



GFSI BENCHMARKING REQUIREMENTS
VERSION 2024

GUIDANCE DOCUMENT

Benchmark Requirements Guidance Document

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Introduction

The GFSI Benchmarking Requirements (BMR) are developed through expert consensus and define the essential components of a robust food safety Certification Programme. While each Certification Programme is independently designed and owned, this Guidance supports a consistent understanding and application of the Benchmarking Requirements across all stakeholders.

This document provides informative explanations and non-exhaustive examples to aid understanding of Parts I and II of the GFSI Benchmarking Requirements. In line with ISO drafting conventions, the terminology used throughout the Benchmarking Requirements and this Guidance has specific meaning: the term “**shall**” indicates a mandatory requirement that must be fulfilled to achieve compliance; “**should**” indicates a recommendation, reflecting recognised best practice that is expected to be applied unless an alternative approach can be justified; and “**may**” indicates permission or an optional action. Other equivalent approaches may be used to demonstrate compliance, provided they meet the intent of the relevant requirements.

This Guidance clarifies and supports interpretation of the Benchmarking Requirements but does not alter, add to, or reduce any mandatory obligations defined within them.

This document does not provide guidance for Part III, as GFSI does not prescribe how requirements are implemented at site level. Responsibility rests with the Certification Programme Owner to ensure that their requirements are clearly defined and effectively communicated to all relevant stakeholders including sites, auditors, Certification Bodies, and certificate users to enable consistent, credible, and effective implementation.

PART I

The Key Procedural Steps

The GFSI Benchmarking Process shall be carried out in accordance with the following key procedural steps

	STEP	REQUIREMENT	TYPICAL TIMELINE AND SUPPORTING DOCUMENTS	IMPLEMENTATION GUIDANCE
A	Application	This step verifies that the applicant Certification Programme Owner meets the GFSI eligibility criteria and ensures that a workplan is agreed.	Typical timeline: The GFSI Benchmarking Process must be completed in a maximum of 12 months from the date GFSI accepts an application. However, the GFSI Steering Committee has the authority to extend this timeline.	Certification Programme Owner is responsible for the workplan and should ensure that they have resources in place to ensure the timeline of 12 months is met. However, the GFSI Steering Committee has the authority to extend this timeline where examples may include feedback from public consultation leading to a delay in Programme recognition, failure to address the closure of non-conformities, and resource constraints at GFSI.
	Initial Benchmarking:	The Certification Programme has not previously undergone GFSI benchmarking.		Applicants shall meet all eligibility criteria and successfully complete all steps A to G.
	Re-submission:	A previous benchmarking application was initiated but withdrawn before completion, requiring a completely new submission or a previous application resulted in non-recognition.	Prior to publication of new benchmarking.	Applicants should meet all eligibility criteria and successfully complete all steps A to G.
	New version of Benchmark requirements is published:	The Certification Programme has successfully completed benchmarking against an earlier version of the GFSI Benchmarking Requirements and now seeks recognition of its currently recognised Programmes to meet the new version of the Benchmarking requirements.	To obtain recognition after a new version of the GFSI Benchmarking Requirements is published, Certification Programme Owners must apply for re-assessment for all scopes within nine months of	Applicants should meet all eligibility criteria and successfully complete all steps A to G.

the new version's release date. The GFSI Steering Committee may extend this deadline in special circumstances such as delays attributable to GFSI and on a case-by-case basis.

Application Restrictions Ahead of GFSI Benchmark Requirements Update:

In the year prior to the publication of a new version of the GFSI Benchmarking Requirements, no new application will be accepted. A notification will be sent out to existing CPO's and notice will be displayed on the GFSI website to indicate the starting date of this one-year period.

Additionally, GFSI will not accept any applications for scope extension from existing Certification Programme Owners in the last six months before the publication of a new version of the GFSI Benchmarking Requirements. This does not apply to sub-versions of the GFSI Benchmarking Requirements.

No new applications one year prior to publication of new benchmarking.

No scope extensions in the last six months prior to publication of new benchmarking.

Rebenchmarking:

- The Certification Programme requires adding a new scope of GFSI recognition (scope extension) to an already recognised Programme.
- The Certification Programme has already been recognised against the current version of the GFSI Benchmarking Requirements but wishes to apply for recognition for an updated Programme version or subversion.

