion. Note that any non-conformities are subject to subsequent independent verification by the certification body management.

If a critical non-conformity and/or the number and level of non-conformities would result in the failure to achieve a certificate, the existing certificate for the site shall be immediately withdrawn. A new audit shall be arranged which shall be fully on-site. (This process is identical to the protocol for on-site audits, which is documented in Part III, section 2).

3.2.2 The on-site audit

Where the risk assessment demonstrates limitations in remote technology or that an on-site visit is needed to complete the full audit, the following steps will be considered.

Planning for the on-site audit

This is as per the announced audit option (see Part III, section 2.1).

The on-site audit shall be conducted within 28 calendar days of the remote audit during the audit due window of the current certificate (i.e. during the 28 days prior to

the audit due date). It is recommended that the time between the remote and on-site audits should be as short as practicable. In exceptional (but justifiable) circumstances, the certification body may ask BRCGS for an extension up to a maximum of 90 days.

Completing the on-site audit

It is strongly recommended that the on-site audit should be carried out by the same auditor who carried out the remote audit in order to have consistency. If this cannot be arranged, there shall be a clear handover process in place prior to the on-site audit to ensure that the auditor has all the necessary information to fully complete the audit, and that all the requirements of the Standard are covered, either remotely or on site. All auditors shall be qualified in the appropriate product categories (i.e. the same auditor category requirements apply to both the remote and on-site audits).

The on-site audit shall cover all activities, documents or policies that could not be satisfactorily completed by remote audit. It will commence with an opening meeting to confirm the scope and process for the audit and will conclude with a closing meeting. At the closing meeting the auditor shall present their findings and reconfirm all the non-conformities that have been identified during the audit, but shall not make comment on the likely outcome of the certification process. Information on the process and timescales for the company to provide evidence to the auditor of the corrective action needed to close any non-conformities shall be given. A written summary of the non- conformities discussed at the closing meeting will be documented by the auditor either at the closing meeting or within 1 working day of completion.

It is expected that the opening and closing meetings will be attended by the site's senior managers (or their nominated deputies) who have the appropriate authority to ensure that corrective actions can be progressed if any non-conformities are found.

The decision to award certification and the grade of the certificate will be determined independently by the certification body management, following a technical review of the audit report and the closing of non-conformities from both audits in the appropriate timeframe. The company will be informed of the certification decision following this review.

3.3 Non-conformities and corrective action

Any non-conformities identified during the remote and on-site audits shall follow the existing requirements of the scheme. Evidence of the action taken to correct any non-conformities shall be submitted to the certification body within 28 days of the final part of the audit (i.e. within 28 days of the on-site audit where both remote and on-site audits have been completed).

Verification of the corrective actions, root cause analysis and preventive action plans

may take various forms (including further on-site assessment or the scrutiny of submitted evidence through ICT). Verification shall be carried out by technically competent personnel of the certification body using appropriate methods.

If a critical non-conformity and/or the number and level of non-conformities identified at either the remote or on-site audit would result in the failure to achieve a certificate, the existing certificate for the site shall be immediately withdrawn.

3.4 Grading of the audit

The process for grading is the same as for the announced audit scheme (see Part III, section 2.4).

However, the grade awarded is based on the combination of non-conformities identified at the two audits (i.e. the sum of the non-conformities identified at the remote and on-site audits).

Non-conformities identified during the remote audit, which have been closed out and corrected before the on-site audit, are included in calculation of the grade.

3.5 Audit reporting

The audit reporting requirements are the same as for the announced audit scheme (see Part III, section 2.5). However, the report shall state 'Blended announced audit'.

The audit report shall clearly identify the extent to which any ICT has been used in carrying out the audit and the effectiveness of ICT in achieving the audit objectives. The audit report shall include all the summarised information and findings of both the remote and on-site audits so that a single report can be uploaded to the BRCGS Directory.

Where both remote and on-site audits have taken place, the report shall reference the dates and the duration of both audits, including the records of the people who attended them. The requirements assessed during the remote audit shall be identified by placing an asterisk at the beginning of the information.

The final report will only be produced when all parts of the audit are complete (i.e. both the remote and on-site audits).

3.6 Certification

The certification requirements are the same as for the announced audit scheme (see Part III, section 2.6).

The design and information on the certificate are the same as for all audits of the Standard, except that the certificate shall state: 'Blended announced audit'. The dates of both audits (remote and on-site) shall be included on the certificate.

This certificate will supersede any existing certificate. It shall be issued within 42 days of the on-site audit and will have an expiry date based on the expiry date of the

previous certificate (plus 6 or 12 months, depending on the grade achieved).

3.7 Ongoing audit frequency and recertification

This is as per the announced audit option (see Part III, section 2.7).

3.7.1 Scheduling re-audit dates

Remote audits can be used as part of the recertification audit, irrespective of the site's previous grade (i.e. all grades from AA to C can receive a remote audit).

