



FSSC 24000 SCHEME SOCIAL MANAGEMENT SYSTEM CERTIFICATION

COPYRIGHT

Copyright © 2022, Foundation FSSC

All rights reserved. No part of this publication may be reproduced and/or published in any form, by means of printed matters, photocopy, microfilm, recording or any other method or technology, without written approval by the Foundation FSSC.

Foundation FSSC

The Netherlands

Website: www.fssc.com

TRANSLATIONS

Please be aware that in the case of translations of the FSSC 24000 Scheme documents, the English version is the official and binding version.

GENERAL CONTENTS

INTRODUCTION	3
PART 1 SCHEME OVERVIEW	5
PART 2 REQUIREMENTS FOR ORGANIZATIONS TO BE AUDITED	10
PART 3 REQUIREMENTS FOR THE CERTIFICATION PROCESS	15
PART 4 REQUIREMENTS FOR CERTIFICATION BODIES	38
PART 5 REQUIREMENTS FOR ACCREDITATION BODIES	49
APPENDIX 1: DEFINITIONS	54
APPENDIX 2: NORMATIVE REFERENCES	60

INTRODUCTION

With the Foundation's commitment to help support the implementation of the United Nations (UN) Sustainable Development Goals (SDGs) through its UN Global Compact membership, there is clear focus on ensuring a base level of social performance covering labour relationships, human rights, health and safety and work and business ethics. To fulfill this need, Foundation FSSC's mission is to provide trust and deliver impact to the Consumer Goods Industry. To enable organizations to make a social impact and contribute to the Sustainable Development Goals as determined by the United Nations, the availability of the FSSC 24000 certification Scheme for social management systems (SMS) is key. The adoption of an SMS is a strategic decision of an organization that can help improve its overall social performance and provide a sound basis for social development initiatives.

This document contains Version 1.0 of the FSSC 24000 Scheme, published in October 2022. The main factors that initiated the development of this Scheme have been:

- The need for an ISO-based Social Management System using the harmonized structure approach
- The need for a process approach that incorporates the Plan-Do-Check-Act (PDCA) cycle and risk-based thinking to facilitate continuous improvement
- The expectations for credible social sustainability certification Schemes as defined by the industry members of the Consumer Goods Forum laid down in the Sustainable Supply Chain Initiative (SSCI) benchmarking requirements.

ABOUT THE SCHEME

The Scheme consists of five Parts and two Appendices which are bundled in this document. Furthermore, there are three Annexes. All these documents contain mandatory Scheme requirements. Lastly, there are guidance documents on several topics to provide additional support to organizations, wishing to obtain certification to the Scheme, and to Certification Bodies to provide additional information on implementation. All documents can be downloaded for free from the FSSC website.

HOW THE SCHEME IS ORGANIZED

PART 1 SCHEME OVERVIEW

This part describes the Scheme context and details including its certification scopes.

PART 2 REQUIREMENTS FOR ORGANIZATIONS TO BE AUDITED

This part describes the Scheme requirements against which licensed Certification Bodies shall audit the Social Management System (SMS) of the organization in order to achieve or maintain certification for FSSC 24000.

PART 3 REQUIREMENTS FOR THE CERTIFICATION PROCESS

This part describes the requirements for the execution of the certification process to be conducted by licensed Certification Bodies.

PART 4 REQUIREMENTS FOR CERTIFICATION BODIES

This part describes the requirements for licensed Certification Bodies that provide Scheme certification services to organizations.

PART 5 REQUIREMENTS FOR ACCREDITATION BODIES

This part describes the requirements for recognized Accreditation Bodies that provide accreditation services to licensed Certification Bodies.

APPENDIX 1 DEFINITIONS

This part contains all definitions that have been used throughout all Scheme documents.

APPENDIX 2 NORMATIVE REFERENCES

This part contains all references that have been used throughout all Scheme documents.

ANNEXES

There are three (3) Annexes that are mandatory and necessary for proper implementation of the Scheme:

- Annex 1 - CB Certificate scope statements
- Annex 2 - CB Audit report requirements
- Annex 3 - CB Certificate templates

PART 1
SCHEME OVERVIEW

CONTENTS PART 1 SCHEME OVERVIEW

1	Introduction	7
1.1	The Scheme	7
1.2	Ownership and governance	7
1.3	Language	7
2	Features	7
2.1	Aim and Objectives	7
2.2	Nature of the Scheme	8
3	Scope	8

1 INTRODUCTION

1.1 THE SCHEME

The FSSC 24000 certification scheme (hereafter the Scheme) outlines the requirements for the audit and certification of the social management system (SMS) of an organization within the scope of certification. The certificate confirms that the organization's SMS is in conformance with the FSSC 24000 Scheme requirements.

The Scheme is based on the following normative documents:

- BSI/PAS 24000:2022 – Social management system - Specification
- FSSC 24000 Additional Requirements (determined by the FSSC Board of stakeholders)

When the FSSC Board of Stakeholders decides that updates or changes to the Scheme are necessary, requirements for communication and implementation will be published separately.

The Scheme provides a voluntary certification model that can be applied across the consumer goods industry and the associated supply base.

1.2 OWNERSHIP AND GOVERNANCE

The Foundation FSSC (hereafter the Foundation) retains the ownership and the copyright of all Scheme related documentation and also holds the agreements for all involved Certification Bodies and Accreditation Bodies.

The Foundation's Statutes contain additional provisions and requirements regarding the ownership of and governance over the Foundation and the Scheme. These Statutes are publicly available in the Register of the Chamber of Commerce in the Netherlands, under number 64112403. Such additional provisions and requirements are part of the Scheme in as far as they may relate to the rights and obligations of direct and indirect stakeholders in the Scheme.

1.3 LANGUAGE

English is the official and valid version of the Scheme.

2 FEATURES

2.1 AIM AND OBJECTIVES

The aim of the Scheme is to ensure that social sustainability requirements are met, resulting in certification that assures organizations provide safe and fair working conditions, meet business ethics requirements, and apply due diligence in their supply chain management.

The specific Scheme objectives are to:

1. Provide recognition for organizations that have demonstrated compliance to the Scheme requirements by establishing and maintaining an accurate and reliable public register of certified organizations;

2. Promote the accurate application, recognition, and general acceptance of social management system requirements within the Consumer Goods industry;
3. Provide information on and support for the auditing and certification of social management systems within the scope of the Scheme;
4. Create impact through setting public goals linked to the UN Sustainable Development Goals.

The Foundation endeavors to achieve these objectives by:

- a) Entering into agreements with strategic partners;
- b) Providing governance and oversight of certification through the Foundation's Integrity Program;
- c) Providing continued support to our licensed partners through training, knowledge management and data sharing;
- d) Managing and taking appropriate action in events that could bring the Foundation into disrepute or impact the Foundation's business continuity, certification and/or brand integrity;
- e) Supporting other organizations that strive to achieve similar or partially similar objectives as those mentioned in Article 2.1.

2.2 NATURE OF THE SCHEME

The Scheme provides the requirements for third-party auditing and certification.

The Scheme:

- a) Incorporates the Public Available Specification, PAS 24000, developed by BSI, in which through a Harmonized Structure approach, requirements are defined for a Social Management System (SMS), as well as prerequisite/social performance requirements outlined in Annex A of this document.
- b) FSSC 24000 Scheme requirements which contain specific requirements for organizations, Certification Bodies (CBs), and Accreditation Bodies (ABs).
- c) Allows the integration with ISO-based management system standards such as those for food safety, quality, environmental, health, and safety etc.;
- d) Is governed by a non-profit Foundation and managed by an independent Board of Stakeholders;
- e) Increases transparency throughout the supply chain by establishing an "FSSC 24000 Register of certified organizations" which is publicly accessible.

3 SCOPE

The Scheme is intended for the audit and certification of organizations in the manufacturing and processing sector (food and non-food), including their related service provision. The scope applies to the economic sector/activity with the related IAF codes as set out in Table 1, except where the exclusions listed below apply.

The following exclusions apply and are not covered by the FSSC 24000 scope of certification: Processing and manufacturing and the related trade of tobacco and tobacco products, fur and fur products, weapons, explosives and ammunition and nuclear fuel products.

Table 1. Overview

Sector		IAF Code ¹	Description of economic sector/activity	
Processing & manufacturing	Food	3	Food products (including petfood) & beverages	
	Non-food	Textiles, clothing, leather	4	Textile and textile products
			5	Leather and leather products
		Chemical industry	12	Chemicals, chemical products, and fibers
			13	Pharmaceuticals
			14	Rubber and plastic products
		Other industry	6	Wood and wood products
			7	Pulp, paper, and paper products
			9	Printing companies
			15	Non-metallic mineral products
			16	Concrete, cement, lime, plaster etc.
			17	Basic metals and fabricated metal products
			18	Machinery and equipment
			19	Electrical and optical equipment
Other related services		29	Wholesale and retail trade (incl. agents and brokers and E-commerce)	
		30	Hotels and restaurants	
		31	Transport and storage	
		35	Other services <ul style="list-style-type: none"> • Employment activities • Cleaning services 	
		39	Other social services <ul style="list-style-type: none"> • Waste management • Pest control services 	

1) According IAF ID 1, Annex – Models for EMS and QMS Accreditation scopes

PART 2
REQUIREMENTS
FOR
ORGANIZATIONS
TO BE AUDITED

CONTENTS PART 2 REQUIREMENTS FOR ORGANIZATIONS TO BE AUDITED

1	Purpose	12
2	Requirements	12
2.1	General.....	12
2.2	PAS 24000	12
2.3	FSSC 24000 Additional Requirements.....	12

1 PURPOSE

This part describes the Scheme requirements against which licensed Certification Bodies shall audit the Social Management System (SMS) of the organization in order to achieve or maintain certification to FSSC 24000.

2 REQUIREMENTS

2.1 GENERAL

Organizations shall develop, implement, and maintain all the requirements outlined below and will be audited by a licensed Certification Body in order to receive a valid certificate.

The audit requirements for FSSC 24000 certification consist of:

- 1) BSI/PAS 24000:2022 specifying requirements for a social management system and
- 2) FSSC 24000 Additional requirements.

The FSSC 24000 Board of Stakeholders (BoS) Decision list is a document which contains decisions applicable to FSSC 24000 Scheme. The decisions overrule or provide further clarification on existing Scheme rules and have to be implemented and applied within the defined transition period. The decision list is dynamic, can be adjusted by the BoS when deemed necessary, and is publicly available on the FSSC website.

2.2 PAS 24000

The requirements for the development, implementation, and maintenance of the Social Management System (SMS) are defined in the standard BSI/PAS 24000:2022 "Social management system – Specification".

2.3 FSSC 24000 ADDITIONAL REQUIREMENTS

2.3.1 COMMUNICATION REQUIREMENTS

The organization shall inform the certification body within 3 working days of the commencement of the events or situations below and implement suitable measures as part of their emergency preparedness and response process:

- a) Serious events that impact the SMS, legality and/or the integrity of the certification which include legal proceedings, prosecutions, situations which pose major threats to social compliance including worker health and safety, and certification integrity as a result of natural or man-made disasters (e.g., war, strike, terrorism, crime, flood, earthquake, malicious computer hacking);
- b) Serious situations where the integrity of the certification is at risk and/or where the Foundation can be brought into disrepute including but not limited to malpractice, negligence, corruption, and fraudulent activities.

2.3.2 LOGO USE

- a) Certified organizations shall use the FSSC 24000 logo only for marketing activities such as organization's printed matter, website, and another promotional material.
- b) In case of using the logo, the organization shall comply with the following specifications:

Color	PMS	CMYK	RGB	#
Terra	7593 C	21/82/90/11	180/74/79	B44A31
Grey	60% black	0/0/0/60	135/136/138	#87888a

Use of the logo in black and white is permitted when all other text and images are in black and white.