Once the application is received and reviewed, the GFSI team will determine the steps of the benchmarking process that are required and where changes are deemed minimal may agree

- For Certification Programmes undergoing changes that may impact existing GFSI recognition, such as modifications to governance, ownership, management systems, or normative documents.
- Where the GFSI recognition for a Certification Programme has been suspended and the Programme Owner seeks to re-establish its recognition status.

some steps, e.g. office visit may not be required and can continue within the continued monitoring activities.

Applicants should meet all eligibility criteria and successfully complete all steps A to G.

Transitional Arrangement Period

Information regarding the transitional arrangements should be provided by CPOs with existing recognised programmes as part of their new application against the updated BMR.

This information will be reviewed as part of the Monitoring of Continuous Alignment activities following recognition.

Where declared, CPO operational activities against the previous version of the BMR will continue to be monitored during the defined transition period.

A1 Completion of Application Form

The Certification Programme Owner downloads the application form from mygfsi.com, completes it and sends it and required supporting documents providing evidence that the Certification Programme Owner satisfies the GFSI Eligibility Criteria to GFSIBM@theconsumergoodsforum.com.

The Certification Programme Owner must define the GFSI scope of assessment they are applying for:

- GFSI Part II (mandatory).
- At least one GFSI scope of recognition (Part III).

Supporting Documents:
GFSI Application Form
available from mygfsi.com

The Applicant Certification Programme Owners are required to satisfy the eligibility criteria.

Specify applicable scopes (AI to K).

A2 Invoice to Certification Programme Owner	GFSI sends an invoice for the application fee; process progresses when the invoice is paid.	Typical Timeline 1 week	The application fee is non-refundable.
A3 Application Review	The GFSI Senior Technical Manager will review the application to ensure all necessary evidence is available or may request further information as required. The GFSI Technical Manager reserves the right to reject or refer an application back to the Certification Programme Owner if information provided is deemed unsatisfactory. Where the application is referred back to the Certificate Programme Owner, they should resubmit an updated application with the requested amendments to the GFSI Senior Technical Manager.	Typical Timeline 2 weeks	Where the initial application is rejected, the Certification Programme Owner will be provided with a list of issues identified and recommended steps for remediation. Once the necessary actions are completed and the implemented corrective measures are verified by the GFSI Technical Manager, a new application may be submitted. However, the Certification Programme Owner is permitted to submit multiple applications for other scopes that are not included within the unsuccessful application.
Application Acceptance	The GFSI Senior Technical Manager will inform the Certification Programme Owner within 2 weeks of receiving the application if it is accepted, amends are required to process the application further or rejected. If the application is rejected, reasons for this decision will clearly be detailed.	Typical Timeline 2 weeks	If the information is complete and complies with the eligibility criteria defined in the GFSI Benchmarking Requirements Part I, the application is accepted. If the information is incomplete or does not satisfy the eligibility criteria defined in the GFSI Benchmarking Requirements Part I, the application is rejected, feedback is sent to the Certification Programme Owner, back to step 1. NB: The Certification Programme Owner may address concerns regarding the eligibility criteria and re-apply. Application fee would be invoiced for this new application.

A4 Contract	If the application is accepted, a contract should be signed between the Certification Programme Owner and GFSI.	The start date of the 12-month application process starts from the date of signature of the contract. Supporting Document GFSI Benchmarking contract	GFSI provides an overarching Benchmark agreement that all Certification Programme Owners applying for recognition must sign and a programme specific Application Contract for the Certification Programme applying for recognition. For the avoidance of doubt, where the Certification Programme Owner and GFSI have already executed a GFSI & Certification Programme Owner Benchmarking Framework Agreement prior to the submission of this application form (in relation to another Certification Programme), the application will be deemed submitted upon execution of a dedicated Application Contract. This should be resigned in all benchmarking applications including rebenchmarking.
Appointment of Benchmark Leader	Once the contract is signed by both parties, the GFSI Senior Technical Manager will appoint a Benchmark Leader for the Certification Programme assessment.	Typical Timeline 2 weeks Supporting Document GFSI Benchmarking contract	The GFSI Technical Manager should inform the Certification Programme Owner of this appointment in writing. Upon request from the Certification Programme Owner, additional impartiality or confidentiality agreements may be signed between GFSI and the Benchmark Leader. Note all correspondence sent to the Benchmark Leader should be copied to GFSI team mailbox: GFSIBM@theconsumergoodsforum.com
A5 Agreement of Work Plan	The Certification Programme Owner will agree the work plan of activities and key dates with the Benchmark Leader and the GFSI Senior Technical Manager based on the number of scopes and the volume of documentation submitted.	Typical Timeline 1 week Supporting Document: GFSI workplan	The Certification Programme Owner is accountable for their workplan. The workplan should allow the completion of the assessment and recognition process within 12 months from the date the application was accepted and contract signed.