4 Unannounced audit protocol

The date of the audit shall not be communicated to the company in advance of the audit. The audit will be unannounced and replace the normal scheduled audit. Although the audit may occur at any stage between 3 and 12 months of the audit due date, it shall typically be within the last 4 months of the certification cycle.

4.1 Audit planning

4.1.1 Selection of the unannounced audit option

The site shall notify its certification body of its intention to join or remain within the unannounced audit programme. Where a company wishes to move from the announced audit programme to the unannounced scheme or to remain in the unannounced scheme, this notification shall be within 3 months of the last audit date.

Companies who wish their initial audit to be unannounced shall notify the certification body of this at the time of their initial application (in this situation the company needs to recognise that the unannounced audit may not take place for up to 1 year from the date of application).

4.1.2 Preparation by the company

The actual audit date will not be provided by the certification body and it is therefore important that the company has arrangements in place to receive an audit and facilitate the audit process.

A successful unannounced audit relies upon the ability of the company to share information and knowledge within the site, to have effective deputies to cover in the absence of a particular manager, and a shared responsibility within the management team for product safety and compliance with the Standard.

4.1.3 Information to be provided to the certification body for audit preparation

The company shall supply the certification body with background information before the audit day to ensure the auditor is fully prepared and to provide the best opportunity for the audit to be completed efficiently. The information will be requested by the certification body and may include, but is not limited to:

- overview of the company's operation, including office locations

- management organisational chart and key contacts
- typical hours of operation
- list of products or product groups included within the audit scope
- list of services to be included within the audit scope
- international range of company activities
- summary of hazard and risk analysis
- recent quality issues, withdrawals or customer complaints, and other relevant performance data.

The company shall make the previous year's audit report and certificate available to the certification body where the audit is with a new certification body (i.e. different from last year's).

As the audit will be unannounced it is likely that the certification body will require additional information to plan for the logistics of the audit process. This may include:

- recommended local hotels
- specific directions to the company's office and car parking arrangements
- a list of contacts for when the auditor first arrives at the office.

4.1.4 Nominating non-audit days

The unannounced audit option allows companies the opportunity to nominate 15 days when the company is not available for an audit. The dates shall be provided at least 4 weeks in advance and the reason shall be provided (e.g. planned customer visit). The certification body may challenge the reason where this does not appear appropriate.

Days when the company is not operating (e.g. weekends, public holidays or planned shutdowns for holidays) are not included within the 15 days. Any such days shall be notified to the certification body when opting into the unannounced scheme.

Certification bodies are expected to operate discretion in the case of emergencies.

It is a condition of electing to join the unannounced scheme that the auditor shall be granted access to the company for the audit on arrival. If access is denied the company will be liable for the auditor's costs and will revert to the announced audit scheme. At the discretion of the certification body, the existing certificate may also be suspended or withdrawn.

4.1.5 Duration of the audit

The audit duration is the same as for the announced audit scheme (see Part III, section 2.1.3).

4.2 The office audit

Companies opting for the unannounced scheme shall be obliged to accommodate the auditor and allow the audit to start immediately on arrival at the office. The audit process will follow the same procedures as outlined for an announced audit (see Part III, section 2.2).

4.3 Non-conformities and corrective action

Non-conformities and corrective actions are the same as for the announced audit scheme (see Part III, section 2.3).

4.4 Grading of the audit

The process for grading the audit is the same as for the announced audit scheme (see Part III, section 2.4). The grade awarded following certification shall be based on the number and level of non-conformities, as outlined in Table 1. Note that the grade will be accompanied by a plus symbol (i.e. AA+, A+, B+ or C+).

4.5 Audit reporting

The audit reporting requirements are the same as for the announced audit scheme (see Part III, section 2.5). However, the report shall state 'unannounced'.

4.6 Certification

The certification requirements are the same as for the announced audit scheme (see Part III, section 2.6). However, the certificate shall state 'unannounced'.

The new certificate will supersede the existing one. The certificate shall be issued within 42 calendar days of the audit (or within 104 calendar days for initial audits where additional time is required to close out non-conformities).

It will have an expiry date based on the expiry date of the previous certificate plus 6 or 12 months, providing the company remains within the unannounced audit scheme. If the company decides to return to the announced audit programme, the certificate expiry date will be based on 6 or 12 months from the date of the unannounced audit.

This ensures that where the audit occurs before the expiry of the current certificate and the company remains within the unannounced scheme, it is not disadvantaged by a shorter certificate life and increased frequency of audits.

4.7 Ongoing audit frequency and recertification – scheduling re-audit dates the company can choose whether to:

- remain within the unannounced programme, or
- revert to the announced audit programme.

If the company wishes to remain in the unannounced audit programme, the next audit will be unannounced and may occur at any stage from 9 months to 42 days

before the certificate expiry date; however, it shall typically be within the last 4 months of the certification cycle. This allows sufficient time for corrective action to take place in the event of any non-conformities being raised without jeopardising continued certification.

