CERTIFICATION PROCEDURE (SON-MSC/PCS/002)

PROVISION FOR FOOD SAFETY SYSTEM CERTIFICATION

This Procedure is established by the under-listed authorities.

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Signature

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1. Purpose

The purpose of this procedure is to describe the processes of SON management system certification in order to meet the requirement of ISO 17021 – 1, ISO/TS 22003 and FSSC Foundation scheme requirements including FSSC board of stakeholders’ decision.

This procedure also describes actions required by both SON and the Client to complete the certification process.

2. Scope

This procedure covers SON MSC certification processes from initial application to Maintenance of certificate after certification has been achieved.

This procedure is applicable to Food Safety system certification (FSSC22000) service offered by the SON MSC excluding FSSC 22000-Quality which is not within the scope of SON.

3.0 Terminology

3.1 FSMS Food Safety Management Systems (FSMS includes ISO 22000, FSSC& FSCE)

3.2 FSSC Food Safety System Certification

3.3 SON Standards Organisation of Nigeria

3.4 MSC Management Systems Certification

4. NORMATIVE REFERENCES

ISO/IEC 17021 Conformity assessment – requirements for bodies providing audit and certification of management systems

ISO/TS 22003 Food Safety Management Systems – Requirement for bodies providing audit and certification of food safety management systems

SON-QM Certification Manual

IAF-MD Relevant International Accreditation Forum Mandatory Documents

5.0 PROVISION OF CERTIFICATION SERVICES

The Standards Organisation of Nigeria Management System Certification Directorate commenced certification in 1994 as System Certification Unit of SON. The Unit commenced operation with the recognition of SON as a Certification Body offering this service by the ISO and in line with the SON act of 1990. In 2010, this was restructured such that the Training Systems Unit and the System Certification Unit constituted a Department. As part of organisational restructuring in October 2012, the Unit (with exclusion of the Training Services Unit) was enlarged to a Directorate in order to ensure that it was capable of meeting accreditation requirements of ISO 17021 & ISO/TS 22003 standard.

SON has been accredited to ISO/IEC 17021-1:2015, including ISO/TS 22003:2013 by the National Accreditation Board for Certification Bodies (NABCB). The scheme owner of the Food Safety System certification is the FSSC foundation.

SON currently certifies client in the following Categories and subcategories which are provisionally licensed and awaiting accreditation by the FSSC foundation and the National Accreditation Board for Certification Bodies (NABCB) respectively:

<table>
<thead>
<tr>
<th>FSSC 22000 Category</th>
<th>FSSC 22000 Sub Category</th>
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<tbody>
<tr>
<td>C Food Manufacturing</td>
<td>CI - Processing of perishable animal products</td>
</tr>
<tr>
<td></td>
<td>CII - Processing of perishable plant products</td>
</tr>
<tr>
<td></td>
<td>CIII - Processing of perishable animal and plant products (mixed products)</td>
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<tr>
<td></td>
<td>CIV - Processing of ambient stable products</td>
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5.1 ENQUIRY

- The interested client initiates the certification via mails, written or verbal enquiry. The enquiry officer sends the enquiry package consisting of Application form (SON/MSC/ENAF/06), Route to achieving certification, Contract Terms & conditions and Basic steps in achieving Management System Certification.

- This information is entered into the enquiry register

5.2 APPLICATION FOR CERTIFICATION AND CONTRACT REVIEW

- SON enquiry package (consisting of the application form contract terms & conditions with client) can be obtained via the son website (www.son.gov.ng) or at SON office in Lekki

5.2.1 Application

- The client completes & returns the application form (SON/MSC/ENAF/06) to provide SON-MSC with the information required for application review to confirm possibility of certification process. The application form ensures that the organisation provides the following information:
  a. General organisational information including Contact person
  b. The scope of certification sought for, how this scope is to appear on the certificate and Category necessary for assigning Auditor & competence management

  **NOTE: SON does not accommodate changes to scope after certification except in formal cases of amendment or expansion of scope in accordance with terms & conditions**
  c. The information about the applicant organisation regarding the premises, staff, shifts, capacity and outsourced activities
  d. Status of existing Management system
  e. Number of HACCP studies
• The completed form is sent for review to Personnel in Food division who have successfully completed training in:
  a) hazard analysis and critical control point (HACCP) principle, hazard assessment and hazard analysis
  b) food safety management principles including prerequisite programs (PRPs), and
  c) FSSC scheme requirements

5.2.1.1 Application Review

• Application/Contract review process ensures the following:
  a. SON MSC has the resource to offer the certification
  b. Endorsement of the completed form
  c. Specific issues are considered (Legislations, Locality etc)
  d. Adequacy of certification scope in line with requirements of FSSC2200 Annex 1:CB certificate scope document. (See Appendix I )
  e. Activities, processes, products or services are not excluded from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products
  f. Identification of the central function of the organization with which SON MSC shall have a legally enforceable agreement for the provision of certification
  g. Extent to which sites of the organisation operates
  h. Sites included in the certification are ready to be submitted for certification at the same time. Sites not ready shall be excluded from the scope of certification

*Note* The use of multi-site sampling in FSMS is only possible for categories A,E,FI & G. This applies to all stages of certification. However, the scope of SON MSC FSMS/FSSC is limited to category C & I so far.

5.2.1.2 Certification Transfers

• For certification transfers; only certifications, which are covered by an accreditation of an IAF MLA signatory, shall be eligible for transfer.

• Organizations holding certifications that are not covered by such accreditations shall be
treated as new clients.

- Review of supporting documentation to be provided by the client in addition to information above shall be done to confirm:
  
  i) That the client certified activities fall within SON-MSC scope
  
  ii) Reasons for transfer
  
  iii) that the site or sites wishing to transfer certification hold an accredited certification that is valid in terms of authenticity, duration and scope of activities covered by the management system certification. If practical, the validity of certification and the status of outstanding nonconformities are verified with the issuing certification body unless it has ceased trading. Where it has not been possible to communicate with the issuing certification body, SON-MSC shall plan a visit to the site to confirm this
  
  iv) The last certification or recertification audit reports, subsequent surveillance reports and outstanding nonconformities that may arise from them. This consideration shall also include any other available, relevant documentation regarding the certification process i.e. handwritten notes, checklists. If the last certification, recertification or subsequent surveillance audit reports are not made available or if the surveillance audit is overdue then the organisation shall be treated as a new client;
  
  v) complaints received and action taken;
  
  vi) the stage in the current certification cycle.
  
  vii) any current engagement by the organisation with regulatory bodies in respect of legal compliance.