The workplan must be agreed with the Programme Owner and the appointed Benchmark Leader through discussion generally on a conference call and will be based on the number of scopes included in the application, the amount of time needed to perform the benchmarking assessment and estimate of the cost involved.

B**DESKTOP REVIEW**

The objective of the self-assessment is to allow the Certification Programme Owner to demonstrate that the Certification Programme includes all the key elements listed in the GFSI Benchmarking Requirements, including Part II as well as the applicable scopes of GFSI Benchmarking Requirements Part III.

B1 Self-Assessment Forms

GFSI sends Self-Assessment form(s) for Part II and the scope(s) included in the application form.

Typical Timeline 1 week
Supporting Document: GFSI Self-assessment forms

GFSI will provide self-assessment forms for Part II and each of the GFSI scopes of recognition in Part III (from AI to K) included in the Certification Programme Owner's application form.

The information included within the self-assessment is the content of the Benchmarking Requirements (Part II and respective scope(s) of Part III).

B2 Self-Assessment Submission

The Certification Programme Owner completes the Self-Assessment form(s) and submits them to the Benchmark Leader and GFSI with supporting evidence.

Typical Timeline 3 months
Supporting Document: GFSI Self-assessment forms

The objective of the self-assessment is to allow the Certification Programme Owner to demonstrate that the Certification Programme includes all the key elements listed in the GFSI Benchmarking Requirements, including Part II as well as the applicable scopes of GFSI Benchmarking Requirements Part III.

The Certification Programme Owner evaluates their Certification Programme against the GFSI Benchmarking Requirements. Clear and precise justification against each requirement, must be included:

- Whether and how the GFSI requirement is covered in the Certification Programme;
- The name of the Certification Programme's document covering the requirement with reference to the exact page and/or clause;
- The relevant documents as objective evidence. Files have to be numbered and a list of submitted documents provided together with the completed Self-Assessment forms.

All documents may be submitted by email or a secured document sharing platform agreed with GFSI and the Benchmark Leader. The completed self-assessment forms will be emailed to the Benchmark Leader and copied to GFSIBM@theconsumergoodsforum.com for review.

B3 Self Assessment Review

The Benchmark Leader reviews the completed self-assessment and supporting documents:

The outcomes may be as follows:

- Information is complete and allows a comprehensive review by the Benchmark Leader – the Benchmark Leader sends the self-assessment with their assessment and comments, move to step B4;
- Information is incomplete, and / or the evidence provided is insufficient – the Benchmark Leader sends feedback to the Certification Programme Owner, back to step B2.

Typical Timeline 4 weeks

Supporting Document: GFSI self assessment forms

The Benchmark Leader performs a preliminary desk review of the evidence provided by the Certification Programme Owner for each GFSI key element, to ensure it satisfies the GFSI Benchmarking Requirements.

The Benchmark Leader will take note of any key elements where additional information is needed and / or where they do not agree with the self-assessment from the Certification Programme Owner. These notes will include comprehensive explanations.

All these findings will be sent to the Certification Programme Owner in writing for consideration. Findings will also be sent to the GFSI Senior Technical Manager for review.

The Benchmark Leader assesses the alignment of the submitted information from the Certification Programme Owner with each key element of the Benchmarking Requirements and rates them as follows:

- **Aligned:** the provided information addresses the key element
- **Partly aligned:** the provided information addresses some aspects of the key element. The Benchmark Leader highlights the unaddressed element(s) in their comment
- **Not aligned:** the provided information does not address the key elements. The Benchmark Leader clarifies the expected information in their comment.

B4 Review Conference Call

The findings of the self-assessment review are discussed and clarified through a conference call with the Benchmark Leader, GFSI and Certification Programme Owner.

Typical Timeline 2 hours

GFSI will facilitate the scheduling and IT tools necessary for the execution of the call. This will give the Certification Programme Owner an opportunity to further clarify and complete their evidence. It will also provide greater insight into what additional information and amendment to the self-assessment forms the Benchmark Leader requires.

During the conference call, a timeframe is agreed to complete any corrections of the self-assessment forms and the workplan is reviewed accordingly.

The following points will be discussed:

- Review of Benchmark Leader's assessment and clarification of any findings;
- Agreement on a timeframe for the completion of the self-assessment;
- Review of the workplan in light of the results of the self-assessment.

