



FSSC DEVELOPMENT PROGRAM

ANNEX **2** | CONFORMITY STATEMENT TEMPLATES

INTRODUCTION

The FSSC Development Program conformity statements shall be based on the templates in this Annex.

The conformity statement's content shall match the templates in this Annex and the requirements of section 7.2 in Part 3 of the Program.

The layout of the conformity statement is at the discretion of the CAB.

Where the conforming organization requires a copy of the FSSC Development Program conformity statement in another language, the following requirements shall be met:

- a) The English conformity statement remains the original and valid version and is the one uploaded to the FSSC website.
- b) The translated copy of the conformity statement shall be a complete and true representation of the English version and meet the requirements of this Annex.
- c) The CAB shall have a process for managing translated copies of conformity statements and ensuring their correctness and accuracy.

Where a full remote assessment is delivered, and the outcome of the full remote assessment is to maintain the conformity statement, the conformity statement shall be updated to add the following reference: "Assessment delivery: Full Remote Assessment due to serious event". Following the next onsite assessment, when the new conformity statement is issued, the reference to the Full Remote Assessment shall be removed.

Templates in this Annex:

1. **Single Site** conformity statement
2. Organization with head office (refer to Part 3, section 5.2.1)
3. Organization with off-site **storage** activities (refer to Part 3, section 5.2.2)

Note: For organizations with off-site **storage** activities, the list of locations and activities may be included in an addendum to the conformity statement.

CONFORMITY STATEMENT - **SINGLE SITE**

 FSSC Development Program
Conformity Statement

The Food Safety System of

Name of Organization

at

Location, Country

has been assessed and determined to comply with
the requirements of the

FSSC Development Program
[Version, Date]

This conformity statement is applicable to the scope of:

Scope Statement [process/activities, product and/or service description]

Food Chain Subcategory [see table in section 3 of Part 1]

Exclusions apply [excluded product(s)/process(es)/service(s) description] (if applicable)

Assessment Delivery: Full Remote Assessment due to serious event (if applicable)

Conformity statement number:

Conformity statement date:

COID:

Issue date:

Authorized by:

Valid until:

Position of signatory

Issued by:

Name and address of CAB

CAB logo

The authenticity of this conformity statement can be verified in the FSSC Register of Conforming Organizations available on www.fssc.com/developmentprogram

ORGANIZATION WITH HEAD OFFICE ACTIVITIES



Conformity Statement

The Food Safety System of

Name of Organization

at

Location, Country

has been assessed and determined to comply with
the requirements of the

FSSC Development Program
[Version, Date]

This conformity statement is applicable to the scope of:

Scope Statement [process/activities, product and/or service description]

Food Chain Subcategory [see table in section 3 of Part 1]

Exclusions apply [excluded product(s)/process(es)/service(s) description] (if applicable)

This assessment included the following central FSS processes managed by (name and location of head office): (describe processes assessed at the head office)

Assessment Delivery: Full Remote Assessment due to serious event (if applicable)

Conformity statement number:

Conformity statement date:

COID:

Issue date:

Authorized by:

Valid until:

Position of signatory

Issued by:

Name and address of CAB

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ORGANIZATION WITH OFF-SITE **STORAGE** ACTIVITIES



Conformity Statement

The Food Safety System of

Name of Organization

at

Location, Country

has been assessed and determined to comply with
the requirements of the

FSSC Development Program
[Version, Date]

This conformity statement is applicable to the scope of:

Scope Statement [process/activities, product and/or service description]

*Food Chain Subcategory [see table in section 3 of Part 1] Exclusions apply [excluded
product(s)/process(es)/service(s) description] (if applicable)*

*This assessment included the following off-site **storage facilities** at (locations)
(describe processes assessed at the location)*

Assessment Delivery: Full Remote Assessment due to serious event (if applicable)

Conformity statement number:

Conformity statement date:

COID:

Issue date:

Authorized by:

Valid until:

Position of signatory

Issued by:

Name and address of CAB

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