- c) The certified organization is not allowed to use the FSSC 24000 logo, any statement or make reference to its certified status on:
 - i. a product;
 - ii. its labelling;
 - iii. its packaging (primary, secondary or any other form);
 - iv. in such a way as to imply that FSSC 24000 certifies a product, service, or process.

2.3.3 REQUIREMENTS FOR ORGANIZATIONS WITH MULTI-SITE CERTIFICATION

2.3.3.1 CENTRAL FUNCTION

- a) The management of the central function shall ensure that sufficient resources are available, and that roles, responsibilities and requirements for competence are clearly defined for management, internal auditors, technical personnel reviewing internal audits and other key personnel involved in the SMS.

2.3.3.2 INTERNAL AUDIT REQUIREMENTS

- a) An internal audit procedure and program shall be established by the central function covering the social management system, central function, and all sites,
- b) The SMS, centralized function and all sites shall be audited at least annually or more frequently based on a risk assessment. The annual internal audit shall be a full system audit covering the requirements of the Scheme.
- c) Internal auditors shall be independent from the areas they audit and be assigned by the central function to ensure impartiality at site level.
- d) Internal auditors shall meet at least the following requirements, and the latter shall be assessed by the CB annually as part of the audit:

Work experience: 2 years' full time work experience in the relevant industry including a good understanding of the organizations SMS, procedures, and systems.

Training:

- i. For FSSC 24000 internal audits, the lead auditor shall have successfully completed a recognized SMS, FSSC (22000 or 24000) or ISO Management system standard Lead Auditor Course of 40 hours.
 - ii. Other auditors in the internal audit team shall have successfully completed an internal auditor course of 16 hours covering audit principles, practices, and techniques. The training may be provided by the qualified internal Lead Auditor or through an external training provider.
 - iii. All internal auditors (lead auditors and auditors) shall complete FSSC 24000 scheme training covering at least the BSI/PAS 24000 requirements (incl. Annex A) and the FSSC Additional Requirements – minimum 8 hours.
- e) Internal audit reports shall be subject to a technical review by the central function, including addressing the non-conformities resulting from the internal audit. Technical reviewers shall be impartial, have the ability to interpret and apply the FSSC normative documents (at least PAS 24000 and the FSSC additional requirements) and have knowledge of social practices as well as the organizations processes and systems.
- f) Internal auditors and technical reviewers shall be subject to monitoring for competence and performance. Any follow-up actions identified shall be suitably actioned in a timely and appropriate manner by the Central function.

PART 3
**REQUIREMENTS
FOR THE
CERTIFICATION
PROCESS**

CONTENTS PART 3 REQUIREMENTS FOR THE CERTIFICATION PROCESS

1	Purpose	18
2	General	18
3	Resources	18
4	Contract process	18
4.1	Application.....	18
4.2	Scope.....	18
4.3	Audit Duration.....	18
4.4	Contract	22
5	Planning and Managing Audits	23
5.1	General.....	23
5.2	Multiple functions across more than one site	24
5.3	Multi-site certification	26
5.4	Unannounced audits.....	28
5.5	Use of information and communication technology	29
5.6	Transfer of certification.....	30
5.7	Upgrade audits.....	30
5.8	Transition audits	30
5.9	Allocation of audit team.....	30
5.10	Management of serious events	30
6	Audit documentation	31
6.1	Written audit report	31
6.2	Nonconformities	32
6.3	Additional audit documentation.....	34
7	Certification decision process	35
7.1	General.....	35
7.2	Certificate design and content	35
7.3	Certificate suspension or withdrawal or scope reduction.....	36
8	Assurance Platform data and documentation	36

8.1	Data ownership.....	36
8.2	Data upload requirements	37
8.3	Data quality control	37
8.4	Assurance Platform	37

1 PURPOSE

This Part states the requirements for the execution of the certification process to be conducted by licensed Certification Bodies (CBs).

2 GENERAL

The CB shall manage its certification management system according to the requirements of ISO/IEC 17021-1:2015 and the FSSC 24000 requirements including any FSSC Board of Stakeholder decisions relating to the Scheme.

The CB shall control all Scheme related documentation and records according to its own procedures.

The CB shall have procedures of certification that confirm the compliance of the certified organizations to that of the Scheme and the accreditation requirements.

3 RESOURCES

The CB shall provide sufficient resources to enable the reliable supply of its FSSC 24000 certification service.

4 CONTRACT PROCESS

4.1 APPLICATION

The CB shall collect and document the information from the applicant organization in an application form which details the minimum information as required in the ISO/IEC 17021-1 and additional Scheme requirements.

4.2 SCOPE

The CB shall assess the scope proposed by the organization on the application form and review it against the requirements in Annex 1 of the Scheme. The scope of the audit shall include the entire site and all workers (permanent, temporary, and part-time), as well as non-permanent workers (e.g., contractors) performing work or work-related activities that are under the control of the organization. Exclusions from scope are not permitted.

4.3 AUDIT DURATION

The CB shall calculate the audit duration based on the information gathered from the organization's application and following the requirements of ISO/IEC 17021-1 and FSSC 24000 as follows:

- a) The duration of an audit day is eight (8) hours and only includes effective auditing time. In exceptional circumstances an audit day may be longer than 8 hours but shall never exceed

10 hours and then only in accordance with the relevant ILO and national legislative requirements.

- b) The audit duration calculation for FSSC 24000 shall be documented by the CB, including justifications for reduction or addition of time based on the minimum audit duration;
- c) The audit duration shall be stated in auditor working hours indicating the effective audit duration based on the audit plan. Deviations to the audit durations and audit plan shall be recorded in the audit report (including motivations);
- d) The audit duration shall only apply to auditors that are fully qualified and registered FSSC 24000 auditors and not to other team member(s) not assigned as an auditor (e.g., technical experts, interpreters, observers, witnessors and trainee auditors).
- e) The scope of the audit is site specific and includes an on-site assessment of the main site of the organization and all pertinent off-site locations, including accommodation facilities, where provided or mandated.
- f) The audit duration does not include audit preparation, audit planning, reporting, closing of nonconformities or travel activities, only actual auditing time from the opening to the closing meeting;
- g) Where the FSSC 24000 audit is undertaken in combination or integration with other management system audits as a combined audit, the audit duration stated in the report shall be of the total combined audit and be aligned with the audit plan. Total audit duration is then longer than for FSSC 24000 alone. This is considered as an increase in audit duration and the reason for this shall be justified in the audit report.

4.3.1 BASIC AUDIT DURATION CALCULATION (SINGLE SITE)

The total initial audit duration (for a single site) is defined as T_s where:

$$T_s = (T_D + T_{TNW})$$

calculated according to the information in table A.1 below:

Table A.1: Basic audit duration calculation

Total Number of workers (TNW)	Basic on-site audit-duration (audit days)			Additional audit days Based on T_{TNW}
	T_D			
	Small	Medium size	Large	
1-19	0.75	1.25	1.75	0.75
20 – 49				1
50 – 79				1.25
80 – 199				2
200 – 499				2.5
500 – 899				3
900 – 1299				3.5

1300 - 1699				4
1700 - 2999				4.5
3000 - 5000				5
> 5000				5.5

Total Number of Workers (TNW) – all workers (permanent, temporary, and part-time), as well as non-permanent workers (e.g., contractors) performing work or work-related activities that are under the control of the organization.

The categories for the size of the organization are:

- Small $\leq 10.000 \text{ m}^2$
 - Medium 10.001 – 25.000 m^2
 - Large $> 25.000 \text{ m}^2$
- When properly documented and justified a maximum of 20% reduction can be applied to the T_s , but the minimum audit duration for all audit types shall never be lower than 1 auditor day. Examples include:
 - a) A less complex organization measured by number of workers, size of the organization and/or number of products or product lines or
 - b) Where the organization has been successfully audited to another social standard within the last 12 months and demonstrated acceptable social performance based on documented evidence e.g., an audit report. Where the transition rules in Part 3, 5.8 of this document are applied, the 20% reduction of the T_s as referenced in this section cannot be applied in addition.
 - If after the calculation the result is a decimal number, the number shall be rounded upwards to the nearest half day.
 - Preparation and audit reporting time shall be added in addition to the audit duration – the below referring to minimum time to be added:
 - a) At least 0.25 auditor day (2 working hours) for audit preparation
 - b) At least 0.5 auditor day (4 working hours) for audit reporting
 - Certification cycles of 3 years apply as per ISO/IEC 17021-1 and shall be respected in all instances.

4.3.2 SURVEILLANCE AND RECERTIFICATION AUDITS

For surveillance and recertification audits, the basic audit duration shall be calculated as follows:

- a) Surveillance audits: basic audit duration shall be (one-third of T_s), rounded up to whole hours and with a minimum of 1 auditor day, plus any other additional audit time as applicable
- b) Recertification audits: basic audit duration shall be (two-thirds of T_s), rounded up to whole hours and with a minimum of 1 auditor day, plus any other additional audit time as applicable.

Basic audit duration is the minimum duration for a single site and does not include additional time e.g., for off-site activities.

Additional (special) audits may be performed on top – but never as a replacement of the regular surveillance/recertification audits. These special audits shall be documented and uploaded in the Assurance Platform.

4.3.3 MINIMUM AUDIT DURATION

For all audit types (initial, surveillance, recertification), the following minimum audit duration principles apply:

- a) The minimum T_s is 1 day (8 hours).
- b) The minimum audit duration shall always be respected.

The Scheme defines the minimum audit duration, but in all instances the CB shall ensure that the audit duration allows for an effective audit based on audit objectives, scope and specific audit needs and covering the full FSSC 24000 requirements and therefore might require an increased audit duration.

4.3.4 INTERVIEWS AND NUMBER OF WORKER FILES TO BE INTERVIEWED

During the audit (initial, surveillance and recertification), interviews of management and workers shall be performed, as well as a review of worker files.

The CB shall calculate the number of workers and worker groups to be interviewed based on the information gathered from the organization's application and following the requirements of FSSC 24000 using the table A.2 below:

Table A.2 – calculating the number of worker and worker group interviews, as well as number of worker files to be reviewed for initial and recertification audits

Total Number of workers	Number of workers to be interviewed	Number of worker groups (4 person) to be interviewed	Total number of workers interviewed	Total number of worker files to review
1-49	4 or total if ≤ 4 workers	1	2-8	2-8
50 – 99	8	2	16	16
100 – 249	10	2	18	18
250 – 499	10	4	26	26
500 – 999	16	4	32	32
1000 – 2000	20	6	44	44
> 2000	30	8	64	64

For surveillance audits the CB shall use 50% of the result of the calculation in Table A.2 for the number of workers, number of worker groups and number of worker files to be reviewed respectively.

Example: for an organization with 260 workers, the number of workers to be interviewed are 10, the number of worker groups are 4 and number of workers files to be reviewed are 26 during an initial and recertification audit. During a surveillance audit, the minimum number of workers to be interviewed are 5, the number of worker groups are 2 and number of workers files to be reviewed are 13.

The workers to be interviewed shall be selected in a way representative of the site, based on characteristics such as gender, age, length of service, type of work and origin and including potential vulnerable workers, permanent, temporary, and external workers under control of the organization and those in less skilled positions. Where shifts apply, consideration shall be given to all shifts and representatives from all shifts included in the audit program over the 3-year certification cycle.

Interviews generally account for one-third of the audit duration, where individual interviews typically take 10-15 minutes and group interviews take longer.