The Certification Programme Owner ensures that relevant and competent representatives are present during the call.

B5 Final Self Assessment Submission by CPO

Within the agreed timeframe the Certification Programme Owner will send the final version of the Self-Assessment forms to the Benchmark Leader.

Typical Timeline 2 weeks

In order to limit a possible back-and-forth exchange of information, the Certification Programme Owner will be required to provide the requested information and / or adjustments in the final self-assessment.

B6 Final Self Assessment Review by BML

The Benchmark Leader reviews the additional information provided:

- Information is complete and addressing the findings would not require a significant re-write of the programme – the Benchmark Leader sends the final validation of the self-assessments and a completed list of findings to the Certification Programme Owner and GFSI, move to “office visit”;
- Addressing the findings would require a significant re-write of the programme – the Benchmark Leader sends the final validation of the self-assessments and a completed report including the list of findings to the Certification Programme Owner and GFSI, move to G;
- Information is incomplete or unclear – back to step B4.

Typical Timeline 3 weeks

The Benchmark Leader may recommend at this point that the process moves to Section G:

- If the self-assessment review highlights that the programme requires significant changes to align to the Benchmarking Requirements, or
- If the deadline of the process does not allow for an office visit and a public consultation.

In such situations, the GFSI Senior Technical Manager reviews the recommendation from the Benchmark Leader and agrees the next steps with the Certification Programme Owner.

C

Office Visit

This step focuses on an assessment of the application and implementation of a Certification Programme’s normative documents and governance rules against Part II and Part III of the GFSI Benchmarking Requirements.

C1 Office Visit

The Benchmark Leader and the Certification Programme Owner plan a visit to the nominated offices of the Certification Programme Owner.

The office visit focuses on record reviews as evidence of the implementation of the

Duration typically 1.5 – 3 days

The date is mutually agreed between GFSI, the Benchmark Leader and the Certification Programme Owner based on availability of personnel.

The Certification Programme Owner must ensure that all resources needed to support the office visit process are available during the visit, including expert staff members,

	governance reviewed during the previous gates.		documentation, and records.
Office Visit Duration	The office visit will be at the Certification Programme Owner's main office.	Typical Duration 1.5 - 3 days Supporting Document: GFSI office visit checklist, GFSI list of findings	The Benchmark Leader leads the office visit and determines its length. The duration of the office visit depends on the complexity of the certification programme, the number of scopes to cover, any needs for interpretation, etc.
Office Visit Agenda	The Benchmark Leader will confirm an agenda and required documentation for review at least two weeks before the office visit.	Typical Timeline 2 weeks before the visit Supporting Document: GFSI office visit agenda	GFSI staff such as the GFSI Senior Technical Manager or other Benchmark Leaders may join the office visit as an observer and adviser to the Benchmark Leader for calibration purposes. The Benchmark Leader will lead the visit.
Remote Office assessment	CGF has agreed to officially introduce the use of ICT in the GFSI Benchmarking Requirements office assessments as an alternative when physical visits are not possible. This is seen as an exceptional occurrence and will be agreed with GFSI and the Certification Programme Owner.		The need for continuous assessment effectiveness and efficiency introduced by unforeseen scenarios has led to increased use of information and communication technology (ICT) to support and maintain the integrity and continuity of the audit/assessment process. In this framework, the objectives: • Offer an alternative to physical assessments • Maintain the effectiveness of the Benchmarking Process • Maintain efficiency, safety, and level of confidence
C2 Office Visit Opening Meeting	Office Visit Opening Meeting.		Benchmark Leader shall: • Introduce – themselves, observers, guests and roles • CPO shall introduce persons present and confirm job roles – attendance sheet shall be completed

- Confirm confidentiality
- Thank everyone for efforts involved in providing self-assessment / desktop review files
- Provide any positive feedback
- Confirm purpose of Visit is to assess alignment with benchmarking requirements and records will be sampled.
- Confirm forms part of the process of initial benchmarking and ongoing continued alignment activities
- Confirm the scope by quoting the detail of their benchmarking application form • Confirm the audit plan particularly break times and closing meeting end time
- Confirm who needs to be involved in the office visit and their availability • Confirm need access to internet, database and any other relevant points
- Clarify that any findings will be discussed during the visit and summarised and confirmed in writing at the closing meeting at the end of the visit
- CPO will have 15 working days to respond with a corrective action plan and the evidence of close out
- A full report will be written up and provided to CPO following review by GFSI
- Invite any questions at this stage

**C3 Office Visit
Review of
Documentation**

Office visit will consist of challenge of the Certification Programme Owners policy's and controls over operation of their Programme by the Certification Bodies.