It is the responsibility of the certification body to ensure that the audit is undertaken within the certification window. Therefore, the late audit non-conformity clause (clause 1.1.10 in Part II) does not apply to unannounced audits.

If the company opts to withdraw from the unannounced audit programme, the next audit will be scheduled to occur within 28 days up to and including the anniversary of the last audit date; this ensures that the maximum time between audits is not more than a year.

5 Additional voluntary modules

The Standard has been designed to enable additional voluntary modules to be added to the routine audit. The modules will enable sites to demonstrate compliance to specific sets of requirements in order to meet specific market or customer requirements.

It is expected that modules will be developed and become available for use throughout the life of this issue of the Standard (Issue 3). A list of the modules, the applicable requirements and any specific protocol issues for a module will be available from the BRCGS website, the BRCGS Participate subscription service and the BRCGS Store.

The modules can be added to any of the full certification audit options (i.e. announced, blended or unannounced).

The general protocol for the modules is set out in sections 5.1–5.6 below.

5.1 Audit planning

5.1.1 Preparation by the company

The certification body shall be notified in advance of the audit that the company intends to add a particular module to the scope of the audit. This ensures that sufficient additional time can be scheduled and that an auditor with the appropriate qualifications for the module is selected.

5.1.2 Information to be provided to the certification body for audit preparation

The company shall supply the certification body with any additional background information requested before the audit day to ensure the auditor(s) is fully prepared to audit against the module, and to provide the best opportunity for the audit to be completed efficiently.

5.1.3 Duration of the audit

In order for the modules to be included within the audit programme, additional time will be needed for the audit. The certification body shall indicate the expected additional time requirements at the time of planning the audit.

The actual additional time will depend upon the module or combination of modules chosen.

5.2 The audit

Compliance with the requirements of the chosen modules shall be assessed as part of the audit against the requirements of the whole Standard and is expected to be integrated into the audit programme as appropriate.

During the audit, detailed notes shall be taken regarding the company's conformities and non-conformities against the requirements of the module, and these will be used as the basis for an addendum to the audit report. The auditor(s) shall assess the nature and severity of any non-conformity.

At the closing meeting, the auditor(s) shall present their findings and discuss all non-conformities that have been identified against the module. A written summary of the non-conformities discussed at the closing meeting will be documented by the auditor either at the closing meeting or within 1 working day after completion of the audit.

The decision to award certification for the module will be determined independently by the certification body management, following a technical review of the audit report and the closing of non-conformities in the appropriate timeframe. The company will be informed of the certification decision following this review.

5.3 Non-conformities and corrective action

The level of non-conformity assigned by an auditor against a requirement of a module is an objective judgement with respect to severity and risk and is based on evidence collected and observations made during the audit. This is verified by the certification body management.

5.3.1 Non-conformities

Non-conformities against the requirements of the module shall be graded in the same way as those identified against requirements of the rest of the Standard, namely:

- **Critical** Where there is a critical failure to comply with a product safety or legal compliance issue within the scope of the module

- **Major** Where there is a substantial failure to meet the requirements of any clause of the module or a situation is identified which would, on the basis of available objective evidence, raise significant doubt as to the conformity of the product to

the module

- **Minor** Where a clause has not been fully met but, on the basis of objective evidence, the conformity of the product is not in doubt.

5.3.2 Procedures for handling non-conformities

Following identification of any non-conformities against the requirements of the module, the company shall undertake corrective action to remedy the immediate issue (correction). The process for closing non-conformities depends upon the level and number of non-conformities identified.

Critical non-conformities

If a critical non-conformity is identified against a requirement of the module, the site cannot be certificated for this module without a further full audit of the module.

Where this occurs at a site that already holds certification for the module, certification of the module shall be immediately withdrawn.

It is a requirement of some customers to be informed when their suppliers have a critical non-conformity raised against them or fail to gain certification against a module. In such circumstances the company shall immediately inform its customers and make them fully aware of the circumstances.

Note that a critical non-conformity against a requirement of the module does not necessarily prevent certification against the main Standard or other modules.

Major and minor non-conformities

A module cannot be included on a certificate until major and minor non-conformities have been demonstrated as having been corrected, either permanently or via a temporary solution that is acceptable to the certification body.

Close-out of non-conformities can be achieved either by objective evidence being submitted to the certification body, such as updated procedures, records, photographs or invoices for work undertaken, or by the certification body undertaking a further on-site visit.

If satisfactory evidence is not provided within the 28-day (90 days for the initial audit to the Standard) calendar period allowed for submission following the audit, certification for the module will not be granted. The company will then require a further full audit in order to be considered for certification to the module.

The certification body will review objective evidence of corrective action completed before awarding a certificate.

5.4 Grading the audit

There will be no grading of the modules. The modules will either be certificated or

not.

5.5 Audit reporting

Following each audit, a written report shall be prepared in the agreed format for the module and this will form an addendum to the audit report for the Standard. The addendum report shall be produced in English or in another language, dependent upon user needs. Where the report is produced in a language other than English, any applicable audit summary sections shall, in addition, always be reported in English.