- The Outcome of the application review and any justification is documented in the man-day determination scheduling input form (SON/MSC/MDD&SI/01).

- On review of application, SON will either accept in or decline the application.

- Forwarding of quotation to the clients automatically conveys decision to accept application

- Decision to declines is communicated to the client in writing.

- If the requirement for certification change at any time needs retroactive implementation, SON MSC will ensure that the organization is notified and the new requirements are
followed/ implemented at the organization’s next surveillance audit.

5.3 Auditor Man-Days

- For accepted application, using the information provided, auditor man - day duration is generated and quote-covering cost of certification is raised.
- Main factors affecting audit duration are the following factors:
  - Product Category;
  - Number of HACCP plan/study;
  - Relevant management system in place
  - Number of Employees
- The auditor man-days is calculated based on the ISO 17021-1, ISO/TS 22003 and FSSC 22000 and considers the following:
  - the duration of an audit day (normally eight (8) hours);
  - the effective on-site audit duration does not include a lunch break (unless in contradiction with local legislation)
  - the audit duration calculation is documented in man-day determination scheduling input form (SON/MSC/MDD&SI/01), including justifications for reduction or addition of time based on the minimum audit duration;
  - the on-site audit time does not include planning, reporting or travel activities, only actual on-site auditing time;
  - the on-site audit time only applies to auditors that are fully qualified, registered FSSC 22000 auditors
  - where the FSSC 22000 audit is undertaken in combination or integration with other food safety audits as a combined audit, the audit time stated in the report shall be of the total combined audit and match the audit plan. Total audit duration is then longer than for FSSC 22000 alone. This is considered as an increase in audit duration and the reason for this is justified
5.3.1 Basic auditor Man-Days calculation

a) The total on-site audit time (for a single site) is defined as \( T_s + T_{FSSC} \)

b) \( T_s = (T_D + T_H + T_{MS} + T_{FTE}) \) is calculated according ISO/TS 22003:2013 using the SON procedure for calculation of man-days (SON-MSC/PCM/01) where;

- \( T_s \): Minimum audit time for a single site
- \( T_D \): basic on-site audit time in days
- \( T_H \): number of audit days for additional HACCP studies
- \( T_{MS} \): number of audit days for absence of a relevant management system
- \( T_{FTE} \): number of audit days per number of employees

c) \( T_{FSSC} \) is calculated as follows:

<table>
<thead>
<tr>
<th>Number of Employees (FTE on the main shift)</th>
<th>Number of HACCP studies</th>
<th>( T_{FSSC} )</th>
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<tbody>
<tr>
<td>&lt;250</td>
<td>1 or 2 HACCP studies</td>
<td>0.5 (4 working hours)</td>
</tr>
<tr>
<td>&gt;250</td>
<td>3 HACCP studies or more</td>
<td>1.0 (8 working hours)</td>
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- When properly documented and justified, a reduction of the \( T_s \) audit time can be made in accordance with procedure for calculation of man-days (SON-MSC/PCM/01). The reduction in \( T_s \) audit time can never be more than 0.25 auditor day (2 working hours). The reduction cannot be applied on \( T_{FSSC} \).

- **Exemption:** Further reduction is only allowed for sites with simple processes, having 5 FTE or less and maximum 1 HACCP study. For such sites, a reduction in on-site audit time (\( T_{FSSC} \)) can be made but the total time \( T_s + T_{FSSC} \) shall be minimum one day. This reduction shall be approved in the Application review.

- Preparation and reporting time shall be in addition to the on-site audit time:
  
  i) At least 0.25 auditor day (2 working hours) shall be added to the FSSC 22000 on-site audit time for audit preparation.
  
  ii) At least 0.5 auditor day (4 working hours) additional shall be added to the
5.3.2 Additional Time

- Additional time shall be required for the following situations:
  
a) Additional time shall be considered in case an interpreter is required. 0.5 man day (4 working hours) minimum is added for translators as necessary

b) For organizations where some functions pertinent to the certification are controlled by a Head Office separate to the manufacturing site(s), the minimum time shall be 0.5 auditor day (4 working hours) on-site to audit the functions pertinent to the certification at the Head Office. When the responsible person from the Head Office attends the audit at manufacturing site, no extra audit time is calculated.

  A maximum of 20% audit time reduction can be allowed for each of the single manufacturing sites belonging to the group where the shared functions are controlled by the (off-site) Head Office. The 20% audit time reduction is applied to the minimum audit time (Ts) as per ISO/TS 22003:2013, Annex B

c) For offsite manufacturing or service activities; the parameters of the off-site activities shall be included in the audit calculation as under 5.3.1 and travel time between locations shall be included in the audit plan.

d) For off-site storage: at least 0.25 auditor day (2 working hours) additional on-site audit time shall be added to the FSSC 22000 audit time for each off-site storage facility.

5.3.3 Surveillance and Recertification audits duration

- Surveillance audits: on-site audit duration shall be (one-third of Ts) + (TFSSC), plus any other additional audit time (see 5.3.2 above).

- Recertification audits: on-site audit duration shall be (two-thirds of Ts) + (TFSSC), plus any other additional audit time (see 5.3.2 above).

- In both types of audits, the minimum duration for Ts is 1 day as per ISO/TS 22003. This makes a minimum basic FSSC 22000 audit duration of 1.5 days regardless of the audit type.
• Additional (special) audits may be performed on top – but never as a replacement of the annual surveillance/recertification audits. These special audits shall be documented and uploaded in the FSSC22000 Portal.
• The minimum audit duration for the annual audits shall always be respected.