Workers will be interviewed:

- a. individually and in groups,
- b. in a confidential setting without any supervision or management personnel present,
- c. in a language understood by the worker(s).

An interpreter may be added to the audit team to support members of the audit team. The interpreter shall be assigned by the CB and be independent of the organization audited. Where an interpreter is required to support the audit team, the audit duration of the relevant audit shall be increased with at least 20% to allow for the translation process.

The worker files of the individually interviewed workers shall be reviewed in each case. The review of worker files shall cover at least a 3-month period of the last 12 months before the audit.

Confidentiality

The CB auditor shall explain levels of confidentiality and how they are applied to every participant in the audit, including, but not limited to:

- a. management
- b. workers
- c. contractors

Information provided by the interviewees shall be handled in a non-attributable manner.

4.4 CONTRACT

A certification contract shall be in place between the CB and the organization applying for certification, detailing the scope of certification, and referring to all relevant Scheme requirements.

This contract shall detail or have reference to the legally enforceable certification agreement between the CB and the organization which shall include but are not limited to:

- 1) Ownership of the certificate and the audit report content shall be held by the CB;
- 2) Conditions under which the certification contract can be terminated;
- 3) Conditions under which the certificate can be used by the certified organization;
- 4) Terms of confidentiality in relation to information gathered by the CB during the certification process;

- 5) The certified organization allows the CB to share information relating to the certification and auditing process with the Foundation, their Accreditation Body, SSCI and governmental authorities when required;
- 6) Procedures for nonconformity management;
- 7) Procedures for complaints and appeals;
- 8) Inclusion of information on the certified status of the organization on the FSSC 24000 website and in the Assurance Platform;
- 9) Cooperation in and acceptance of witness assessments by the AB and/or the Foundation when requested;
- 10) Communication obligations of certified organizations to the CB within 3 working days related to the following:
 - a) Any significant changes that affect the compliance with the Scheme requirements and obtain advice of the CB in cases where there is doubt over the significance of a change;
 - b) Serious events that impact the SMS, legality and/or the integrity of the certification which include legal proceedings, prosecutions, situations which pose major threats to social compliance including worker health and safety, and certification integrity as a result of natural or man-made disasters (e.g., war, strike, terrorism, crime, flood, earthquake, malicious computer hacking, etc.);
 - c) Serious situations where the integrity of the certification is at risk and/or where the Foundation can be brought into disrepute including but not limited to malpractice, negligence, corruption, and fraudulent activities.
 - d) Changes to organization name, contact address and site details;
 - e) Changes to organization (e.g., legal, commercial, organizational status or ownership) and management (e.g., key managerial, decision-making, or technical staff);
 - f) Changes to the social management system and scope of operations covered by the certified management system;
 - g) Any other change that renders the information on the certificate inaccurate.

5 PLANNING AND MANAGING AUDITS

5.1 GENERAL

- 1) The 3-year certification cycle (ISO/IEC 17021-1 §9.1.3) shall be respected.
- 2) The CB shall perform the stage 1 and stage 2 audits for initial certification according to the requirements of ISO/IEC 17021-1.
- 3) The interval between stage 1 and stage 2 audits shall not be longer than 6 months. The Stage 1 shall be repeated if a longer interval is needed.
- 4) Surveillance audits shall be conducted within the calendar year as per the requirements of ISO/IEC 17021-1, to ensure that the organization's social management system continues to fulfil the Scheme requirements and that certification integrity is maintained. The date of the first surveillance audit, after the initial certification, shall not exceed 12 months from the certification decision date, otherwise the certification shall be suspended.
- 5) Surveillance audits are on-site audits but are not necessarily full system audits. As a minimum, each surveillance audit shall cover:
 - All the requirements in Annex A of PAS 24000;
 - The FSSC additional requirements in Part 2 of the Scheme;
 - Internal audits and management review;
 - A review of actions taken on nonconformities identified during the previous audit;

- Complaints handling;
- Effectiveness of the SMS with regard to achieving the certified organization's objectives and intended results;
- Progress of planned activities aimed at continual improvement;
- Continuing operational control;
- Review of changes;
- Interviews and worker file reviews as set out in 4.3.4
- A site tour and inspection of facilities

The CB shall ensure that the full set of Scheme requirements are covered across the two surveillance audits when compiling the audit program and conducting the audits.

- 6) Recertification audits shall take place in a timely manner, allowing for enough time for the certification process to be completed prior to the expiry of the certificate. Where the certificate expires prior to the issuance of the new certificate, the requirements in ISO/IEC 17021-1 shall be followed. Recertification audits are full system audits against the Scheme requirements.
- 7) General:
 - Audits shall be carried out at the premises of the organization and shall be conducted over a continuous number of days (excluding weekends when it is not a working day and public holidays) in accordance with the audit duration calculated.
 - It is the organization's responsibility to communicate any local holidays or shutdowns in a timely manner to facilitate audit scheduling.
 - The audit shall be carried out in a mutually agreed language. An interpreter may be added to the team by the CB to support members of the audit team.
 - The CB is expected to operate with discretion in case of emergencies (e.g., fire, major catastrophic event, another audit on-going).

5.2 MULTIPLE FUNCTIONS ACROSS MORE THAN ONE SITE

5.2.1 HEAD OFFICE/CORPORATE FUNCTIONS

- 1) In all cases where functions pertinent to the certification of the site (such as HR, payrolling, policy setting, corporate governance etc.), are controlled by a Head Office (same legal entity) and/or a corporate office that is part of the same larger organization, the Scheme requires that these functions are audited and included in the certification of the site.
- 2) Where it is not possible to audit these functions and access information during the site audit, a separate head/corporate function audit shall be conducted prior to the site audit – ideally not more than a month before. The subsequent audit at the site(s) shall include a confirmation that the requirements set out by the Head/Corporate Office are appropriately incorporated into site specific documents and implemented in practice. It might be necessary to follow up on certain topics with the Head/Corporate office during the site audit, in which case the Head/Corporate office shall make the information available.
- 3) The site audit report shall include which SMS functions and/or processes have been audited at the Head/Corporate Office, including the information, and supporting objective evidence gathered relating to the Head/Corporate office functions.
- 4) Where the same Head/Corporate office is linked to more than one site, the following applies:
 - a. The Head/Corporate office audit is conducted before the site audits within a time frame of 12 months from the site audits, but typically as close to the site audits as possible.

- b. A separate audit report is generated for the Head/Corporate office that has to be uploaded to the FSSC Assurance Platform together with each site audit report;
 - c. Every site linked to a head office/corporate function shall have a separate audit, audit report and certificate.
- 5) The Head/Corporate office functions shall be audited at every audit type (initial, surveillance, recertification) and may be conducted onsite or remotely where the ICT is appropriate.
- 6) Nonconformities identified at the Head/Corporate office shall be dealt with as set out in section 6.2 of this Part.
- 7) The Head/Corporate Office cannot receive a separate certificate as the functions/process audited are part of the site's audit. The Head/Corporate Office is referenced on the site certificate, regardless of whether assessed as part of the site audit or as a separate audit, and shall show which SMS functions and/or processes have been audited at the Head/Corporate office by use of wording such as: *"This audit included the following central SMS processes managed by (name and location of Head/Corporate Office): (describe SMS processes audited at the Head/Corporate Office)"*.

Additional time shall be added to the audit duration as follows:

- a) Separate Head/Corporate Office Audit
 - i. For organizations where functions pertinent to the certification are controlled by a Head/Corporate Office separate to the site(s), and where these functions are audited separate to the site (prior to the site audit), the minimum audit duration of the Head/Corporate office shall be 0.5 man-days. Depending on the nature, complexity and extent of these functions, and number of sites linked to the Head/Corporate office, more time shall be added. In all instances the audit duration shall be appropriate to allow for the relevant functions to be fully assessed.
 - ii. A maximum of 20% audit duration reduction can be allowed for each of the single sites linked to the off-site Head/Corporate Office. The 20% reduction is applied to the minimum audit duration (T_s) of the site.
- b) Where the Head/Corporate office are located on the same premises as the site and/or are assessed during the site audit
 - i. The TNW at the head/corporate office linked to the specific functions and the TNW at the site shall be added up and this overall number of workers shall be used to calculate the audit duration of the site.

Additional time is required for the planning and report writing of the head/corporate office audits and is not included in the basic site audit duration.

5.2.2 OFF-SITE ACTIVITIES

1. Where one manufacturing, processing or service process is split across more than one physical address, these locations may be covered in one audit provided that the different addresses are part of the same legal entity and under the same SMS. This is limited to two sites (main site and satellite site) or to organizations with a campus style set-up. The sites are required to be in the same country and in close proximity to each other.

For the calculation of the audit duration, the TNW at each site are added together and the combined number used to calculate the minimum audit duration, number of worker interviews and worker file reviews. The same principle applies to the size, namely add up the size of the two sites and use the combined number to calculate the TD. Additional

time shall be added for travelling between sites and is therefore not included in the audit duration.

2. Storage facilities and worker accommodations at another location shall also be included in the same audit provided that the different addresses are part of the same legal entity and included under the same SMS. For each additional off-site location, a minimum of 0,25 auditor day will be added to the T_s. The TNW linked to the storage facility shall be added to the TNW of the main site to determine the number of worker interviews and worker file reviews and shall be included in the sampling criteria.
3. Storage facilities are limited to those only used for and directly linked to the storage of the site's products. Where activities or services are provided to other customers (including sister companies), separate certification will be required for off-site storage activity.
4. The certificate shall include the audited locations with activities per location (on the certificate or as an Annex to the certificate).
5. The audit report shall clearly reflect what was audited at each location included in the certification, include a sufficient level of detail (objective evidence) in the summary sections and allow audit findings to be identified as site specific.

5.3 MULTI-SITE CERTIFICATION

5.3.1 GENERAL

- a) A multi-site organization does not need to be a unique legal entity, in which case all sites shall have a legal or contractual link with the central function of the organization and be subject to a single management system, which is laid down, established and subject to continuous oversight, surveillance and internal audits by the central function.
- b) Multi-site certification (including sampling) is only allowed for the following sectors:

Other related services	29	Wholesale and retail trade (incl. agents and brokers and E-commerce)
	30	Hotels and restaurants
	31	Transport and storage
	35	Other services: <ul style="list-style-type: none"> • Employment activities • Cleaning services
	39	Other social services: <ul style="list-style-type: none"> • Waste management • Pest control services

- c) When applying multi-site certification, the relevant requirements of IAF MD 1 shall be met, with the following specific/additional requirements:
 - In the first instance all sites shall be audited, and sampling shall only be allowed when the risk to the SMS is low and each of the sites are performing very similar processes/activities.
 - The sampling methodology in this document applies – see 5.3.2 below.
 - For audit duration calculation the following applies:

- i. Central Function use the table A.1 based on the TNW at the central function to determine the audit duration of the Central Function. The Ts cannot be below 1 auditor day in all instances (for all audit types).
 - ii. Each site – use the table A.1 based on the TNW at the site to determine the audit duration of that site. A maximum reduction of 20% can be given on the Ts of the sites being audited. The audit duration for a site cannot be below one auditor day for all audit types. The only exception is for very small sites (≤ 5 TNW) where surveillance audits may be reduced to 0.5 auditor days with the proper justification and where the Scheme requirements can still be met.
 - iii. The interviews and number of worker files to be reviewed are the same as set out in 4.3.4 and table A.2 for initial, surveillance and recertification audits.
- d) Audit duration excludes preparation and report writing time. It is expected that additional time is added for the central function and each of the sites for preparation and report writing.
- e) During the Stage 1 audit, the Central function shall be audited and at least a sample of the sites to provide an understanding of the level of implementation of the SMS. The sites shall be fully audited during the Stage 2 audit. As the focus of the Stage 1 is on the readiness of the SMS, it is not required to conduct interviews or sample worker files – this will be conducted during the Stage 2 audit.
- f) For subsequent audits, the central function shall be audited at least annually and before the CB audits of the (sampled) sites. In exceptional cases, a small number of the sample sites may be audited prior to the audit of the central function. The site audits shall be conducted as close to the central function audit as possible, but always within 12 months of the central function audit.
- g) Separate reports may be produced for the Central function and each of the sites respectively. Alternatively, one audit report may be produced for the multi-site organization, including the central function information, containing specific information about each site audited and complying with the content of Annex 2. The summary sections of the audit report shall clearly reflect what was audited at each site with supporting objective evidence.
- h) The certificate shall be a group certificate. It is not allowed to issue certificates to individual sites in the case of multi-site certification.