The report covering the requirements for the module shall be prepared and uploaded onto the BRCGS Directory within 42 calendar days of the completion of the full audit (within 104 days if this is the initial audit of the company to the Standard and where the additional time is required by the company to close out non-conformities).

The full audit report of the Standard, together with the addendum, shall be uploaded to the BRCGS Directory in a timely manner irrespective of whether a certificate is issued. The owner of the audit report may allocate access to the audit report with the addendum to customers or other parties in the Directory.

The audit report and associated documentation, including the auditor's notes, shall be stored safely and securely for a period of 5 years by the certification body.

5.6 Certification

After a review of the audit report for the module and documentary evidence provided in relation to the non-conformities identified, a certification decision shall be made by the designated, independent certification manager.

Where certification is granted a certificate shall be issued in the specified format and issued by the certification body within 42 calendar days of the audit (or within 104 calendar days for initial audits to the Standard where additional time is required to close out non-conformities).

Note that the module is certificated as an addendum to the Standard. Where certification to the Standard is not achieved, certification for the module cannot be awarded, irrespective of whether the requirements of the module have been met.

5.7 Ongoing audit frequency and recertification – scheduling re-audit dates

If certification to the module is to be maintained, the module shall be included within each subsequent audit of the Standard. The rules for scheduling the next audit and maintaining certification will follow the audit choice for the rest of the Standard (i.e. announced or unannounced).

6 General protocol – post-audit

6.1 BRCGS logos

Achieving BRCGS certification is something of which to be proud. Companies that achieve certification are qualified to use the BRCGS logo on company stationery and other marketing materials. Information and conditions relating to the use of the BRCGS logo are available in the BRCGS brand guidelines at brcgs.com/resources/brcgs-brand-guidelines/.

If a company is no longer certificated because of certificate expiry, withdrawal or suspension, it shall no longer use the logo or display any certificate claiming certification.

The BRCGS logo is not a product certification mark and neither it, nor any mention of certification, shall be used on products or product packaging. Any certificated company found to be misusing the mark will be subject to the BRCGS complaints and referral process and may risk suspension or removal of its certification.

6.2 The BRCGS Directory

The BRCGS Directory is an online searchable directory of companies certificated to BRCGS Standards. Each entry includes relevant company details, contact information and certification information. The Directory also includes details of BRCGS approved certification bodies.

The BRCGS Directory was developed to publicise the list of certificated companies, provide key information to retailers and other specifiers, and improve the management of the BRCGS scheme. It provides a system of data storage of audit information, both live and archived. Data is centrally managed and controlled to maintain accuracy and integrity.

6.2.1 Functionality

The BRCGS Directory provides the following publicly available facilities:

- a searchable list of certificated companies, including contact details, the Standards against which they are certificated, their scope and links to their websites
- a searchable list of approved certification bodies, including local offices and contact details.

Note that although all reports and certificate details shall be uploaded to the Directory, companies may choose not to appear on the public directory site if they so wish. This will not, however, exempt companies from the registration fee.

The BRCGS Directory provides additional functionality to key user groups, including companies, retailers and certification bodies. This includes user-specific access to certification information, audit reports and management reporting, further enhancing the value of obtaining BRCGS certification.

6.3 Surveillance of certificated companies

For certificated companies, where deemed appropriate, the certification body or BRCGS may carry out further audits or question activities to validate continued certification at any time. These visits may take the form of announced or unannounced visits to undertake either a full or part audit.

Any non-conformities identified at a visit shall be corrected and closed out within the normal protocol, i.e. within 28 calendar days of the visit, reviewed and accepted by the certification body. If there is no intention on behalf of the company to take appropriate corrective actions, or the corrective actions are deemed inappropriate, certification shall be withdrawn. The ultimate decision to suspend or withdraw certification remains with the certification body. The certification body shall notify BRCGS of any change in certification status and the BRCGS Directory shall be amended accordingly.

In the event that certification is withdrawn or suspended by the certification body, the company shall immediately inform its customers and make them fully aware of the circumstances relating to the withdrawal or suspension.

Information on the corrective actions to be taken in order to reinstate certification status will also be provided to customers.

6.4 Communication with certification bodies

In the event of any change in circumstances within the company that may affect the validity of continuing certification, the company shall immediately notify the certification body. This may include:

- legal proceedings with respect to product safety or legality
- enforcement by authorities related to product safety or legality (e.g. an enforcement notice)
- product recalls since the last BRCGS audit, any significant food safety incidents, or any significant regulatory food safety non-conformities
- change of ownership
- significant change to the operation or scope
- significant staff changes (e.g. considerable staff losses or loss of key product safety roles).

The certification body in turn shall take appropriate steps to assess the situation and any implications for the certification, and shall take any appropriate action.

Information shall be provided to the certification body by the company on request, so that an assessment can be made as to the effect on the validity of the current certificate.