5.3.4 Transition to FSSC 22000 Audit duration
• When transitioning from Dutch HACCP, ISO 22000 or an equivalent GFSI recognized certification to FSSC 22000 certification, the minimum FSSC 22000 certification on-site audit time shall be two-thirds of the initial certification audit time, with a minimum of 1 auditor day (8 working hours) on-site plus $T_{FSSC}$ as defined in 5.3.1 above.
• The transition audit shall result in an FSSC 22000 certificate with a validity of three (3) years.

5.3.5 Rounding up
• If after the calculation the result is a decimal number, the number of is adjusted to the nearest half day (e.g. 5.3 audit days becomes 5.5).

5.3.6 Audit Duration Confirmation – On Site
• For every audit, the auditor has the responsibility to check if the factors that affect the duration has not been changed and if the audit duration allocated is correct. If auditor realized that the audit duration that was allocated to the activity is not corrected, he/she shall immediately contact the SON to provide instruction on how to proceed in order to ensure that the correct duration will be delivered.
• In additional to that when this situation occurs the contract review shall be reviewed and re-approved in order to ensure the following audits of the cycle will be delivered in accordance with FSSC 22000 audit duration requirements.

5.3.7 Billing
• Using the information provided by client and generated in the man day scheduling input form, a quotation is raised and sent to the client.
• SON will charge an annual fee to all sites certified against the FSSC Scheme. This fee will be paid by SON to The FSSC Foundation
• The FSSC Foundation shall decide annually on the fee amount.

• After Stage 1 of the audit, the number of audit days required for Stage 2 can
increase/decrease depending on the findings of the Audit Team Leader.

- The quotation excludes the cost of follow-up visit(s) that may be recommended or required for the successful completion of the entire certification process. It also assumes the accuracy of the information provided by the organization, and is subject to change to cover any additional work by SON which may be caused by inaccurate or incomplete information.

5.4 PLANNING & SCHEDULING OF AUDITS

5.4.1 Audit Program

- Upon receipt of an endorsed certification terms & conditions (signifying that the Client has accepted contract terms), a counter signed agreement is sent to the client to conclude the contract process.

- A three-year audit programme is prepared by the Client manager prior to the Stage 1 audit, once client has confirmed readiness and after successful recertification.

- The program shall respect the following:

  1. that Annual audits shall take place to ensure certificate validity or that recertification is granted before the expiry date of the certificate.

  2. that the annual audit shall be carried out on-site at the premises of the organization and is a full audit against all Scheme requirements.

- The 3-year certification cycle shall be respected at all times.

5.4.2 Scheduling & Team allocation

- Once payment, proposed dates for the audit and documentation required are received from client, the Client manager send the schedule template to Auditor Evaluation and Management (AEM) for selection of auditor possessing the necessary competence for the relevant Food Chain category applicable to the certification scope from our existing
auditor database & coordinates the audit based on the availability of the auditors taking into consideration the competence needed to achieve objectives and impartiality.

- In all cases, the AEM/ Client Manager ensure that the audit team have the totality of the competence identified for the Food chain sub-Category supporting the scope of the audit. The team must be led by FSSC qualified auditor. (Competence requirements are documented in competence management procedure - SON/MSC/CMP/002)

- In all cases, an auditor is not allowed to perform more than two 3-year certification cycles at the same certified site either as lead auditor or co-auditor. If an auditor starts auditing within a certification cycle he/she will be rotated out after six (6) years for a minimum of one year.

- Team constitution is communicated to the client and to the team leader through the client managers. If client has any objection to any of the team members it will be resolved as appropriate

5.4.3 Audit plans

- An audit plan upon approval of schedule is prepared by the client Manager and team Lead and communicated to the client to review, endorse & return, indicating the organisation’s acceptance of audit date, proposed team, Language & attestation of readiness. The client has a right to request for back ground information on each auditor & object the appointment of any auditor provided the objection is valid. The presence & justification of interpreters & observers (i.e. clients’ consultants, witnessing accreditation body personnel, or any other person that witnesses the audit but does not partake in it or influence it) will be agreed by SON MSC & client.

*Note 1: Any organization being audited by SON MSC must permit SON MSC audit team to be accompanied by any Accreditation Body accrediting SON MSC or SON MSC auditors for the purpose of witnessing SON MSC audit team.*

*Note 2: the audit plan must indicate the roles of the audit team.*

- The plan and supporting documents are circulated to audit team only after the Client has
established that audit plan is adequate.

5.4.4 Consideration of multiple functions across more than site

5.4.4.1 Head office functions

1) In all cases where functions pertinent to the certification are controlled by a Head Office (such as procurement, supplier approval, quality assurance etc.), the FSSC scheme requires that those functions are audited, interviewing the personnel described in the food safety management system as having the (delegated) authority and responsibility for these functions. This Head Office audit shall be documented.

2) The functions at the Head Office shall be audited separately where they are not part of a site being assessed.

3) Every site belonging to a group shall have a:
   - separate audit,
   - separate report and
   - separate certificate.

4) The Head Office audit shall be carried out prior to the site audit(s).

5) The subsequent audit at the site(s) shall include a confirmation that the requirements set out by Head Office are appropriately incorporated into site specific documents and implemented in practice.

6) The site audit reports and certificates shall show which FSMS functions and/or processes have been audited at the Head Office.

7) All individual sites shall be audited within a time frame of 12 months from the audit of the Head Office.

8) The Head Office cannot receive a separate certificate.

5.4.4.2 Off-site activities

1) Where one manufacturing or service process is split across more than one physical address, all locations may be covered in one audit provided that the different addresses are part of the same legal entity, under the same FSMS and that they are the sole receiver/customer of each other.

2) Storage facilities at another location shall also be included in the same audit provided they meet the requirements mentioned above.
5.5 Certification audit

This is done in 2 stages (Stage I & Stage II)

5.5.1 Stage I Audit

- Stage I audit of all management systems ‘are conducted typically on-site.