5.3.2 SAMPLING METHODOLOGY FOR SITES

- a) For organizations with 20 sites or fewer, all sites shall be audited.
- b) For organizations with more than 20 sites, that are eligible for sampling, the minimum number of sites to be sampled shall be 20 plus the square root of the total number of other sites: $y = 20 + \sqrt{(x - 20)}$, rounded up to the next whole number. This applies to the initial certification, to surveillance and to recertification audits.
- c) In addition to (b): where sampling is allowed, the CB shall ensure that all sites are audited over the course of the initial certification cycle (Initial, surveillance, surveillance) and subsequent certification cycle respectively (recertification, surveillance, surveillance). Therefore, the sample size might need to be increased to meet this requirement but can never be lower than what is defined in (b).
- d) The methodology sets the minimum sample sizes, but the size of the sample shall be increased where the CBs risk analysis of the process/activity covered by the SMS indicates special circumstances in respect of factors such as:
 - i. The size of the sites and number of workers;
 - ii. The complexity of the SMS and the related sector – only low risk sites are eligible for sampling;
 - iii. Variations in working practices (e.g., shift working);

- iv. Variations in process/activities undertaken, including seasonal activities where applicable;
 - v. Records of complaints and other relevant aspects of corrective and preventive action; and
 - vi. Performance of the sites, including results of internal and external audits and management review
- e) Where sites are added to the group, an audit is required before adding them to the certificate – either as a special audit (scope extension) or as part of the annual audit.
- f) Once every 3 years, the annual audit shall be conducted fully unannounced as set out in Part 3, section 5.4.1, including the central function and the site audits.

5.3.3 REQUIREMENTS FOR THE CENTRAL FUNCTION

- a) The central function shall hold the contract with the CB and request to include multi-site sampling as part of the application process should they wish to include it.
- b) It is the responsibility of the central function to ensure management commitment to the SMS and have sufficient resources and technical capacity in place to support the system and the internal audit program. The central function shall be impartial from the sites (e.g., have different/ dedicated employees, governance, management etc.).
- c) It might be necessary to follow up on certain topics with the Central function during or after a site audit, in which case the responsible individual/s at the Central function shall make the information available.
- d) The central function shall take responsibility for coordinating, addressing, and closing out of nonconformities raised at site level in conjunction with the relevant sites. Failure of the central function or any of the sites to meet the Scheme requirements, shall result in the whole organization, including the central function and all sites, not gaining certification. Where certification has previously been in place, this shall initiate the CB process to suspend or withdraw the certification.

5.3.4 NONCONFORMITY MANAGEMENT

Nonconformities raised at multi-site organizations shall follow the requirements of the Scheme (refer Part 3, section 6.2) as well as those in IAF MD1, section 7.7 with the following specific requirements in addition:

- a) Where a critical nonconformity is identified, the certificate of the multi-site organization shall be suspended within 3 working days of issuing the critical nonconformity, regardless of whether or not all the site audits have been completed.
- b) Where a major nonconformity is identified and the audit takes more than 28 calendar days to complete (central function and site audits), the organization shall provide a corrective action plan including any temporary measures or controls necessary to mitigate the risk until the nonconformity can be closed.
- c) The timeline for closure of nonconformities starts at the end of the audit – after completion of the central function audit and all the site audits.

5.4 UNANNOUNCED AUDITS

5.4.1 FREQUENCY

- 1) The CB shall ensure that for each certified organization at least one surveillance audit is undertaken unannounced after the initial certification audit and within each three (3) year period thereafter.

- 2) The certified organization can voluntarily choose to conduct all surveillance audits as unannounced audits.
Recertification audits may be conducted unannounced at the request of the certified organization.
The initial certification audit (stage 1 and stage 2) cannot be performed unannounced.

5.4.2 EXECUTION

1. The CB determines the date of the unannounced audit as part of the audit program.
2. The site shall not be notified in advance of the date of the unannounced audit and the audit plan shall not be shared until the opening meeting. In exceptional cases where specific visa restrictions apply, contact with the certified organization may be needed as part of the visa application process. However, the exact dates of the unannounced audit shall not be confirmed, only a time window, which is typically 30 days.
3. The unannounced audit takes place during normal operational working hours with consideration of all shifts where applicable.
4. Blackout days may be agreed in advance between the CB and the certified organization.
5. The audit will start with an inspection of the premises and 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 risk, decide which buildings/facilities shall be inspected in which order.
6. 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 shall be scheduled within 28 calendar days, whilst still meeting the calendar year requirement.
7. The CB decides which of the surveillance audits shall be chosen for the unannounced audit taking into consideration the requirement that unannounced audits shall be conducted at least once every 3 years and adhering to the calendar year requirement.
8. If the certified organization refuses to participate in the unannounced audit, the certificate shall be suspended within 3 working days, and the CB shall withdraw the certificate if the unannounced audit is not conducted within a six-month timeframe from the date of suspension.
9. The audit of separate Head/Corporate offices controlling certain SMS processes pertinent to certification separate to the site(s) (see 5.2.1) shall be announced. Where Head/Corporate Office activities are part of a site audit, it shall be unannounced.
10. All pertinent off-site locations, including accommodation facilities, where provided or mandated, shall also be audited during the unannounced audit.

5.5 USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

Information and Communication Technology (ICT) may be used as a remote auditing tool during regular FSSC 24000 audits with the following applications and meeting the applicable requirements of IAF MD4:

- 1) For conducting interviews with management and review of policies, procedures, or records as part of the on-site audit, as well as head/corporate office functions where appropriate.

5.6 TRANSFER OF CERTIFICATION

The CB shall follow the requirements of IAF MD2 for the transfer of certified organizations from another CB.

5.7 UPGRADE AUDITS

The Foundation will issue instructions when upgrade audits are required. This typically occurs when there is a significant change to the Scheme requirements e.g., a Version change.

The CB shall:

- 1) Follow the upgrade requirements as issued by the Foundation;
- 2) Ensure all staff and auditors are familiar with the upgrade process;
- 3) Additional audit duration 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 when required as part of the upgrade requirements.

5.8 TRANSITION AUDITS

- 1) Transition audits to FSSC 24000 certification are where an organization holding existing accredited, third-party social certification to another standard or SSCI recognized certification program want to transition (move) to FSSC 24000 certification. In order to qualify for a transition audit, the existing certification shall still be valid and with an equivalent scope of certification.
- 2) The audit duration of the transition audit can be reduced, based on the existing certification. The minimum FSSC 24000 certification audit duration shall be two-thirds of the initial certification audit duration, with a minimum of 1 auditor day (8 working hours).
- 3) 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 CB.
- 4) Interviews and worker file reviews shall be the same as for an initial or recertification audit using the table A.2.
- 5) A successful transition audit shall result in an FSSC 24000 certificate with a validity of three (3) years.

5.9 ALLOCATION OF AUDIT TEAM

- 1) All audit team members shall meet the competence requirements set out by the Foundation in Part 4 of the Scheme.
- 2) The lead auditor shall always be a FSSC 24000 qualified auditor. Refer to Part 4 for specific APSCA requirements that apply for lead auditors and associate auditors.
- 3) An auditor is not allowed to perform more than two 3-year certification cycles at the same certified organization 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. The auditor shall be rotated out for a minimum of one (1) year before being allowed to conduct audits at the applicable organization again.

5.10 MANAGEMENT OF SERIOUS EVENTS

- 1) The CB shall have a process to review planned audits when a serious event affects a certified organization, and the audit cannot be performed as planned.

- 2) The CB shall assess the risks of continuing certification and establish a documented policy and process, outlining the steps it will take in the event a certified organization is affected by a serious event to ensure the integrity of certification is maintained. The minimum content of the risk assessment shall cover the aspects listed in IAF ID3, section 3.
- 3) The outcome of the Risk Assessment and planned actions shall be recorded. Deviations from the audit program and their justification for changes shall be recorded. CBs shall establish in consultation with certified organizations a reasonable planned course of action.
- 4) In cases where the regular surveillance audit cannot take place within the calendar year as a result of a serious event, an exemption shall be requested from the Foundation for approval, or the certificate shall be suspended.

6 AUDIT DOCUMENTATION

6.1 WRITTEN AUDIT REPORT

The CB shall provide a written report for each audit.

- a) The audit report is to be treated confidentially by the CB but shall be made available to the relevant Authorities when requested and after approval of the organization.
- b) The audit report shall confirm that all Scheme requirements are assessed, reported and a statement of (non) conformity given. Furthermore, it shall conform to all relevant requirements of ISO/IEC 17021-1.
- c) The mandatory audit report issued by the Foundation shall be used. Annex 2 sets out the minimum content and reporting requirements.
- d) Both the procedural and operational conditions of the social management system shall be verified to assess the effectiveness of the SMS meeting the Scheme requirements and reported.
- e) In exceptional cases, certain requirements can be deemed not applicable (N/A). Where a requirement is deemed to be N/A then suitable justification shall be recorded in the relevant section of the audit report.
Note: this applies only to those clauses in the audit report that has the option to select N/A; all other clauses shall be audited in full.
- f) No exclusions from scope are allowed.
- g) Deviations from the audit plan shall be justified and documented accordingly in the audit report.
- h) Auditors shall report all nonconformities (NCs) at all audits. For each nonconformity (NC), a clear concise statement of the requirement, the NC statement, grade of the NC and the objective evidence shall be written.
- i) Corrections, corrective action plans and their approval shall be included as per Annex 2.
- j) A Head/Corporate Office report shall contain as a minimum a summary of the functions performed, interview and file review information and the NCs found at the Head/Corporate office. This report shall be uploaded. At each site audit the implementation of the corrective actions shall be verified and reported.
- k) Where it is allowed and agreed with the organization, the auditor may include photographs as supporting material in an annex to the audit report.
- l) The full FSSC 24000 audit report shall be sent to the (certified) organization within 2 weeks of the certification decision for all audits conducted.

- m) It is the Foundation's requirement that audit reports are written in English. Where an organization requests the report to be written in the language the audit was conducted in (if other than English), this is allowed based on mutual agreement between the CB and the organization. However, the mandatory fields in the Assurance Platform shall always be completed in English. In all instances where CBs are translating audit reports, the CB shall have verification procedures in place to ensure the translations are accurate.

6.2 NONCONFORMITIES

In accordance with the definitions in the Scheme and as defined below, the CB is required to apply these criteria as a reference against which to determine the level of nonconformities for findings. There are three nonconformity grading levels:

- a) Minor nonconformity;
- b) Major nonconformity;
- c) Critical nonconformity.

Nonconformities shall always be written to the most relevant Scheme requirement linked to the specific audit criteria in the PAS 24000 or the FSSC Additional Requirement.

Nonconformities raised at a Head/Corporate Office audit, are assumed to have an 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 in accordance with the CB procedures before issuing the site certificate or completing the certification decision.