The certification body may, as appropriate:

- confirm that the validity of the certificate is not affected
- suspend the certificate pending further investigation
- require further details of corrective action taken by the company
- undertake a visit to verify the control of processes and confirm continued certification
- withdraw the certificate
- issue a new certificate with the new owner's details.

Changes to the certificate or certification status of a company shall be recorded in the BRCGS Directory.

6.5 Position statements

During the lifetime of the Standard, the BRCGS technical advisory committee (see Part IV) may be asked to:

- review the wording of a requirement in the Standard or protocol
- provide an interpretation for a requirement
- rule on the grading of a non-conformity against a clause.

This will be published on the BRCGS website as a 'position statement'. Position statements are binding on the way that the audit and certification process are carried out and are considered to be an extension of the Standard.

Companies shall be aware of any published position statements relating to the Standard and, where necessary, ensure that the information is transferred into action. Non-compliance with a relevant position statement may result in a non-conformity against clause 1.1.9 or a specific clause of the Standard.

Position statements are published on the BRCGS website and on BRCGS Participate. They are also communicated electronically to companies and certification bodies (e.g. in bulletins or newsletters).

6.6 Certificate withdrawal

The certificate may be withdrawn by the certification body in a number of circumstances where the site may no longer comply with the requirements of the BRCGS certification scheme and the ISO/IEC 17065 requirement. Examples include:

- evidence that the site no longer complies with the requirements of the Standard, raising significant doubt over its operating standards and product safety
- failure to implement adequate corrective action within appropriate timescales
- evidence of falsification of records.

6.7 Appeals

The company has the right to appeal against the certification decision made by the certification body. Any appeal should be made in writing to the certification body within 7 calendar days of receipt of the certification decision.

The certification body shall have a documented procedure for the consideration and resolution of appeals against the certification decision. These investigative procedures shall be independent of the individual auditor and certification manager. Individual certification bodies' documented appeals procedures will be made available to the company on request. Appeals will be finalised within 30 calendar days of receipt. A full written response will be given after the completion of a full and thorough investigation into the appeal.

It should be noted that where an appeal is made against a non-conformity identified during an audit, this does not delay or postpone the other post-audit activities (e.g. the reporting of corrective actions, root cause analysis or development of the preventive action plan). In the event of an unsuccessful appeal, the certification body has the right to charge costs for conducting the appeal.

7 Requirements for certification bodies

The Global Standard for Agents and Brokers is a product and services certification scheme. In this scheme, businesses are certificated upon completion of a satisfactory audit by an auditor employed by an independent third party – the certification body. The certification body in turn shall have been assessed and judged as competent by a national accreditation body.

The process of certification and accreditation is outlined in Figure 3.

In order for a business to receive a valid certificate on completion of a satisfactory audit, the organisation shall select a certification body approved by BRCGS. BRCGS lays down detailed requirements that a certification body shall satisfy in order to gain approval.

As a minimum, the certification body shall be accredited to ISO/IEC 17065 by a national accreditation body affiliated to the International Accreditation Forum and recognised by BRCGS.

Further details are available in the document Requirements for Organisations Offering Certification Against the Criteria of the BRCGS Standards, available from BRCGS on request.

Companies looking to become certificated to the Standard should assure themselves that they are using a genuine certification body approved by BRCGS. A list of all the approved certification bodies is available in the BRCGS Directory.

BRCGS recognises that in certain circumstances – for example, when new standards

are introduced, or there are new certification bodies wishing to commence auditing against the Standard – accreditation may not yet have been achieved. This is because the accreditation process itself requires some audits to have been completed, which will then be reviewed as part of the accreditation audit of the certification body. The certification body shall be able to conduct audits as part of the accreditation process and so some unaccredited audits will be performed. These will be permitted where the organisation can demonstrate that:

- it has an active application for accreditation against ISO/IEC 17065 from an approved national accreditation body
- accreditation will be achieved within 12 months of the date of application and the experience and qualifications of the auditors in the relevant product category are consistent with those specified by BRCGS
- a contract is in place with BRCGS and all other contracted requirements have been met.

The acceptance of audit reports and certificates generated by certification bodies awaiting accreditation but meeting the above criteria is at the discretion of individual specifiers.

Full details of the BRCGS requirements for certification bodies and auditors are published separately from this document. Copies are available on the BRCGS online platform or on request.

8 Qualifications, training and experience requirements for auditors

The following are the minimum requirements for auditors to conduct audits against the Global Standard for Agents and Brokers.

Education and work experience

The auditor shall have a minimum of 5 years' post-graduate experience related to the food, packaging, logistics or consumer products industry.

This shall involve work at a managerial, decision-making level in the quality assurance, product safety, technical management or risk management functions within manufacturing, logistics, retailing, inspection or enforcement. The auditor shall be able to demonstrate an understanding and knowledge of the specific product categories for which they are approved. Auditing and consultancy experience shall also be considered.

The auditor shall have a degree or diploma in a food-related, packaging, bioscience discipline, science and engineering or other relevant subject. Where such a qualification is not held, an increased period of work experience is required.