- The following are reviewed during a Stage 1 audit:
  
a) The auditee’s documented information, including the scope, non-applicability of any standard clauses, identification of interested parties and the sequence and interaction between the processes of the management system

b) The auditee identified measurable objectives/targets (i.e. key performance indicators) for ALL of its identified processes

c) Evidence that the auditee will have adequate process performance data for all objectives by the Stage 2 audit

d) Evidence that the auditee’s processes address all of the requirements of the standards (see annex); the auditee must identify which of their processes address the requirements of the audited standard, perhaps on the sequence and interaction of processes.

e) Evidence that a full system process-based internal audit has been completed

f) Competency requirements for internal auditors have been established

g) Evidence that a management review (meeting all required inputs and outputs) has been completed after the process-based internal audit.

h) Focus for planning the stage 2 audit by gaining an understanding of the organization’s FSMS in the context of the organization’s Food Safety Hazard identification, analysis, Hazard Control plan, Prerequisite programmes, policy and objectives and the
organization’s state of preparedness for stage 2 by reviewing the extent to which:

I) the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer & certification requirements),

II) the system includes adequate processes and methods for the identification and assessment of the organization’s food safety hazards, and subsequent selection and categorization of control measures (combinations)

III) relevant food safety legislation is implemented,

IV) the system is designed to achieve the organization’s food safety policy,

V) the system’s implementation programme justifies proceeding to the audit (stage 2),

VI) the validation of control measures, verification of activities & improvement programmes conform to the requirements of the FSMS standard,

VII) the system’s documents & arrangements are in place to communicate internally & with relevant suppliers, customers and interested parties, and

VIII) there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance

IX) That additional requirements of FSSC are included in the FSMS of the organization; in addition the implementation & operations of the pre-requisite program conform with ISO/TS 22002-1 or ISO/TS 22002-4.

- The results of the Stage 1 audit are to be documented on the Stage 1 Audit Report. At the end of the Stage 1 Audit Report, the team leader must indicate whether or not the auditee is ready to proceed to Stage 2.

- Stage 1 audits may result in a decision of readiness to proceed, but with the auditor wanting to review objective evidence that any Stage 1 concerns have been contained
prior to the Stage II. Where Areas of concerns are raised, the client is expected to close out within 180 days.

- In some cases, where the Stage 2 is already scheduled and the Stage 1 is conducted, the results of the Stage 1 may necessitate postponing the Stage 2. The team leader shall clearly communicate this to the auditee. In cases where significant changes occur to the management system due to the results of the Stage 1 or the time interval between the Stage 1 and Stage 2, it may become necessary to repeat the Stage 1.

- In any case, the interval between stage I and II shall not exceed 180 days otherwise a stage I is repeated or application fee forfeited.

- Stage I audit report is submitted for Technical review, where the report is deemed adequate and all stage I requirements have been met. The client Manager sends the stage II audit plan to the audit team with the appropriate working documents on the basis of stage I audit findings.

5.5.2 Stage II audit

- Stage II audit of all management systems are conducted on-site and is a full audit against all Scheme requirements.

- A process-based Stage 2 audit then commences in accordance with the audit plan.

- The audit shall cover a review of the FSMS addressing the following:
  
  i) to confirm that the organization adheres to its own policies, objectives and procedures;

  ii) to confirm that the FSMS conforms with all the requirements of the FSMS standard and is achieving the organization’s policy objectives;

  iii) a comprehensive site tour covering the following:

  a) Representative number of product lines; categories; and sectors as covered by the scope;

  b) Review of implementation of hazard control plan & a representative sampling of pre-requisite program
c) All areas that might influence food safety

- In doing so, the team will focus on the organisation's:
  
  i) information and evidence about conformity to all requirements of the applicable normative document;

  ii) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets;

  iii) the organisation’s FSMS and performance as regards legal compliance;

  iv) operational control;

  v) internal auditing and management review;

  vi) management responsibility for the client organization’s policies;

  vii) links between the normative requirements, policy, performance objectives and targets, any applicable legal requirements, responsibilities, personnel competence, operation, procedures, performance data and internal audit results.

  **Note: Stage I & II audits cannot be performed unannounced**

### 5.6 Audit process & expectations

#### 5.6.1 Audit team Obligations

- All stages of audit (Initial certification, surveillance and recertification) are conducted following the pattern below:
  
  a) Hold an Opening Meeting with the organization's senior management to introduce the audit team, confirm the scope of certification, review the audit plan and reporting procedures, and to confirm all relevant details for the Audit

  b) Audit evidence that are gathered through interviews are to be verified by acquiring supporting information such as observations, review of documented information and results of existing measurements. The names & job titles of those interviewed are recorded on the audit record.
c) Any activities that cannot be verified cannot be included in the scope of certification. If these activities represent exclusions that are not permissible, then certification may not be possible.

d) The audit team must discuss and record Nonconformities observed during the audit in the non-conformity report form that are endorsed by the auditee.

e) During the audit, the audit team leader periodically assesses audit progress and exchange information.

f) The team leader reassigns work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client. The team leader will also ensure that appropriate time is scheduled for audit team meetings, etc. Any changes to the audit plan will be indicated on the plan and submitted to SON in the audit report.

g) For multiple day audits, the Lead Auditor must have wrap-up meeting with the audit team and the auditee to discuss a summary of the findings and observations of that day.

h) Hold closing meeting, during which the Audit Team's findings are reported to the organization’s senior management. Specifically, the FSMS Audit Team and shall:

i) Presents to the organization copies of Nonconformity Reports.

ii) Reports on the effectiveness of the FSMS

i) Upon completion of all audit activities, SON will provide the organization with a written Audit Report within 14 days which will be uploaded into the FSSC portal within 28 calendar days of certification and maximum 2 months after audit completion. The Audit Final Report of FSSC certification is the property of SON. The deadline for portal upload stated above applies to any required data and documentation related to the audit.