Supporting Document:
GFSI office visit checklist,
GFSI list of findings

The checklist should be referenced throughout by the Benchmark Leader.

Typically will include:

- Selection of audit records taking into account the following risk factors - certification bodies, scopes, countries (where relevant) ensuring representative scopes and Certification Programmes are covered by the sampling.
- Discussion with Managers regarding implementation of their policies
- Review the CPO integrity reports for certification bodies.
- Review the CPO and certification body agreement.
- Review justifications of auditor scopes.
- Review certification body audit duration.
- Review KPI monitoring for certification bodies.

Potential findings shall be highlighted and discussed throughout the assessment

**C4 Office Visit
Closing Meeting**

Benchmark Leader will lead the office visit closing meeting to discuss the outcome of the visit and present the findings so that the Certification Programme Owner is clear on the issues that need to be actioned and resolved.

At the closing meeting the Benchmark Leader will:

- Confirm those present – check attendance sheet completed with roles
- Thank everyone for their time
- Outline positive findings
- Confirm that findings are confidential; they are based on a sample.
- Invite CPO to feedback thoughts on assessment to GFSI STM
- Confirm this is the conclusion of the office assessment
- Confirm the findings on conformities against the benchmarking requirements in writing
- Ask the CPO to confirm their understanding before moving onto the next finding

- Confirm a full report will be written up and submitted to GFSI for review
- Ask if the CPO has any questions / concerns
- Thank everybody again for their time

C5 Office Visit Findings

Office Visit Findings Sheet will either be left with the Certification Programme on the day of the visit or emailed and returned signed by both the Certification Programme Owner and the Benchmark Leader.

Findings will be clearly explained and documented by the Benchmark Leader and shall be classified as:

- **Partly aligned:** the provided information addresses some aspects of the key element. The Benchmark Leader highlights the unaddressed element(s) in their comment
- **Not aligned:** the provided information does not address the key elements. The Benchmark Leader clarifies the expected information in their comment

CPO and Benchmark Leader must digitally sign a copy of the findings sheet and return to the Benchmark Leader.

Agree timeline of 15 working days for CPO to send their corrective action plan and corrective action evidence to Benchmark Leader and GFSI team mailbox.

This will be subsequently reviewed and signed off by GFSI.

Where corrective action is not received within the timeline or evidence of effective close out is not received, the CPO will be permitted upto a total of 20 working days to submit evidence.

However, the CPO shall be warned that where evidence of effective actions allowing the Benchmark Leader to close out the issue is not received within a maximum of 20 working days the open findings will be escalated to GFSI to review.

C6 Office Visit Report

The Benchmark Leader will be responsible for generating a full report from the office visit.

Within 15 days of the office visit

The Benchmark Leader shall submit the office visit report to the GFSI Senior Technical Manager 15 days after the last day of the office assessment.

D

Corrective Actions and Root Cause

This step focuses on ensuring that an effective corrective and preventative action plan is put in place to provide confidence that a Certification Programme meets and can continue to meet GFSI Benchmarking Requirements.

D1 Corrective Actions and Root Cause

Within the agreed timeline, the Certification Programme Owner sends the Benchmark Leader a corrective action plan including a root cause analysis to address any findings raised during the office assessment.

Typical Timeline 4 weeks
Supporting Document:
GFSI list of findings

The Certification Programme Owner should respond to the Benchmark Leader's report with a corrective action plan or evidence of corrective action taken within 15 working days of the office visit.

This will be expected to include:

- A root cause analysis outlining why the finding has occurred. This is important to be carried out to ensure an effective corrective action is implemented.
- Outline summary of the corrective action undertaken.
- Evidence of the corrective action completed.

For example if the Certification Body has not completed something that is within the CPO policy, the evidence may consist of copy of the email reminder and action instruction from the CPO to (all) CBs as well as evidence that the specified CB from the finding has actioned that request.

Where it is not possible for a CB to action the request within the timeframe, GFSI may accept a proposed action plan by the CB with a reasonable future timescale. Implementation will be subsequently checked by GFSI.

It is important that evidence of a robust action plan with evidence of implementation is received by the agreed deadline otherwise this may impact the recognition process.

Where corrective action is not received within the timeline or does not demonstrate effective evidence of close out, the CPO will be permitted up to a total of 20 working days to submit evidence.