The Scheme does not allow "Opportunities for Improvement".

6.2.1 MINOR NONCONFORMITY

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

- 1) The organization shall provide the CB with objective evidence of the correction, evidence of an investigation into causative factors, exposed risks, and the proposed corrective action plan (CAP);
- 2) The CB shall review the corrective action plan and the evidence of correction and approve it when acceptable. The CB approval shall be completed within 28 calendar days after the last day of the audit. Exceeding this timeframe shall result in a suspension of the certificate or in the case of an initial audit, the Stage 2 audit shall be repeated within maximum 6 months of the last day of the previous Stage 2 audit.
- 3) Corrective action(s) (CA) shall be implemented by the organization within the timeframe agreed with the CB;
- 4) Effectiveness of implementation of the corrective action plan shall be reviewed, at the latest, at the next scheduled audit. Failure to address a minor nonconformity from the previous audit could lead to a major nonconformity being raised at the next scheduled audit.

6.2.2 MAJOR NONCONFORMITY

A major nonconformity shall be issued when the finding affects the capability of the social management system to achieve the intended results or legality is at stake:

- 1) The organization shall provide the CB with objective evidence of an investigation into causative factors, exposed risks, and evidence of effective implementation;
- 2) The CB shall review the corrective action plan and conduct an on-site follow-up audit to verify the implementation of the CA to close the major nonconformity. In cases where documentary evidence is sufficient to close out the major nonconformity, the CB may decide to perform a desk review. This follow-up shall be done within 28 calendar days from the last day of the audit;
- 3) The major nonconformity shall be closed by the CB within 28 calendar days from the last day of the audit. When the major cannot be closed in this timeframe, the certificate shall be suspended;
- 4) Where completion of corrective actions might take more time in specific instances, the CAP shall include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented. Supporting evidence of the temporary measures or controls shall be submitted to the CB for review and acceptance within 28 calendar days from the last day of the audit.
- 5) If a major non-conformity is raised at the Stage 2 audit, the nonconformity shall be closed by the CB within 28 calendar days from the last day of the audit. Where completion of corrective actions might take more time, the Corrective Action Plan (CAP) shall include the temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented. Evidence of these temporary measures shall be submitted and accepted by the CB within 28 calendar days from the last day of the audit. Where the latter applies, the CB shall agree a suitable timeframe with the organization to verify the effective implementation of the permanent corrective action, but not later than 6 months of the last day of the audit. In any event, where the 28 calendar days after the last day of the audit is exceeded e.g., not closing the major nonconformity or non-acceptance of the evidence of the temporary measures, the full Stage 2 audit shall be repeated.

6.2.3 CRITICAL NONCONFORMITY

A critical nonconformity is issued when there is a significant failure in the SMS, a situation with direct adverse social impact and no appropriate action is being observed or where legality and/or certification integrity is at stake.

- 1) When a critical nonconformity is raised at a certified organization the certificate shall be suspended within 3 working days of being issued, for a maximum period of six (6) months;
- 2) When a critical nonconformity is issued during an audit, the organization shall provide the CB with objective evidence of an investigation into causative factors, exposed risks, and the proposed CAP. This shall be provided to the CB within 14 calendar days after the audit;
- 3) A separate audit 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). The follow-up audit shall be documented, and the report uploaded as part of the audit documentation linked to the audit where the critical NC was raised;
- 4) The certificate shall be withdrawn when the critical nonconformity is not effectively resolved within the six (6) month timeframe;
- 5) When a critical NC is raised at an initial certification audit, the audit is failed, and the full certification audit shall be repeated.

- 6) Examples of critical nonconformities include, but are not limited to the below:
- Employing or using Child labour:
 - Workers who are younger than 15 years old (or the legal minimum age defined by the country)
 - Workers younger than 18 who are subjected to forced labour
 - Bonded Labour
 - Not allowing workers to leave the workplace or forcing them to work overtime against their will
 - Using violence or the threat of violence to intimidate workers to force them to work
 - Inhumane Treatment
 - Inhumane or degrading treatment, corporal punishment (including sexual violence), mental or physical coercion, and/or verbal abuse
 - Occupational Health and Safety
 - Occupational health and safety violations that pose an imminent and critical threat to workers' health, safety, and/or lives
 - Unethical Behavior
 - Bribery of auditors (attempted or actual)
 - Intentional misrepresentation in the supply chain (e.g., hiding production sites, lacking a business license, and purposefully under-declaring the size of the workforce)

6.3 ADDITIONAL AUDIT DOCUMENTATION

In addition to the written audit report, the following mandatory documentation are required:

- 1) An attendance register (or similar document) that confirms the actual presence of the auditor(s) and organization representatives during the audit. This document shall:
 - Be signed by a representative of the organization being audited at the end of each day;
 - Be signed by the auditor(s), and where applicable trainees, observers, technical experts and witness, at the end of each day;
 - Indicate the start time, lunch break duration and end time of each day and
 - Be uploaded as part of the mandatory audit documentation in the FSSC Assurance Platform for each audit.
- 2) An overview of interviews and file reviews conducted – this document is only available to the CB and the Foundation and shall not be shared with the organization.
 - This document shall include the composition of the various groups and individuals interviewed to demonstrate that the sample is representative of the site, based on characteristics such as gender, age, length of service, type of work and origin and including potential vulnerable workers and those in less skilled positions.
 - The auditor shall allocate a number (either chronological or random) to each individual interviewed and worker file reviewed, that may not be the employee number or any other number in use by the organization that could link to the identification of the worker. The allocated number shall be linked to the name of the individual and their job title/role on this document and this number shall be referenced in the audit report where required.
- 3) A signed integrity declaration by the senior representative of the organization and the auditor(s) confirming that all of the below has been met:

- a) No actual or perceived conflict of interest exists to ensure the impartiality of the audit;
- b) The integrity of the audit or the audit process has not been compromised in any way and
- c) The audit was conducted in accordance with the business ethics requirements.

7 CERTIFICATION DECISION PROCESS

7.1 GENERAL

- 1) CBs shall conduct a technical review for all audits to agree with the audit report content and outcome, NC's (objective evidence and grading) and effectiveness of corrections and corrective action plans. Any actions required as a result of the technical review shall be addressed, followed by the CB making a decision on the certification status of the organization (e.g., grant certification, maintain certification, suspend, or withdraw).
- 2) The CB shall keep documented information of reviews and decisions relating to certification status, including the names of those conducting the review and certification decision and corresponding dates of review/decisions made.
Note: not all decisions may lead to issuing a new certificate.
- 3) The maximum certificate validity period is 3 years from the date of initial certification decision, with subsequent 3-year cycles.

7.2 CERTIFICATE DESIGN AND CONTENT

- 1) The CB shall issue FSSC 24000 certificates in accordance with the requirements of ISO/IEC 17021-1, the scope of certification and certificate templates set out by the Foundation (see Annex 1 and Annex 3).
- 2) The certificate shall be in English and correspond with the certificate in the Assurance Platform and the details on the public register. It is possible to include a translation of the scope statement following the English statement on the certificate. Refer to the requirements set out in Annex 3 where copies of certificates are being issued in other languages.
- 3) The FSSC 24000 logo shall be used by the CB on its certificates.
- 4) Head/Corporate Office details shall be included, where applicable.
- 5) Where applicable Off site and multi-site locations shall be listed, (including name, address, and activities); details may be provided in an Annex to the certificate.
- 6) Dates on the certificates shall be as follows:
 - a) Certificate decision date: date at which a new decision is made after a certification or recertification audit (excluding regular surveillance audits).
New certificate decision dates are also required in situations such as version changes of the Scheme and/or scope extensions/reductions. In these cases, the valid until date remains unchanged;
 - b) Initial certification date (i.e., the certification decision date linked to the initial audit). This is a fixed date that is maintained as long as the organization is linked to the CB and holds a valid FSSC 24000 certificate;
 - c) 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.);
 - d) Valid until date: certificate expiry date (e.g., original certification decision date + 3 years -1 day for the initial cycle).

7.3 CERTIFICATE SUSPENSION OR WITHDRAWAL OR SCOPE REDUCTION

- 1) *Suspension*: the CB shall 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.
- 2) *Withdrawal*: the CB shall withdraw a certificate when:
 - a) The status of suspension cannot be lifted within six (6) months;
 - b) The organization ceases its FSSC 24000 certification activities;
 - c) Any other situation where the integrity of the certificate or audit process is severely compromised.
- 3) *Scope reduction*: When the CB has evidence that the certified organization holds a certificate where the scope is not an accurate reflection of the SMS for example due to changes at locations or the control of the organization, the CB shall reduce the certification scope accordingly. The CB shall not exclude locations, activities, processes, products, or services from the scope of certification where they are under the control of the organization and within the scope of certification.

7.3.1 ACTION UPON SUSPENSION OR WITHDRAWAL AND SCOPE REDUCTION

- 1) In case of suspension or withdrawal, the organizations' social management system certification is invalid. The CB shall complete the following actions within 3 working days after the certification decision for suspension or withdrawal has been made:
 - a) Change the status of the certified organization in the Assurance Platform and its own system and shall take any other measures it deems appropriate;
 - b) Inform the organization in writing of the suspension or withdrawal decision, including the reason for the suspension or withdrawal and resulting actions required from the organization;
 - c) Instruct the organization to take appropriate steps in order to inform its interested parties.
- 2) In case of scope reduction, the organizations' social management system certification is invalid beyond the revised certification scope statement. The CB shall complete the following actions within 3 working days after the certification decision has been made:
 - a) Change the scope of the certified organization in the FSSC 24000 database and its own Register of certified organizations and shall take any other measures it deems appropriate;
 - b) Inform the organization in writing of the scope change;
 - c) Instruct the organization to take appropriate steps in order to inform its interested parties.

8 ASSURANCE PLATFORM DATA AND DOCUMENTATION

8.1 DATA OWNERSHIP

- a) A (certified) organization is the owner of an audit report, whilst the CB is responsible for the report content and related data.

b) A (certified) organization is the certificate holder, not the owner. The CB is the owner of the certificate and responsible for the certificate content and related data.

8.2 DATA UPLOAD REQUIREMENTS

For all audit types, the required data and documentation shall be entered in the Assurance Platform at the latest 28 calendar days after the certification decision with a maximum of 2 months after the last day of the audit. The mandatory data in the Assurance Platform shall be entered in English.

8.3 DATA QUALITY CONTROL

The CB shall have a data quality control process in place that provides assurance for CB Assurance Platform Data Quality. The quality parameters include the following as a minimum:

- a) Completeness: All the mandatory data has been registered in the Assurance Platform;
- b) Timeliness: All the data has been registered in the Assurance Platform within the required timelines;
- c) Validity: The registered data values meet the Scheme requirements;
- d) Accuracy: The data is a true representation of the actual facts relating to the complete audit and the certification process;
- e) Consistency: The registered data in the Assurance Platform is a true representation of the data stored in the CBs internal system(s).

8.4 ASSURANCE PLATFORM

- a) When requested by the certified organization, CBs shall provide the Certified Organization access to the associated Organization Profile, Audit and Certification data registered in the FSSC Assurance Platform in a timely manner, using the available functionality.
- b) CBs shall ensure that Certified Organization access is only granted to authorized individual(s).