5.6.2 Client obligations during the audit process

- The auditee shall:

a) Provide the Audit Team with documentation sufficient enough to lead the audit team to conclude that the system is fully and effectively implemented in accordance with the Standard.
b) Provide the Audit Team with access to facilities, personnel, and records, so that the team is able to verify that the organization's system has in fact been established, is being effectively operated and maintained, and is in conformance to the organization’s documentation as well as to the Standard.

c) Cooperate in all ways requested by the Audit Team, including access to all function.

d) Be aware that in cases of obvious and demonstrated lack of interest or opposition by the senior management regarding audit and where members of the audit team are threatened, blackmailed or bribed, the team leader reserves the right to terminate an audit.

e) Fully resolve all nonconformities. (see 5.8)

5.7 Audit Report

- SON provides a written report for each audit to the client confirming that requirements are met within 14 days.
- Non-conformities reported will be discussed with client during the audit and outlined at the closing meeting. For each Non-Conformity (NC), a clear concise statement of the requirement, the NC, grade of the NC and the objective evidence shall be written.
- These Non-Conformities and their categorization at the closing meeting are preliminary and are subject to a technical review by SON.
- Corrections, corrective action plans and their approval shall be included in the Annex of the report.
- For a Head office report, the report shall contain as a minimum the Non-Conformities found at the Head Office.
- The audit report shall include all relevant requirements at all locations and allow audit findings to be identified as site specific.
- At each site audit, the implementation of the corrective actions shall be verified and reported.
- All information in the audit report template is uploaded into the portal along with the attachments in pdf (original audit report, checklists, audit plan, audit program).
- The ownership of the certificate and audit report content remains with SON-MSC. At the request of food safety authorities, information related to the certification and auditing process shall be shared.
5.8 Procedure for Nonconformity Management

- In accordance with the FSSC scheme requirements, there are three nonconformity grading levels:
  a) minor nonconformity;
  b) major nonconformity;
  c) critical nonconformity.

- In case of non-conformities noticed in a Head Office audit, these are assumed to have impact on the equivalent procedures applicable to all sites. Corrective actions shall therefore address issues of communication across the certified sites and appropriate actions for impacted sites. Such nonconformities and corrective actions shall be clearly identified in the relevant section of the site audit report and shall be cleared before issuance of site certificate.

5.8.1 Minor Non-conformity

- A minor nonconformity shall be issued when the finding does not affect the capability of the management system to achieve the intended results

  1. Audited client shall provide SON with objective evidence of the correction, evidence of an investigation into causative factors, exposed risks and the proposed corrective action plan (CAP) which is sent to the audit team for verification.

  2. The Team review the corrective action plan and the evidence of correction and approve it when acceptable.

  3. The CAPA process shall be completed within 28 days after the last day of the audit. Exceeding this timeframe by the organization shall result in a suspension of the certificate.

  4. Corrective action (CA) shall be implemented by the organization within 12 months of the audit.

  5. Implementation of corrective action plan shall be reviewed, at the latest, at the next
6. A Major nonconformity is raised (on management responsibility and or resource allocation) in the event of non-completion of the approved action plan at the next scheduled on-site audit.

5.8.2 Major Non-conformity

- A major nonconformity shall be issued when the finding affects the capability of the management system to achieve the intended results.

1. Audited client shall provide SON with objective evidence of an investigation into causative factors, exposed risks and evidence of effective implementation which is sent to team for verification.

2. Team shall review the corrective action plan and conduct an on-site follow-up audit to verify the implementation of the approved CA to close the major nonconformity at a fee charged to client.

3. In cases where documentary evidence is sufficient to close out the major nonconformity, SON may decide to perform a desk review.

4. This follow-up shall be done within 28 days from the last day of the audit;

5. The major nonconformity shall be closed by SON within 28 calendar days from the last day of the audit.

6. When the major cannot be closed in this timeframe, the certificate shall be suspended.

7. Where completion of corrective actions might take more time, the CAP shall include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented.

8. A follow-up audit shall be conducted to verify the permanent corrective action and to close the major nonconformity.
5.8.3 Critical Non-conformity

- A critical nonconformity is issued when a direct food safety impact without appropriate action by the organization is observed during the audit or when legality and/or certification integrity are at stake:

1) when a critical nonconformity is issued at a certified site the certificate shall be immediately suspended for a maximum period of six (6) months;

2) when a critical nonconformity is issued during an audit, the organization shall provide SON with objective evidence of an investigation into causative factors, exposed risks and the proposed CAP. This shall be provided to the CB within 14 days after the audit;

3) a separate audit at a fee shall be conducted by the CB between six (6) weeks to six (6) month after the regular audit to verify the effective implementation of the corrective actions. This audit shall be a full on-site audit (with a minimum on-site duration of one day). After a successful follow-up audit, the certificate and the current audit cycle will be restored and the next audit shall take place as originally planned (the follow-up audit is additional and does not replace an annual audit). This audit shall be documented and the report uploaded;

4) the certificate shall be withdrawn when the critical nonconformity is not effectively resolved within the six (6) month timeframe

5) In case of a certification audit (initial), the full certification audit shall be repeated.

Note: Auditor name and date of review on the CAP shall be appended on the form/template. If the client’s corrective action plan is not accepted, then the Lead Auditor is responsible for explaining to the auditee why it was not accepted and reviewing revised submissions. Note: All correspondence (including date of submission or re-submission of resolution and each comments obtained) between the auditor and the auditee regarding the resolution must be established as a trail in the same form
5.9 Surveillance and Recertification Audits

- SON Surveillance audits are typically conducted once a year onsite covering all scheme requirements. The first surveillance audit after the initial certification audit shall not exceed 12 months after the last day of the Stage 2 audit.
- At least of the one the surveillance audit (chosen by SON) must be undertaken unannounced after the initial certification and within each 3 year period thereafter. The client may voluntarily decide and choose to replace all surveillance audits by unannounced annual surveillance audits.
- Recertification audits are conducted once every three (3) years onsite covering all scheme requirements.
- Recertification audit must be planned and conducted in due time to enable timely renewal of the certificate before the expiry date and typically require 2/3 of the time spent for the initial audit (Stage 1 and Stage 2) and
- Recertification audits may be conducted unannounced at the request of the certified organization

5.9.1 Surveillance audit

- Client manager upon receipt of payment for surveillance, plans the audit as in 5.4 above
- SON conducts Surveillance audits to maintain confidence that client’s certified management system continues to fulfill requirements between recertification audits.
- The Lead Auditor ascertains that the findings are around surveillance-specific audit questions and report on conformity of all scheme requirements (from ISO 22000, relevant PRP documents and FSSC 22000 additional requirements)
- in a Surveillance Audit Report. Each Surveillance audit includes systemic assessment around the following:
  i) internal audits and management review;
  ii) a review of actions taken on nonconformities identified during the previous audit;
iii) complaints handling;
iv) effectiveness of the management system with regard to achieving the certified client’s objectives and the intended results of the respective management system
v) progress of planned activities aimed at continual improvement;
vi) continuing operational control;
vii) review of any changes;
viii) use of marks and/or any other reference to certification.