Qualifications and training

Lead auditor qualification

The auditor shall have a recognised auditor qualification, including training on quality management systems of 40 hours' duration with an examination. Examples of recognised courses are:

- International Register of Certificated Auditors (IRCA) recognised Management System Lead Assessor course
- American Society for Quality (ASQ) Certified Quality Auditor or Exemplar Global qualification
- BRCGS third-party auditing course delivered by a BRCGS-approved trainer.

Other schemes such as the Safe Quality Food (SQF) and International Featured Standards (IFS) lead auditor training are also accepted.

HACCP or hazard and risk assessment training

The auditor shall have completed a training course in hazard and risk assessment, such as HACCP (which is based on the principles of Codex Alimentarius), of at least 2 days' duration. It is essential that the course is recognised by the industry as being appropriate and relevant.

In exceptional cases, where the auditor can demonstrate practical use and application within the previous 5 years to a high level (e.g. being a recognised trainer of HACCP), a formal training course may not be required.

Global Standard for Agents and Brokers (Issue 3) qualification

Auditors shall have successfully completed a Global Standard for Agents and Brokers (Issue 3) training course (and the corresponding examinations) delivered by a trainer approved by BRCGS.

Audit training

The certification body shall assess the audit background of the auditor and develop an individually tailored training programme. Consideration shall be given to relevant experience from second-party, third-party and GFSI-recognised audit schemes, as well as the variety of site and process types. It is expected that trainee auditors will have completed a significant number of relevant audits within the previous 2 years (more than 10 third-party audits, including hazard and risk assessment such as HACCP, quality management systems and good manufacturing practices).

BRCGS requires certification bodies to have a documented programme for the initial auditor qualification. This shall require, as a minimum, that auditors be assessed on their performance during at least three audits (including at least one witness audit) against the Standard for Agents and Brokers, until they are assessed as competent. Full details of the witness audit requirements are available to certification bodies in BRCGS018 –

Requirements for Certification Bodies ensuring Auditor Competence through Witness Audits.

Certification bodies shall be able to demonstrate that every auditor has training and experience in the particular categories for which they are considered competent. Auditor competence shall be recorded at least at the level of each category as indicated in Appendix 4.

Responsibility of the certification body

It is the responsibility of the certification body to ensure that processes are in place to monitor and maintain the competence of the auditor to the level required by the Standard.

9 Product categories for auditor selection

The auditor is required to have product technical knowledge in order to assess the appropriateness of the agent's or broker's processes for the approval and evaluation of product and service suppliers.

It is the responsibility of the business to ensure that adequate and accurate information is given to the certification body, detailing the products it trades, to enable the certification body to select an auditor with the required product knowledge to undertake the audit.

Certification bodies shall be able to demonstrate that every auditor has appropriate training and experience for the particular categories for which they are considered competent.

When selecting an auditor for a specific audit, the certification body shall ensure that the auditor meets the product category requirements listed in the table and has appropriate product experience for the products being traded.

The following product examples are given as guidance only; this is not an exhaustive list.

	Category number	Product category	Category description
Food products	1	Chilled and frozen food	Raw meat, fish and prepared food
			Fruit and vegetables, prepared and fresh
			Dairy
			Ready-to-eat chilled and frozen products
	2	Ambient food	Canned and jarred products
			Alcoholic and non-alcoholic drinks
			Ambient grocery products
Packaging	3	Packaging materials	Glass
			Paper
			Metals
			Plastics
			Wood and other materials
Consumer products	4	Personal care, household and general merchandise	Formulated and fabricated products such as cosmetics, food wrap or household cleaners, electrical equipment, toys, furniture, textiles and jewellery

10 Certificate template

The certificate shall conform to the format shown below. Logos used on the certificate (e.g. BRCGS and accreditation body logos) shall comply with the respective rules of use. In addition:

- The certificate will detail the scope of the audit. The certificate shall be issued to the company and shall include the location of the applicable office(s). Where this company is a virtual company (see Part III, section 1.6.5), the words 'company operates virtually' will be added after the registered address.

- Where a certificate is issued to an organisation with more than one office, the addresses of each office within the audit scope shall be included on the certificate, with a clear indication of where a remote office assessment has been completed.

- The certificate will include the auditor registration number of the lead auditor.

- The date(s) of the audit specified on the certificate shall be the date of the audit relating to the granting of the certificate, irrespective of whether later visits were made to verify corrective action arising from the audit.

While the certificate is issued to the company, it remains the property of the certification body, which controls its ownership, use and display.

11 Certificate validity, audit frequency and planning

Example of certificate validity – announced audit option

This example assumes that the company has had a successful audit and achieves an AA, A or B grade. For information on audit frequencies for grade C or unsuccessful audits, see Table 1 in Part III.