PART 4

REQUIREMENTS FOR CERTIFICATION BODIES

CONTENTS PART 4 REQUIREMENTS FOR CERTIFICATION BODIES

- 1 Purpose..... 40**
- 2 Relation with the Foundation..... 40**
 - 2.1 Licensing40
 - 2.1.1 License application process40
 - 2.1.2 Licenses.....40
 - 2.1.3 License maintenance41
 - 2.1.4 Suspension, termination, and reduction41
 - 2.2 Engagement42
 - 2.2.1 Communication42
 - 2.2.2 Responsibilities43
 - 2.3 Integrity Program.....43
 - 2.3.1 Nonconformity.....44
 - 2.3.2 Follow-up44
 - 2.3.3 Sanctions45
- 3 Competence 45**
 - 3.1 General.....45
 - 3.2 Technical reviewer and Certification decision maker45
 - 3.3 Technical expert.....45
 - 3.4 Witnessor46
 - 3.5 Auditor qualification process46

1 PURPOSE

This Part contains the requirements for certification bodies (CBs) who wish to provide Scheme certification services to organizations.

Where the term “Scheme Requirements” is used, this refers to the FSSC 24000 Scheme requirements, ISO/IEC 17021-1, and Board of Stakeholders (BoS) decision list.

2 RELATION WITH THE FOUNDATION

2.1 LICENSING

- 1) As a prerequisite for the license application, the CB shall hold a valid ISO/IEC 17021-1:2015 accreditation by an IAF MLA signatory for Management Systems Accreditation Body.
- 2) The CB shall provide the Foundation with information and documentation related to its accreditation when requested.
- 3) The Foundation is entitled to request information from the Accreditation Body related to the CB accreditation.
- 4) The CB may hold more than one accreditation for FSSC 24000 for the main location which shall be covered by a single FSSC license.
- 5) In case the CB has multiple locations holding their own FSSC 24000 accreditation, the Foundation shall be informed about the additional accreditations as part of the initial application and subsequently when changes occur. These locations with own accreditations will form part of the main license and will be included in the IP Assessment Program of the licensed CB. Any costs associated with related additional IP activities will be for the CBs account.
- 6) Alternatively, the CB may opt to have a separate FSSC license with the Foundation for each accredited location, which will be subject to its own IP activities and costs.

2.1.1 LICENSE APPLICATION PROCESS

- 1) CBs shall apply for obtaining a license with the Foundation to be eligible to perform valid and recognized FSSC 24000 Scheme certification activities. Licenses are issued for specified CB office location(s) as requested in the license application form. In case of outsourcing of any certification related activities this shall also be described in the application.
- 2) With the application, the CB commits themselves to the implementation of all Scheme requirements and any other obligations outlined in the license agreement.

2.1.2 LICENSES

2.1.2.1 LICENSE AGREEMENT (PROVISIONAL STATUS)

- 1) The CB shall submit an application to the Foundation specifying the sector(s) as per Part 1, Table 1 of this document, which they wish to provide certification services in. As part of the application the CB shall submit the relevant documentation required by the Integrity Program as part of the on-boarding process.
- 2) Upon review of the information and successful completion of the applicable stages of the Foundation’s Integrity Program, the CB shall be granted a license with provisional status and be listed as provisionally approved in the FSSC 24000 CB list on the FSSC website.

- 3) The CB shall then apply for an extension of their ISO/IEC 17021-1 accreditation to include FSSC 24000 with an AB accepted by the Foundation and submit the written confirmation of acceptance of the application to the Foundation.
- 4) The provisional status allows a CB to use the Scheme for unaccredited certification once authorization has been received from the Foundation as per the Integrity Program on-boarding process requirements. Unaccredited certificates shall be registered in the Assurance Platform. After accreditation has been achieved, these unaccredited certificates may be replaced with an accredited certificate either immediately or following the next certification audit and in accordance with the specific AB requirements.
- 5) The provisional status of the license is valid for twelve (12) months from the date of signature by the Foundation and within this period of time the CB shall:
 - a) Achieve accreditation from an AB accepted by the Foundation for FSSC 24000. If accreditation is not achieved within the required timeline, the provisional license will be terminated and already issued certificates shall be withdrawn. For more detail on the FSSC 24000 requirements on the accreditation process refer to Part 5 of the Scheme;
 - b) Have at least one (1) certified or audited organization registered in the Assurance Platform.
 - c) Successfully complete the applicable stages of the Integrity Program on-boarding process.

2.1.2.2 LICENSE AGREEMENT (FULL STATUS)

After the criteria under 2.1.2.1 have been met, the CB shall submit to the Foundation:

- a) A copy of its accreditation certificate to ISO/IEC 17021-1 for FSSC 24000;
- b) A copy of its AB assessment reports (office and witness assessments).

Upon successful completion of the applicable Integrity Program stages, the Foundation shall issue a new license agreement or update the status of the license agreement of the CB listed on the FSSC website and in the Assurance Platform.

2.1.3 LICENSE MAINTENANCE

In order to maintain its license, the CB shall:

- a) Comply with all the requirements of the FSSC 24000 certification Scheme for CBs;
- b) Meet the financial obligations to the Foundation.

2.1.4 SUSPENSION, TERMINATION AND REDUCTION

The Foundation has the right to suspend, terminate or limit the scope of the CB's license agreement. Reasons include, but are not limited to:

- 1) Accreditation not achieved within 12 months from the date of the provisional license being granted;
- 2) Termination of the accreditation;
- 3) Not meeting the minimum number of certificates specified by the Foundation;
- 4) Sanction committee decision;
- 5) Non-payment of the fee to the Foundation;
- 6) Repetitive noncompliance with the Scheme requirements;
- 7) Noncompliance with the Integrity Program or components thereof;

- 8) Situations where the Foundation might be brought into disrepute and/or the integrity of the certification might be at risk;
- 9) Contractual breaches.

2.1.4.1 SUSPENSION

- 1) The conditions applicable to suspensions are defined in the Foundation's Integrity Program Sanction Policy.
- 2) When a CB's license is suspended by the Foundation, the Foundation will determine to which extent the CB will be allowed to maintain its auditing and certification activities for a defined period of time. The Foundation will publish suspensions on the FSSC website, and the Accreditation Body will be notified.
- 3) The Foundation will restore the suspended license when the CB has demonstrated that the issue which resulted in the suspension has been resolved and the conditions for lifting the suspension have been met.
- 4) Failure to resolve the issues that resulted in the suspension in a time established by the Foundation shall result in termination or reduction of the scope of the license as per the Integrity Program Sanction Policy, which is available to CBs.

2.1.4.2 TERMINATION

- 1) When a CB's license is terminated by the Foundation, the CB cannot apply for a new license within the time frame communicated by the Foundation in the termination documentation.
- 2) The CB shall agree with the Foundation the transfer of its certified organizations following the requirements outlined in the license agreement.

2.2 ENGAGEMENT

2.2.1 COMMUNICATION

- 1) The CB shall appoint a FSSC 24000 contact person who is competent in the Scheme requirements and maintains contact with the Foundation.
- 2) This person shall be accountable for all aspects of FSSC 24000 Scheme implementation and ensure that the following responsibilities are defined and implemented within the CB:
 - a) Appoint a contact person for the FSSC 24000 IT systems;
 - b) Appoint a responsible person for managing the Integrity Program;
 - c) Appoint a representative to attend the Harmonization Conference;
 - d) Keep up to date with the Scheme developments including IT developments;
 - e) Managing of other additional information required by the Foundation;
 - f) Communicate new information, requirements, or changes to the Scheme requirements to the relevant parties involved within one month, unless specified otherwise by the Foundation.
- 3) The CB shall assign responsibility for the development, implementation and maintenance of the CBs quality system relating to the FSSC 24000 Scheme. This designated employee shall also have the responsibility for reporting on the performance of the quality system for the purposes of management review and continuous improvement.

The CB shall communicate the following to the Foundation within 3 working days:

- 1) Changes on the FSSC 24000 accreditation status: e.g., scope extension or scope reduction, suspension, or withdrawal, together with a written communication to the Foundation

about the circumstances leading to this and any delays in obtaining accreditation that could impact the license

- 2) Any significant changes in its ownership, legal status, management personnel, structure, or constitution that (potentially) impact the CB management of the Scheme in a timely manner;
- 3) Any possible conflict or problem which could result in bringing the Foundation or SSCI into disrepute;
- 4) Any public incident at a certified organization generating significant media coverage linked to social accountability;
- 5) Situations and/or serious events where the integrity of the FSSC 24000 certification is compromised as described in Part 3.

2.2.2 RESPONSIBILITIES

- 1) The CB shall cooperate with all requests from the Foundation to report information regarding all aspects in the performance and integrity of the Scheme.
- 2) Any ambiguity in relation to the scope of certification services offered by the CB for the Scheme shall be resolved with the Foundation and certification services that are outside the scope of the accreditation shall be distinguished from those that are accredited. The CB shall ensure that the limits and scope of the accreditation shall be made clear and publicly available.
- 3) The CB is responsible for the full application of these Scheme requirements and shall be prepared to demonstrate compliance at any time with all these requirements.
- 4) The CB commits to operate in accordance with the FSSC Code of Ethics.
- 5) The CB shall attend the annual Harmonization conference and share the information to all relevant staff.
- 6) The CB shall participate in the Integrity Program.
- 7) The CB shall inform its AB(s) on any changes in the license status (e.g., reduced, extended, suspended, etc.) made by the Foundation.
- 8) The CB shall share information concerning the certified organization with the Foundation, SSCI and governmental authorities when required by law.
- 9) The CB shall take appropriate steps to assess the situation and have procedures in place to ensure the integrity of certification is maintained after a serious event and/or safety incident notification and maintain records to support the decision made.
- 10) The CB shall ensure that all Scheme related data in the Assurance Platform is complete, up to date, correct and meets the Scheme requirements.
- 11) When the CB uses the FSSC 24000 logo, they shall comply with the requirements in Part 2 and are entitled to use it only when the CB has a signed license agreement.
- 12) An annual performance report shall be submitted by the CB to the Foundation with the minimum content as specified and communicated by the Foundation.

2.3 INTEGRITY PROGRAM

- 1) The CB shall participate in the Integrity Program which is the Foundation's system of ongoing monitoring. This program covers all activities of its licensed CBs to ensure compliance with all Scheme requirements. The CB shall provide any documentation requested by the Foundation for the Integrity Program within the required timelines.
- 2) The monitoring activities include but are not limited to:
 - a) Desk reviews of audit documentation, certificates, auditor competence and Assurance Platform data quality and registration
 - b) Auditor assessment and registration in Assurance Platform;

- c) Office assessments on the CBs management system, their operations and documentation to demonstrate compliance to the Scheme requirements;
 - d) Witnessed audits;
 - e) Performance measured through agreed key performance indicators and components of the Integrity program
 - f) Compliance breaches and their effective resolution
 - g) Complaints and serious events.
- 3) The frequency, duration and scope of the Integrity Program monitoring activities can be increase based on risk and performance trends;

Further information on sanctions, the escalation protocol, as well as conditions for suspensions and terminations, can be found in the Integrity Program Sanction Policy.

2.3.1 NONCONFORMITY

- 1) The Foundation's Integrity Program defines a "nonconformity" as any breach of Scheme, Integrity Program and/or The Foundation's requirements.
- 2) Nonconformities ("NCs") requiring a response from the CB shall be raised by the Foundation in response to:
 - a) Any discrepancy raised by the Integrity Program;
 - b) Feedback from users of the Scheme;
 - c) Feedback from Certified organizations;
 - d) Feedback from Accreditation Bodies;
 - e) Feedback from Governmental authorities;
 - f) Feedback from the media; and
 - g) Any other feedback deemed credible.