- Client manager upon receipt of payment for surveillance, plans the audit as in 5.4 above

5.9.2 Unannounced audit

- SON sets the date for the unannounced audit; between 8-12 months of the previous (respecting recertification planning) but the organization shall not be notified in advance, of the date for the audit.
- Audit plan is not shared with the organization until at opening meeting.
- The unannounced audit takes place during operational working hours including night shifts.
- With legitimate reasons (such as seasonal production), blackout days may be agreed in advance between the SON and the certified organization to avoid periods of extreme inconvenience during which the client would find it difficult to participate fully.
- The audit shall commence with an inspection of the production facilities commencing within 1 hour after the auditor has arrived on site. In case of multiple buildings at the site the auditor shall, based on the risks, decide which buildings/facilities shall be inspected and in which order.
- All Scheme requirements shall be assessed including production or service processes in operation. Where parts of the audit plan cannot be audited, an (announced) follow-up audit will be scheduled within 4 weeks.
- If the certified organization refuses to participate in the unannounced audit, the certificate shall be suspended immediately, and SON will withdraw the certificate if the unannounced audit is not conducted within a six-month timeframe from the date refusal.
- If access is denied to the auditor the certified organization will be liable for all costs
- The audit of separate Head offices controlling certain FSMS processes pertinent to certification separate to the site (see 5.4.4) shall be announced. Where Head Office activities are part of a site audit, they shall be unannounced.
- Secondary sites (off-site activities) and off-site storage, warehouses and distribution facilities shall also be audited during the unannounced audit.
- SON will operate discretely in case of emergencies (e.g. fire, major catastrophic event, another audit on-going) in all cases.
5.9.3 Recertification audits

- Client manager upon receipt of payment for recertification, plans the audit as in 5.4 above
- Recertification audit verifies the conformity and effectiveness of FSMS/FSSC during the certification cycle and if approved for recertification, a certificate will be issued by renewing the original expiry date. The recertification shall include a full assessment and reporting of all requirements.
- In certain instances, SON MSC may mandate that a Stage 1 or a Limited audit to conducted before the recertification audit. This would normally occur when there have been significant changes at the auditee or in the auditee’s management system or in cases of poor management system performance or restoration of suspension

- Recertification, primarily addresses:
  i.) the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
  ii.) demonstration of commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
  iii.) the effectiveness of the management system with regard to achieving the certified client’s objectives and the intended results of the respective management system(s).
  iv.) a review of the food safety management system over the whole period of certification, including previous surveillance audit reports and complaints received

- In this regards, the Lead Auditor ascertains that the findings are around recertification-specific audit questions and report on conformity with all scheme requirements (from ISO 22000, relevant PRP documents and FSSC 22000).

- Auditors assigned to complete a recertification audit will review a copy of all audit reports and any nonconformities/associated corrective actions for the prior cycle

- Where recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification will be based on the expiry date of the existing certification. The issue date on a new certificate in this case would be on or after the recertification decision.
- When SON MSC has not completed the recertification audit or is not able to verify the implementation of corrections/corrective actions for any major nonconformity prior to the expiry date of certification, then recertification shall not be recommended. The existing certificate cannot be extended.
- In cases where the Client certificate has expired, SON MSC can restore within six (6) months, the certification, provided the outstanding recertification activities are completed, otherwise at least a Stage 2 would have to be conducted. The effective date of the certificate would be on or after the recertification decision. The expiry date shall be based on the prior certification cycle.

5.9.4 Transfer of certificate
- Further to requirements specified in clause 5.2.1.2 above, SON shall apply requirements of IAF MD 2 for all certificate transfer

5.9.5 Transition audits
- Transition audits are allowed from Dutch HACCP, ISO 22000 and GFSI recognized certification programs with equivalent scopes. Transition audits are only allowed from valid certificates issued by SON.
- Clients with certificates issued by another CB shall transfer their certification to SON and have their SON issued certificate before the transition can take place. And this shall be done within the validity the certificate
- Transition audits are the start of a new certification cycle and shall therefore be a stage 2 audit (a stage 1 may be performed at the discretion of the SON).
- The FSSC 22000 certificate issued shall have a validity of 3 years

5.9.6 Upgrade audit
- The Foundation will issue instructions when upgrade audits are required. This typically occurs when there is a significant change to the Scheme requirements.
- SON shall:
  1) follow the upgrade requirements as issued by the Foundation
  2) ensure all staff, auditors and certified client organizations are familiar with the upgrade process
  3) additional audit time shall be recalculated and advised to the clients where applicable;
  4) following the successful upgrade audit (including closure of nonconformities the certificate will be re-issued.
5.9.7 Remote audits
- SON does not offer remote audit using Computer Aided Audit Techniques (CAAT) except in cases of extraordinary circumstances provided the requirements of IAF MD4 are met.

5.9.8 Multi-site certification
- Multisite is not applicable to SON FSSC22000 accredited hence has not excluded from our certification process.

5.9.9 Special audits
- Additional special audits shall be performed on top – but never as a replacement of the annual surveillance/ recertification audits. These special audits shall be documented and upload in the portal.

5.9.9.1 Extension of scope
- SON shall be notified at least 90 days in advance for proper planning.
- Relevant requirements of clause 5.2-5.4 shall apply to clients requiring scope extension.
- SON determines if a special/short notice audit is necessary can be assessed at the next regular surveillance audit or recertification audit

5.9.9.2 Short notice audits
- It may be necessary for SON to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients or with evidence or suspicion of nonconformity within the certified organization
- In such cases SON shall describe and make known in advance to the certified clients the conditions under which such audits will be conducted. This shall be reported in special audit report template.