Audit	Event	Date	Explanation
Initial audit (Audit 1)	Initial audit date	1 February 2020	
	Certificate issue date	16 May 2020	The company takes 90 days to submit all corrective actions (maximum permitted time for an initial audit) The certification body takes 14 days to issue the certificate (maximum permitted)
	Certificate expiry date	16 May 2021	Anniversary of the initial audit date plus 104 days
	Re-audit due date	4 January to 1 February 2021	12 months from the (first day of the) initial audit, including 28-day audit window
Recertification audit (Audit 2)	Actual re-audit visit	26 January 2021	Company is allowed a 28-day window before the audit due date
	Certificate issue date	25 February 2021	The company takes 20 days to submit all corrective actions (28 days allowed) The certification body takes 10 days to issue the certificate (14 days allowed)
	Certificate expiry date	14 March 2022	This is 24 months plus 42 days from the initial audit date. This allows the company to take the audit up to 28 days early without losing time from the certificate

Appendix Position Statement

1. Clarification on scope of certification for agents with limited operations (haulage or shipping agents)

The Standard sets out the requirements for companies in the food, packaging and consumer products supply chain that buy, sell, or facilitate the trade of products and may provide additional services such as the purchase, importation, or distribution of the products, but do not manufacture or process those products.

BRCGS have received enquiries relating to this scope, particularly the definition of 'facilitates the trade' and whether haulage or shipping agents can be certificated. These types of organisations often have limited operations and may not, during the normal course of their business complete all the services referred in the Standard or these activities may be undertaken by their customers.

This Position Statement therefore lists the mandatory clauses (i.e. those clauses which must be included within the scope of the audit and cannot be excluded or considered as 'not applicable'). These mandatory clauses are:

Clauses	Details of the requirements
Section 1	All requirements mandatory.
Section 2	All requirements mandatory.
Section 3	All requirements mandatory. Some agents have highlighted that specifications (section 3.6) are managed by the customer. Whilst it is possible that the customer will manage much of the content and process for specifications, making compliance with these clauses easier for the site, the availability of the information included on a specification is important, since along with product risk assessment (see below) it will be key when developing and reviewing the HACCP or hazard and risk assessment processes. Therefore, the expectation is that specifications are available and up to date.
Section 4.1	Clauses 4.1.1- Mandatory. Clause 4.1.2 states: 'this clause may not be applicable where it is a customer requirement that products are supplied by a specific manufacturer and the liability is with that customer. A record of the customer's requirement for the use of a specific supplier shall be maintained'. Therefore, this clause may not be applicable

	where the customer has liability and completes the activity. Appropriate documentation demonstrating this shall be maintained." Clause 4.1.3 – Mandatory. Clauses 4.1.4 and 4.1.5 – these clauses are applicable (and must be included) where purchases are made from other agents or brokers. Clauses 4.1.6 - 4.1.8 – these clauses shall apply to all sites where clause 4.1.2 applies.
Section 4.2	Where services are provided - all requirements are mandatory. Where no services are provided these clauses will not be applicable.
Section 4.3	All requirements are mandatory.
Section 4.4	4.4.1- allows that the product verification testing can be completed by the supplier.
Section 4.5	Clause 4.5.1 states that ' where such responsibilities are undertaken by the customer, this shall be clearly stated in the contracts.' Therefore this clause may not be applicable where the customer has liability and completes the activity. Appropriate documentation demonstrating shall be maintained.
Section 4.6 – 4.7	Standard already permits these sections to be not applicable.
Section 4.8	All requirements are mandatory.
Section 4.9	Standard already permits this section to be not applicable.
Section 5	All requirements are mandatory.

2. Clarification of the audit protocol for exclusions from scope and use of the BRCGS logo (protocol section 1.6.2)

Issue 3 of the Global Standard for Agents & Brokers states (protocol section 1.6.2):

'There are two situations where an exclusion may be permitted:

• Certificates are issued to the company for specific office locations (sites). It is permissible for a company to have some offices certified under the scheme and

other offices not to be included, **or**

• The Standard is applicable to three types of products: food, packaging or consumer products. Sites are permitted to exclude a type of product (e.g. consumer products);

however, it is only permitted to exclude the entire type of product. It is not acceptable to include some food products in scope and exclude others (e.g. include chilled and frozen foods but exclude ambient foods), or to include some consumer products and exclude others. For example, a site handling both food and consumer products shall have a scope that either:

• includes all food products and all consumer products, or

• includes all food products and excludes all consumer products, or

• excludes all food products and includes all consumer products.

The BRCGS logo can only be used by sites that have no product exclusions.'

It should be noted that the reference to the BRCGS logo specifically states that the certificated office cannot exclude products if they wish to use the logo. Exclusion of specific office locations from the audit scope does not prevent the use of the BRCGS logo, but logo use by the company must not imply products or processes managed by an excluded office are certificated.

All use of the BRCGS logo shall be in accordance with BRCGS brand guidelines (available on the BRCGS website).