2.3.2 FOLLOW-UP

- 1) When a nonconformity is received, the CB shall:
 - a) Record and manage the nonconformity in its internal system,
 - b) Respond in the set timeframe and act to:
 - i. Restore conformity (i.e., implement corrections and provide evidence of implementation);
 - ii. Investigate to identify the causal factors (root cause);
 - iii. Perform an impact analysis;
 - iv. Provide a documented Corrective Action Plan (CAP) detailing the nonconformity, grading, root cause analysis, correction, planned corrective action, responsible person(s), due dates, measures of effectiveness, date closed.
- 2) Then:
 - a) take corrective actions to manage the identified causal factors so that the risks exposed by recurrence are reduced to an acceptable level and provide objective evidence of implementation.
 - b) use the opportunity to investigate how else and where else a similar nonconformity could occur;
 - c) take preventive action to manage these causal factors so that the risks exposed by occurrence are similarly reduced to an acceptable level.
- 3) Failure to meet the deadlines for nonconformities will result in the Integrity Program Sanction Policy being initiated.

2.3.3 SANCTIONS

- 1) CBs that persistently fail to conform to the requirements of the Scheme, puts the integrity of the Scheme at risk or brings the Foundation into disrepute, shall be investigated by the Foundation as per the Integrity Program Sanction Policy.
- 2) Sanctions against non-compliant CBs could include, but are not limited to:
 - a) Suspension of the license to issue certifications under the Scheme until discrepancies have been satisfactorily corrected;
 - b) Termination of the license to issue certifications under the Scheme.

The CB shall respond to the sanctions as indicated in the sanction notification.

Details are provided in the Integrity Program Sanction Policy.

3 COMPETENCE

3.1 GENERAL

- 1) The CB shall follow the requirements described in Annex A of ISO/IEC 17021-1 for defining the competences required to conduct the activities of application review, audit team selection, audit planning activities and certification decision.
- 2) There shall be a documented process for initial and ongoing competency review of all these functions. Records of training and competency reviews shall be maintained.

3.2 TECHNICAL REVIEWER AND CERTIFICATION DECISION MAKER

3.2.1 TECHNICAL REVIEWER

The technical reviewer shall meet the same requirements as set out below for the certification decision maker with the exception of 3.2.2 – 1c. The technical review and certification decision functions may be separate, or the technical review and certification decision may be made by the same individual where the competency requirements are being met.

3.2.2 CERTIFICATION DECISION MAKER

- 1) Those making the decision to issue, maintain, extend, or reduce scope, suspend, or withdraw a certificate for registration in the FSSC 24000 Register of certified organizations shall have the following demonstrable competencies:
 - a) Meet the requirements of Annex A of ISO/IEC 17021-1;
 - b) Knowledge of FSSC 24000 Scheme requirements;
 - c) Knowledge of social management systems and ability to assess them.

3.3 TECHNICAL EXPERT

- 1) When deemed necessary a technical expert can be assigned to the audit team.
- 2) The CB shall have in place a procedure for approval of technical experts who shall have demonstrable experience in the specific area supporting the scope of the audit. The technical expert shall always operate under the direction of a qualified FSSC 24000 auditor and their time does not count towards audit duration.

3.4 WITNESSOR

- 1) The witnessed audit/s shall be conducted by an FSSC 24000 qualified auditor or a FSSC 24000 technical certification person of equivalent competence and experience.
- 2) Witnessors shall be assessed and qualified by the CB as suitable to undertake witness audits.
- 3) The witnessor has received training in witness audit techniques.
- 4) The witnessor plays no active part in the audit.
- 5) Witnessors shall have, as a minimum, the equivalent competency of the function being evaluated (see ISO/IEC 17021-1, Annex A).
- 6) A witness audit performed by the CB can only be substituted by an Accreditation Body (AB) witnessed audit if it is the first witness audit under a provisional license.

3.5 AUDITOR QUALIFICATION PROCESS

CB shall have a system and documented procedures for selecting, training, evaluating, (re) qualification and maintenance of qualification of the auditor.

3.5.1 INITIAL TRAINING AND EXPERIENCE

The CB shall ensure that auditors, including auditors transferring from other CBs, meet the following initial training and experience requirements:

- 1) APSCA qualification:
 - a) Lead auditors shall as a minimum be a Certified Social Compliance Auditor (CSCA) or Registered Auditor (RA) – the RA level is only applicable up to 1 June 2023.
 - b) An APSCA Associate Auditor (ASCA) can be an FSSC 24000 auditor (team member) in the audit team but are required to meet the pathway 4 requirements on work experience and social audit days, namely a minimum of 90 days social compliance industry experience and a minimum of 20 social compliance audit days. The lead auditor shall always be a CSCA or RA – refer to (a) above.
- 2) Specific Training
 - a) Successful completion of a recognized Lead Auditor Course for an ISO based Management System Standard that incorporates the applicable concepts of ISO 19011 – minimum 40 hours including exam;
 - b) FSSC 24000 Scheme specific training course as defined by the Foundation, including the PAS 24000 standard and all relevant Scheme requirement modules. Successful completion of related exams is a pre-requisite.

3.5.2 INITIAL ASSESSMENT AND APPROVAL

- 1) The CB shall:
 - a) Conduct an FSSC 24000 witnessed audit of the auditor to confirm competence is attained; and
 - b) Document the sign-off of the satisfactory completion of the training program and witnessed audit.
- 2) The witnessed audit shall be at a Stage 2 or recertification audit or shall consist of two (2) witnessed surveillance audits.

- 3) FSSC 24000 auditor approvals are not linked to sector codes meaning that once an auditor is qualified to FSSC 24000, they can conduct audits at any organizations falling under the scope of FSSC 24000 certification.
- 4) Already qualified FSSC 24000 auditors moving from another CB shall always be subject to a witness audit by the new CB as part of the approval process. Where the new CB deems remote witnessing to be sufficiently robust, the new CB may use ICT to conduct the witness audit remotely to approve the FSSC 24000 auditor, subject to a feasibility assessment and only if the objectives of the witness audit can be met.
- 5) All FSSC 24000 auditors (including auditors in training) shall be registered in the Assurance Platform in accordance with the instructions of the Foundation.

3.5.3 MAINTENANCE OF AUDITOR QUALIFICATION

3.5.3.1 AUDITS

- 1) Each auditor shall perform at least five (5) FSSC 24000 audits at different organizations each calendar year, either as a lead or co-auditor. In this context, stand-alone stage 1 audits and special audits do not count.
- 2) In the event when the requirement in (1) cannot be met, the CB shall ensure that the auditor has performed at least four (4) audits against an approved SSCI scheme in a related scope OR as an APSCA auditor for other third-party social certification schemes AND at least one (1) FSSC 24000 audit in the calendar year, either as a lead or co-auditor. The CB shall mark this auditor in the Assurance Platform as working under a temporary exemption arrangement with an appropriate justification. The exemption shall be allowed for a maximum of 12 months. An exemption can be applied in the following cases:
 - a) long term sickness of the auditor;
 - b) extended leave (e.g., maternity, paternity, sabbatical);
 - c) lack of clients in the region/country
 - d) due to a serious event
- 3) In case an (lead) auditor has demonstrated he/she performed FSSC 24000 audits for another licensed CB, these are also allowed to be included. The CB shall upload evidence of these audits in the Assurance Platform.

3.5.3.2 ONGOING TRAINING

- 1) Auditors shall attend any relevant annual training, including those specified by the Foundation e.g., training, conference, seminars and/or network meetings in order to keep up to date with Scheme requirements, industry sector best practices and pertinent social compliance risks in the regions they operate in.
- 2) Auditors shall have access to and be able to apply relevant laws and regulations. The CB shall maintain written records of all relevant training undertaken.

3.5.3.3 WITNESSED AUDIT

- 1) At least one (1) FSSC 24000 witnessed audit shall be conducted every three (3) years by the CB to confirm acceptable auditor performance. The witness audit shall be conducted at an FSSC 24000 audit (Stage 2, Surveillance or Recertification). Stand-alone Stage 1, Follow-Up and Special Audits cannot be used as witness audits.
- 2) A witness audit assessment report shall be completed by the witnessor to confirm performance, including but not limited to:

- The knowledge and skills as set out in Annex A (Table A.1) of ISO/IEC 17021-1;
- An assessment of knowledge of the application of the FSSC 24000 Scheme requirements;
- An assessment of knowledge of local and national labour and human rights issues and legislation linked to the sector.

3.5.3.4 AUDITOR REQUALIFICATION

- 1) The overall auditor performance shall be evaluated every three (3) years in order to confirm the continued competence of the auditor. The following aspects shall be evaluated by the appointed supervisor of the CB prior to requalification:
 - a) the auditor audit log;
 - b) the auditor training log;
 - c) result of the witness audit.
- 2) The evaluation shall consider the auditor's overall performance, including complaints from clients or other external or internal parties.
- 3) Documented sign-off of the satisfactory completion of the entire requalification process shall be uploaded in the Assurance Platform.

PART 5
REQUIREMENTS
FOR
ACCREDITATION
BODIES

CONTENTS PART 5 REQUIREMENTS FOR ACCREDITATION BODIES

1 Purpose.....	51
1.1 IAF Membership.....	51
1.2 Communication and responsibilities	51
2 Accreditation	51
2.1 License agreement	51
2.2 Accreditation process.....	52
2.3 Integrity Program.....	53

1 PURPOSE

This Part specifies the requirements against which the Foundation will accept Accreditation Bodies (ABs) that provide accreditation services to licensed Certification Bodies.

1.1 IAF MEMBERSHIP

- 1) ABs providing accreditation to CBs for FSSC 24000 certification shall be a current member of the International Accreditation Forum (IAF) and:
 - a) Be a signatory to the IAF Multilateral Recognition Arrangement (MLA) for Management Systems Certification; and
 - b) Be a signatory to the IAF MLA for FSSC 24000 at sub-scope level (once available) to cover FSSC 24000 accreditation services

1.2 COMMUNICATION AND RESPONSIBILITIES

- 1) The AB shall sign the cooperation agreement with the Foundation, committing to information sharing and adherence to the Scheme requirements.
- 2) The AB shall appoint a primary and secondary contact person for communication with the Foundation.
- 3) The AB shall notify the Foundation in a timely manner of any changes in contact persons, its ownership, legal status, or any other issues that are relevant for accreditation. Changes in the IAF MLA status of the AB shall be communicated to the Foundation within 3 working days.
- 4) At least one AB representative shall attend the annual Harmonization Event.
- 5) Communication on changes to the Scheme requirements and other related information shared with the ABs via webinars and technical newsletters, shall be shared by the AB with all its assessors for the Scheme and records of such training shall be retained.
- 6) The AB shall inform the Foundation without undue delay in case the accreditation status of the CB changes (e.g., granted, extension, reduction, re-instate, suspension or withdrawal).
- 7) Upon request, the AB shall cooperate with the Foundation in relation to investigations into the performance of its accredited CBs, including but not limited to complaints and integrity issues.
- 8) Upon request, the AB shall share with the Foundation information on the performance of their CBs.
- 9) The AB commits to operate in accordance with the FSSC Code of Ethics.

2 ACCREDITATION

2.1 LICENSE AGREEMENT

- 1) The AB shall verify that the CB has a (provisional) license agreement with the Foundation to provide certification to FSSC 24000.
- 2) The AB shall not issue an accreditation certificate where no (provisional) license with the Foundation has been granted.

2.2 ACCREDITATION PROCESS

2.2.1 GENERAL

- 1) The AB shall issue a confirmation of application for accreditation to the FSSC 24000 scheme to the applicant CB.
- 2) The AB shall issue a confirmation of declining an application for accreditation including the detailed scope to the applicant CB and reason for denial where an application is not accepted.
- 3) The accreditation process shall cover all Scheme requirements applicable to the scope of accreditation.
- 4) Only after approval from the Foundation, the CB is allowed to provide FSSC 24000 audits under its provisional license with a qualified FSSC 24000 auditor. At least one of these audits shall be witnessed by the AB and at least one complete FSSC 24000 certification file shall be reviewed in the course of the initial accreditation process.
- 5) Interim changes to Scheme requirements are communicated to the AB via the FSSC 24000 BoS Decision list (published on the FSSC website).