5.10 Certification Decision
- For all audit stages, the audit reports content and outcome, NC's (objective evidence and grading) and effectiveness of corrections and corrective action plans are sent to the Certification Decision Committee the preceding Monday after submission for technical review and decision. The CDC member shall meet the competence requirement defined in SON MSC competence management procedure.
- Certification Decision Committee make a decision on the certification status of the organization (e.g. certify, continue certification, suspend, withdraw).
Certification Decision Committee retains veto power over any certification decision. The certificate will be issued 30 days after the certification decision which is also uploaded into the FSSC portal.

Information on decisions on certification status that have been considered including: the names of those making each decision, and the date the decision was made are documented in the Technical Review & certification decision form (SON/MSC/TCRF/01).

The affirmed CDC decision and certification documents are sent to the Director General’s office for certificate printing & endorsement in the case of initial certification, scope amendments, transfers, transition and recertification.

In cases of surveillance audits, a continued certification letter is issued and not a certificate.

In cases of suspension & withdrawals, a letter communicating the decision is issued.

The certificate expires three years after the date of the initial certification decision.

However, whilst the certificate is issued to the client, it remains the property of SON under the conditions outlined in the contract.

5.10.1 Certificate

All certificates shall carry:

a) The FSSC 22000 logo.

b) Head Office details where applicable.

c) Where applicable list of off site (including name, address scope and activities); details may be provided in an Annex to the certificate.

d) Unique code
e) Dates on the certificates as follows:

- certificate decision date: date at which a new decision is made after a certification or recertification audit (excluding regular surveillance audits) and New certificate decision dates in situations such as version changes of the Scheme and/or scope extensions/reductions. In these cases, the validity remains unchanged;
- initial certification date (i.e. the certification decision date after the initial audit);
- issue date: date certificate is issued to the client; or re-issue date when a new certificate is issued (e.g. because of version change, scope extension etc.);
- validity of certificate (maximum duration is 3 years).

- The Head Office (as expressed in clause 5.4.4) cannot receive a separate certificate.
- The Head Office is mentioned on the site certificate by use of “This audit included the following central FSMS processes managed by (name and location of Head Office): (FSMS processes audited at the Head Office)”

5.11 Certificate presentation

- This is done in accordance to Standards Organisation of Nigeria Certificate Presentation Procedure.
- Company forwards proposed dates, venue and time of presentation to the DG SON.
- The DG selects and approves date and this is communicated to the Organisation.
- The Organisation forwards its corporate profile to SON-MSC for preparation of the Citation to be read at the occasion. Invitation cards are forwarded to SON covering the DG and his entourage for the occasion.
- Where the venue is outside the locality of SON Corporate/Operation Headquarters, the Organisation shall bear the cost of transportation/boarding and lodging.
All other arrangements concerning logistics, press and the News media, among others shall be made by the Organisation with clarification from SON if necessary.

5.12 Confidentiality
- SON-MSC Auditors and Certification Staff ensure Professional Confidentiality.
- SON MSC treats as confidential; information that come into her possession in the course of audit of any of her client’s management system and does not divulge to third party any such information except where required by the law of the land or any other regulation of valid jurisprudence and even is such case, the client will be notified prior.
- The Confidentiality is ensured by having auditors and technical experts agree to SON MSC Code of Conduct and Ethics Declaration.
- Confidentiality is also guaranteed to client in Terms and Conditions, in the Disclaimer statement of every Audit Report communicated to client and through the Audit Team Leaders Opening meeting agenda during site audits and closing meeting (as applicable).

5.13 Suspension withdrawal and scope reduction

1. Suspension
- SON shall immediately suspend certification:
  - when a critical nonconformity is issued and/or there is evidence that their client is either unable or unwilling to establish and maintain conformity with Scheme requirements
  - Upon violation of any part of certification contract terms & conditions with client
  - Refer to contract terms & conditions for further details on situation leading to suspension

2. Withdrawal
- SON shall withdraw certificate suspend when:
  - the status of suspension cannot be lifted within six (6) months;
  - the organization ceases its FSSC 22000 certification activities;
  - any other situation where the integrity of the certificate or audit process is severely compromised.
  - Refer to contract terms & conditions for further details on situation leading to Withdrawal

3 Scope reduction:
- When SON has evidence that client holds a certificate whose scope exceeds their capability or capacity to meet scheme requirements, SON shall reduce the certification scope accordingly. SON will not exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification.

5.13.2 **Action upon suspension, withdrawal or scope reduction:**

1) In case of suspension or withdrawal, the organizations’ management system certification is invalid. SON shall:
   
   a) immediately change the status of the certified organization in the Portal and SON client database of certified organizations and may publish in media;
   
   b) inform the organization in writing of the suspension or withdrawal decision within three (3) days after the decision was made;
   
   c) instruct the organization to take appropriate steps in order to inform its interested parties.

2) In case of scope reduction, the organizations’ management system certification is invalid beyond the revised certification scope statement. SON shall:

   a) immediately change the scope of the certified organization in the FSSC 22000 database and SON database of certified organizations and may publish this in the media
   
   b) Issue the client with a new certificate covering the reduced scope
   
   c) inform the organization in writing of the scope change within three (3) days after the decision of change;
   
   d) instruct the organization to take appropriate steps in order to inform its interested parties.
Annex I

AUDIT CRITERIA

Client organization shall develop, implement and maintain all the requirements outlined within SON scope below and will be audited by a SON in order to receive a valid certificate.