3. Changes to the unannounced audit protocol for recertification audit window and number of non-audit days:

To ensure that all BRCGS Standards maintain comparable audit protocol for unannounced audits, BRCGS have made 2 changes to the unannounced audit protocol for Global Standard Agents and Brokers Issue 3. These changes can be summarised as:

• a reduction of the unannounced audit window from 9 months to 4 months.

• a reduction in the number of non-audit days which a company can nominate from 15 days to 10 days.

These changes come into effect on 1st February 2023 (i.e. apply to all unannounced agents and brokers audits starting on or after 1st February 2023).

It should be noted that unannounced audits remain voluntary for agents and brokers and a company can still chose to receive announced, blended announced or unannounced audits.

Therefore, from 1st February 2023 the following text replaces sections 4.1.4 and 4.7 of the audit protocol currently in the Standard:

Section 4.1.4 Nominating non-audit days

The unannounced audit option allows companies the opportunity to nominate 10 days when the company is not available for an audit. The dates shall be provided at least 4 weeks in advance and the reason shall be provided (e.g. planned customer visit). The certification body may challenge the reason where this does not appear appropriate.

Days when the company is not operating (e.g. weekends, public holidays or planned shutdowns for holidays) are not included within the 10 days. Any such days shall be notified to the certification body when opting into the unannounced scheme.

Certification bodies are expected to operate discretion in the case of emergencies.

It is a condition of electing to join the unannounced scheme that the auditor shall be granted access to the company for the audit on arrival. If access is denied the company will be liable for the auditor's costs and will revert to the announced audit scheme. At the discretion of the certification body, the existing certificate may also be suspended or withdrawn.

Sites on a 6-month audit schedule (e.g. sites certificated to the Standard with grade C) may nominate a maximum of 5 days.

Section 4.7 Ongoing audit frequency and recertification - scheduling re-audit dates

The company can choose whether to:

• remain within the unannounced programme, or

• revert to the announced audit programme.

If the company wishes to remain in the unannounced audit programme, the next audit will be unannounced and may occur at any stage within the last 4 months of the certification cycle, including the 28 calendar days before the audit due date.

It is the responsibility of the certification body to ensure that the audit is undertaken within the certification window. Therefore, the late audit non-conformity clause (clause 1.1.10 in Part II) does not apply to unannounced audits.

If the company opts to withdraw from the unannounced audit programme, the next audit will be scheduled to occur within 28 days up to and including the anniversary of the last audit date; this ensures that the maximum time between audits is not more than a year.

In some situations, the certification body may have already scheduled the unannounced audit with a 9 month timescale (for example, to ensure time for planning of visas). To accommodate this, BRCGS will allow certification bodies to complete audits outside the 4 month window but within the 9 month window until 1st July 2023. After this date, all unannounced audits will be carried out within the 4 month window as described in this position statement.

Effective date: 1 February 2023.

4. Combined audits – clarification of the audit due date in the case of a mandatory unannounced audit

Some sites have combined Agents and Brokers and BRCGS Food Safety Standard audits. The Food Standard contains requirements for a periodic mandatory unannounced audit (i.e. the mandatory 1 in 3 unannounced audit). When this mandatory unannounced audit occurs, the Agents and Broker audit also needs to be unannounced, and the site enrols into the voluntary unannounced programme.

However, this creates a challenge in subsequent years due to the differences in the protocol for re-audit due dates for a Food Safety Standard mandatory audit compared with those for a voluntary unannounced audit in the Agents & Brokers Standard.

For example, Section 2.7.3 of the Protocol for the BCRGS Agents and Brokers Standard Issue 3 states that-

"The due date of the renewal audit occurs within a 28-day window up to the 6- or 12-month anniversary of the initial audit.

In some circumstances it is possible to undertake the audit earlier than this due date (e.g. to reset the audit date to allow combined audits with another scheme). Where an audit date is brought forward, the following rules shall apply:

• The audit report will detail the reasons why an audit has been brought forward.

• The audit due date will be 'reset' to the 6- or 12-month (depending on grade) anniversary of this new audit date.

• The certificate shall be issued with an expiry date of 6 or 12 months (depending on grade) +42 days from the 'new' audit date."

i.e. currently when reverting to an announced audit for the subsequent years, the anniversary of the Agents and Brokers audit has to be reset as per the protocol section 2.7.3 to the last unannounced audit date, rather than maintaining the annual date as required by the mandatory unannounced audit protocol in the

Food Safety Standard.

To accommodate combined audits, where the site wishes to have a combined BRCGS Food Safety and BRCGS Agents & Brokers audits, then following a mandatory unannounced audit of the Food Standard, the audit due date for the Agents & Brokers audit does not need to be 'reset' as per the current protocol and can follow the same audit due date requirements as the BRCGS Food Safety Standard.

This must be agreed, in advance, via a concession request raised by the Certification Body, following the normal concession process.

Please note this position statement only applies to combined audits. It does not affect other situations where a site opts to leave the Agents & Brokers unannounced audit programme, which will continue to operate in accordance with the Agents & Brokers audit protocol.