2.2.2 SCOPE OF ACCREDITATION

- 1) In addition to the requirements of ISO/IEC 17011, the scope of accreditation shall be clearly defined and be part of the accreditation certificate issued by the AB as defined below:
 - a) FSSC 24000 (Social Management System Certification) – Relevant applicable version.
 - b) Normative documents (latest version linked to the Scheme) for providing certification:
 - i. BSI/PAS 24000:2022;
 - ii. Additional FSSC 24000 requirements;
 - c) Key activities and locations (owned and subcontracted) covered under the accreditation, including critical locations where applicable.
- 2) Accreditation shall be granted to the requirements of ISO/IEC 17021-1: 2015 and requirements for certification bodies of the FSSC 24000 scheme.
- 3) No clusters, categories or sector codes apply.
- 4) The accreditation certificate shall include the ISO/IEC 17021-1 initial accreditation date and valid until/expiry date.

2.2.3 WITNESSED AUDITS

- 1) The witnessed audits by the AB shall follow and meet the requirements as set out in sections 0-3 of the IAF MD17: Witnessing activities for the accreditation of management systems certification bodies. Requirements in section 4-6 on the specific approach on sampling of scopes and clusters are not applicable. The sectors as set out in Part 1 of the Scheme, does not apply to the scope of accreditation or witnessing activities and therefore no requirements are linked to including the sectors into the sampling of scopes. The scope of accreditation in this case is FSSC 24000.
- 2) In addition to the applicable requirements set out in IAF MD17, the following specific requirements shall be met when conducting FSSC 24000 witnessed audits:
 - i. Shall always be for the full duration of the FSSC 24000 audit and covering all applicable Scheme requirements relevant to the audit.
 - ii. For the CB to be awarded initial accreditation, the witness audit by the AB shall be conducted at a full system audit ((e.g., initial audit (at least Stage 2) or at a transition audit)). Subsequent witness audits may be conducted at a surveillance audit. In

- all instances, the full duration of the FSSC 24000 audit, shall be witnessed by the AB.
- iii. The initial witnessed audit shall be conducted onsite; subsequent witnessing may be conducted onsite or remotely. Where subsequent witnessed audits are conducted remotely, this shall be based on a feasibility assessment, ensuring the ICT is appropriate to observe the complete audit and that the objectives of the witness audit can be met. The requirements of IAF MD4 shall be met where the AB utilizes ICT.
 - iv. The AB assessor/assessment team shall have the required competence and have detailed knowledge of FSSC 24000.
 - v. The witnessed audit report and the office assessment report shall be shared with the Foundation.

2.3 INTEGRITY PROGRAM

- 1) The Foundation provides the AB access to all relevant CB outcomes of its Integrity Program and complaints management system related to ISO/IEC 17021-1:2015. The AB shall consider the content of this information during its annual CB assessments.
- 2) ABs are invited to attend, on a voluntary basis, and subject to the CBs agreement, the Integrity Program office assessments undertaken by the Foundation for its licensed CBs.
- 3) The Foundation shall inform the AB on suspensions or terminations of its licensed CBs and vice versa.

APPENDIX 1 DEFINITIONS

APPENDIX 1: DEFINITIONS

The following definitions apply to the terminology used in all Scheme documentation. Unless indicated in this Appendix, the terms, and definitions in PAS 24000 applies, supported by those in ISO/IEC 17021-1.

ACCREDITATION

Third-party attestation related to a certification body conveying formal demonstration of its competence to carry out specific conformity assessment tasks (ISO/IEC 17011:2004).

ACCREDITATION BODY

Authoritative body that performs accreditation (ISO/IEC 17011:2004).

ACCREDITATION CERTIFICATE

Formal document or a set of documents, stating that accreditation has been granted for the defined scope (ISO/IEC 17011:2004).

ACCREDITATION SYMBOL

Symbol issued by an accreditation body to be used by accredited CBs to indicate direct conformity of an entity against a set of requirements.

ADVISORY COMMITTEE

A group of stakeholders within the scope of the Scheme who advise the Board of Stakeholders.

AUDIT

Systematic, independent, documented process for obtaining evidence and assessing it objectively to determine the extent to which specified Scheme requirements are fulfilled.

APPEAL

Request for reconsideration of a decision made on a lodged complaint, as a result of a suspension or license termination.

ASSURANCE PLATFORM

Main digital platform provided by the Foundation supporting key Scheme processes and data exchange needs.

ASSURANCE PLATFORM DATA

A piece of information that describes a Scheme related Fact that can be a collection of characters and numbers, representing human readable and understandable text, and/or files and attachments.

AUDITOR

Person who conducts an audit (ISO/IEC 17021-1:2015).

BLACK-OUT DAYS

Time periods shared by the certified organization with the certification body to avoid periods of extreme inconvenience during which the organization would find it difficult to participate fully in an unannounced audit and/or there is no production.

BOARD OF STAKEHOLDERS

Group of representatives appointed by the Scheme's stakeholders who are responsible for oversight including all certification and accreditation requirements.

CERTIFICATION

Process by which licensed certification bodies provide assurance that the social management system and its implementation by the audited organization comply with Scheme requirements.

CERTIFICATION BODY

Organization providing audit and certification services (ISO/IEC 17021-1:2015).

CERTIFICATION DECISION

Granting, continuing, expanding, or reducing the scope, suspending, re-instating, withdrawing, or refusing certification by a Certification Body (GFSI v7.2:2018).

CERTIFICATION DECISION DATE

Date on which the certification decision is taken.

CERTIFICATION SCHEME

Conformity assessment system related to management systems to which the same specified requirements, specific rules and procedures apply (ISO/IEC 17021-1:2015).

CERTIFICATE SUSPENSION

Declaration of certificate status as temporarily invalid.

CERTIFICATE WITHDRAWAL

Final inactivation of a certificate following a Certification decision.

COMPETENCE

Ability to apply knowledge and skills to achieve intended results (ISO/IEC 17021-1:2015).

COMPLAINT

Expression of dissatisfaction made to an organization, related to its product or service, or the complaints-handling process itself, where a response or resolution is explicitly or implicitly expected (ISO 9000:2015).

CONSUMER

Individual member of the general public purchasing or using property, products, or services for private purposes (BSI/PAS 24000).

NOTE The term “consumer” covers both customers and potential customers. **Consumer products** and services can be one-time purchases or long-term contracts or obligations.

CONSUMER PRODUCT

Product designed and produced primarily for, but not limited to, personal use, including its components, parts, accessories, instructions, and packaging (ISO 10377:2013, 2.2)

CORRECTION

Action taken to eliminate the identified nonconformity

CORRECTIVE ACTION

Action taken to eliminate the cause (s) of a nonconformity and to prevent recurrence (BSI/PAS 24000: 2022)

CRITICAL NONCONFORMITY

Circumstance where there is a significant failure in the system, a situation with direct adverse social impact and no appropriate action is being observed or where legality and/or certification integrity is at stake.

DATA OWNERSHIP

The act of having legal rights and complete control over a single piece or set of data elements. It defines and provides information about the rightful owner of data assets and the acquisition, use and distribution policy implemented by the data owner.

FOUNDATION FSSC

The legal owner of FSSC Certification Schemes

FOLLOW-UP AUDIT

An additional audit to a regular audit for which an extra visit is required when the audit could not be completed in the planned time and/or the audit plan could not be realized completely. As a follow-up is part of a regular audit, it shall be completed within a short timeframe from the main audit. A follow-up audit also includes the on-site close out of nonconformities.

FSSC LOGO

Logo issued by the Foundation which can be used by licensed CBs, certified organizations, and licensed training organizations in accordance with FSSC 24000 Scheme requirements.

MAJOR NONCONFORMITY

Nonconformity that negatively affects the capability of the management system to achieve the intended results (ISO/IEC 17021-1:2015).

MINOR NONCONFORMITY

Nonconformity that does not affect the capability of the management system to achieve the intended results (ISO/IEC 17021-1:2015).

OUTSOURCE

Arrangement where an external organization performs part of an organization's function or process (ISO 22000:2018).

ORGANIZATION

Legal entity that has its own functions, with responsibilities, authorities, and relationships to comply with the Scheme requirements and that could cover multiple sites.

SANCTION COMMITTEE

Committee that decides on possible sanctions based upon information provided by the Foundation in case of unacceptable CB performance.

SCHEME

Set of rules and procedures that defines the objects of conformity assessment, identifies the specified requirements for the object of conformity assessment and provides the methodology for performing conformity assessment.

SCOPE

Extent and boundaries applicable of e.g., audit, certification, accreditation, or Scheme activity (ISO 9000:2015).

SERIOUS EVENT

A circumstance beyond the control of the organization, commonly referred to as "Force Majeure" or "act of God" (IAF ID3:2011) that prevents a planned audit from taking place. Examples include war, strike, riot, political instability, geopolitical tension, terrorism, crime, pandemic, flooding, earthquake, malicious computer hacking, other natural or man-made disasters.

SITE

A permanent location where a facility carries out work or activity. A site may have off-site activities in the context of the Scheme requirements that are included as part of the SMS, e.g., head/corporate office, off-site storage, or worker accommodation.

SPECIAL AUDITS

Audits at certified organizations that are performed on top of, or in addition to, the annual surveillance/re-certification audits.

UNANNOUNCED AUDIT

Audit that is conducted at the facility of the certified organization without prior notification of the audit date.

WITNESSED AUDIT (AB)

An activity performed by a competent AB assessor, whereby the performance of the CAB is assessed through the observation of the CAB carrying out conformity assessment activities within its scope of accreditation (clause 3.25 of ISO/IEC 17011). The AB observes, without interfering or influencing, a complete FSSC 24000 audit performed by a CB auditor/audit team.

WITNESSED AUDIT (CB)

An activity performed by a competent witnessor, whereby the performance of the CB auditor is observed and evaluated, without interfering or influencing, at a complete FSSC 24000 audit performed by the CB auditor.

WORKER

All workers (permanent, temporary, and part-time), as well as non-permanent workers (e.g., contractors) performing work or work-related activities that are under the control of the organization.

APPENDIX 2 REFERENCES

APPENDIX 2: NORMATIVE REFERENCES

- BSI/PAS 24000:2022 Social Management System Specification
- SSCI Benchmarking Requirements (latest version)
- IAF ID 1 QMS and EMS Scopes of Accreditation (latest version)
- IAF MD 1 Audit and Certification of a Management System Operated by a Multi-Site Organization (latest version)
- IAF MD 2 Transfer of Accredited Certification of Management Systems (latest version)
- IAF ID 3 Management of Extraordinary Events or Circumstances Affecting ABs, CABs, and Certified Organizations
- IAF MD 4 The Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes (latest version)
- IAF MD11 Application of ISO/IEC 17021-1 for Audits of Integrated Management Systems (latest version)
- IAF MD 17 Witnessing activities for the Accreditation of Management System Certification Bodies (latest version)
- IAF MD 20 Generic Competence for AB Assessors: Application to ISO/IEC 17011 (latest version)
- ISO/IEC 17021-1:2015 Conformity assessment – Requirements for bodies providing audit and certification of management systems
- ISO/IEC 17011:2018 Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies
- ISO 19011: 2018 Guidelines for auditing management systems
- FSSC 24000 Integrity Program documentation
- FSSC Code of Ethics