The audit criteria represent set of requirements used as a reference against which objective evidence is compared. FSSC 22000 audit criteria shall include the requirements as below:

<table>
<thead>
<tr>
<th>FSSC 22000 Category</th>
<th>FSSC 22000 Sub Category</th>
<th>ISO/TS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI</td>
<td>Processing of perishable animal products</td>
<td>1) ISO 22000:2018 food safety management system requirements;</td>
</tr>
<tr>
<td>CII</td>
<td>Processing of perishable plant products</td>
<td>2) ISO/TS 22002-1:2009</td>
</tr>
<tr>
<td>CIII</td>
<td>Processing of perishable animal and plant products (mixed products)</td>
<td>3) FSSC Additional requirements</td>
</tr>
<tr>
<td>CIV</td>
<td>Processing of ambient stable products</td>
<td>• Management of service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Product Labelling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Food defense</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Food fraud mitigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Logo use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Management of allergens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Environmental monitoring</td>
</tr>
</tbody>
</table>

Note 1: in addition to ISO 22000:2018 clause 7.1.6, the organization shall have a procedure for procurement in emergency situations to ensure that products still conform to specified requirements and the supplier has been evaluated.

Note 2: For food chain category CI, the following additional GFSI requirements apply:

-in addition to ISO/TS 22002-1:2009 clause 9.2, the organization shall have a policy for the procurement of animals, fish and seafood which are subject to control of prohibited substances.
(e.g. pharmaceuticals, veterinary medicines, heavy metals and pesticides);
- in addition to ISO/TS 22002-1:2009 clause 10.1, the organization shall have specified requirements for an inspection process at lairage and/or at evisceration to ensure animals are fit for human consumption;
- in addition to ISO/TS 22002-1:2009 clause 16.2, the organization shall have specified requirements in place that define post-slaughter time and temperature in relation with chilling or freezing of the products.

Production of Food Packaging and Packaging Material

1) ISO 22000:2018 food safety management system requirements;
2) ISO/TS 22002-4:2013
3) FSSC Additional requirements
   - Management of service
   - Product Labelling
   - Food defense
   - Food fraud mitigation
   - Logo use
   - Management of allergens
   - Environmental monitoring

Note 1: in addition to ISO 22000:2018 clause 7.1.6, the organization shall have a procedure for procurement in emergency situations to ensure that products still conform to specified requirements and the supplier has been evaluated.

Note 2: in addition to ISO 22000:2018 clause 8.5.1.3, the organization shall have specified requirements in place in case packaging is used to impart or
provide a functional effect on food (e.g. shelf life extension).

Note 3: In the PRP standard for Food packaging manufacturing (ISO/TS 22002-4:2013), the word “should” in clause 4.13.2, must be replaced by “shall” making this a mandatory requirement.

Note: The board of stakeholder decision list is also part of the scheme and shall be considered.

FSSC 22000 V5 scheme documents are available at FSSC Website.

Annex II
IDENTIFYING SCOPE OF CERTIFICATION

a. Requirements for food chain Category C - FOOD MANUFACTURING

1) FSSC 22000 is a Management System certification, not a product certification. Therefore, listing all individual products, the organization produces shall be avoided.

2) Applied technologies that impact food safety shall be mentioned (e.g. sterilization, pasteurization, fermentation, drying) but it is strongly advised not to put all individual process steps in the scope statement (e.g. receiving raw materials, storing raw materials, mixing, proofing, baking, packaging in plastic, storage – is not preferred).

3) The type of packaging shall be mentioned when it has a vital function in food safety (e.g. vacuum packaging, MAP packaging) and/or when there is a potential impact on food safety (e.g. glass).

4) Where products are intended for specific vulnerable consumer groups, this shall be indicated in scope statement (e.g. food for baby’s, hospitals etc.).

5) Storage, warehousing, & distribution, delivery, supply and dispatch operations (on or off site), may only be added to the manufacturing scope statement in cases where these are: • dedicated to the company’s own production; • included within the audited food safety management system; • part of the same legal entity (i.e. owned by the organization).

6) The word “sales” is not allowed: A manufacturer will always have sales activities, as they will need to sell they products (primary reason for being in business). However, there are no
provisions or specific requirements in the food manufacturing standard for the sales process, therefore is not auditable and cannot appear in the scope statement. The same requirement applies to words equivalent or similar to sales such as marketing, exporting and or importing.

7) By products for animal feed can be included provided they are mentioned in scope statement with the addition “for use in the feed industry” or equivalent wording.

**Example**

<table>
<thead>
<tr>
<th>Certificate scope statement</th>
<th>Acceptability</th>
<th>Comments &amp; Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development and design of ready- to eat meals</td>
<td>No</td>
<td>Development and design is not allowed as separate activity. Such activities are only allowed in addition to a processing or manufacturing activity covered by the FSSC 22000 scope of certification and part of the same legal entity.</td>
</tr>
<tr>
<td>Production and packing of vegetable oil.</td>
<td>Yes/No</td>
<td>For a company that really produces oil (pressing, extraction) this might fit, however for a company that only mixes and fills oil into bottles the term production as such may be misleading and incorrect.</td>
</tr>
<tr>
<td>Production of Eggs</td>
<td>Yes</td>
<td>However, better is do describe the actual activities like sorting and packing of eggs.</td>
</tr>
<tr>
<td>Production of bakery products (plain croissants, croissants</td>
<td>Yes/No</td>
<td>It is not desirable to include all individual products.</td>
</tr>
<tr>
<td>Production (pressing, winterization filtering and filling) of</td>
<td>Yes</td>
<td>In this case it is clear what is meant by production, and although generally not recommended here it is necessary to add processing steps.</td>
</tr>
<tr>
<td>olive oil.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**b. Requirements for food chain Category C - FOOD MANUFACTURING**

The type of material(s) (i.e. plastics, paper and board, metal, glass) shall be mentioned in the certificate scope statement followed by the text “intended for use the food (or feed) industry”.
### Examples

<table>
<thead>
<tr>
<th>Certificate scope statement</th>
<th>Acceptability</th>
<th>Comments &amp; Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development, press and blow extrusion, gravure printing, laminating, slitting, converting and sales of flexible packaging for medicinal, chemical-technical, food and hygiene Products.</td>
<td>No</td>
<td>Only packaging for food products allowed</td>
</tr>
<tr>
<td>Manufacturing of plastic laminated tubes for food industries.</td>
<td>Yes</td>
<td>-</td>
</tr>
</tbody>
</table>