			However, the CPO should be made aware that where evidence of effective actions allowing the Benchmark Leader to close out the issue is not received within a maximum of 20 working days from the office audit, the open findings will be escalated to GFSI Senior Technical Manager to review.
D2 Corrective Actions and Root Cause Review by BML	The Benchmark Leader reviews the corrective action plan, outcomes: → The corrective actions address the findings – the Benchmark Leader accepts the corrective action plan, move to step D3; → Some of the corrective actions do not address the findings – the corrective action plan is rejected, back to step D1.	Typical Timeline 10 working days Supporting Document: GFSI list of findings	The Benchmark Leader will validate the corrective action plan and submit this to the GFSI Senior Technical Manager.
D3 Benchmark Assessment Report	The Benchmark Leader completes the benchmarking assessment report and confirms with the Certification Programme Owner that the content of the report is accurate.	Supporting Document: GFSI assessment report	The Benchmark Leader sends the assessment report including the list of findings to the Certification Programme Owner. The Certification Programme Owner confirms that the content of the report is accurate. The assessment report includes: • The certification programme information (name(s), contact details), • The assessment details (scope of recognition, benchmark leader etc), • An executive summary (summary of findings from self-assessment, office visit, any particular complexities). • Any findings from the self-assessment review and the office visit. • Details of the corrective actions and root cause analysis completed by the CPO

D4 Benchmark Assessment Report Validation

GFSI reviews the report and validates its content.

Typical Timeline 1 week
Supporting Document:
GFSI list of findings

The Benchmark Leader sends the final report agreed with the Certification Programme Owner to GFSI.

The GFSI Senior Technical Manager will review the assessment report and include their assessment of the Corrective Action plan to this report.

GFSI validates the finally agreed report.

E

Public Stakeholder Consultation

This step ensures that the GFSI Benchmarking Process is transparent and submitted to the scrutiny of GFSI and the Certification Programme Owner's stakeholders.

E1 Preparation of Public Stakeholder Consultation Documents

GFSI prepares the documentation for public consultation, this includes

- An announcement statement;
- The assessment report with the corrective action plan;
- The completed and reviewed self-assessments.

Typical Timeline 1 week
Supporting Document:
GFSI assessment report, self assessment forms

The GFSI Senior Technical Manager will make the self-assessment forms and the Benchmark Leader's assessment report available on the GFSI website for a stakeholder consultation of four weeks.

E2 Approval of Public Stakeholder Consultation Documents by CPO

The Certification Programme Owner is asked to approve the documents for public stakeholder consultation.

Typical Timeline 1 week
Supporting Document:
GFSI assessment report, self assessment forms

The Certification Programme Owner will be given the opportunity to approve the content of the published documents before it is made available in the public domain. The report will only be put to consultation once agreed by all parties.

The Certification Programme Owner reviews the proposed documentation for the public consultation:

- The Certification Programme Owner approves the documentation: move to step E3;
- The Certification Programme Owner has concerns over the content of the report, they submit their suggested changes to GFSI, back to step E1.

E3 Start of 4 week Public Stakeholder Consultation

GFSI makes the approved documentation available for stakeholder consultation on mygfsi.com for four weeks.

Typical Timeline 4 weeks
Supporting Document:
GFSI assessment report,
self assessment forms

The assessment report and the completed self-assessment forms are made available from mygfsi.com.
Comments are sent to gfsibm@theconsumergoodsforum.com.

E4 Close of Public Stakeholder Consultation

GFSI closes the public consultation and sends the list of received comments to the Certification Programme Owner and the Benchmark Leader.

Typical Timeline 1 week

The GFSI Senior Technical Manager will collect any comments, observations or objections made by stakeholders and will share them with the Certification Programme Owner, who should address them.

F

Completion of Corrective Actions

This step ensures verification that the planned corrective actions to address any non-conformities arising from the public stakeholder consultation are fully implemented in the Certification Programme so that a Recognition Decision may be made.

F1 Evidence of Corrective Action sent by CPO

The Certification Programme Owner completes all required corrective actions and:

- Answers to any comments from the public consultation requiring an action or comment;
- Provides evidence of implementation for all corrective actions for the findings of the assessment;

Typical Timeline depending on corrective actions

Supporting Document:
GFSI assessment report

The GFSI Senior Technical Manager shall ensure that those stakeholders who submitted comments during the stakeholder consultation receive feedback.

The Certification Programme Owner should complete all required corrective actions and provide evidence of implementation to the Benchmark Leader.

The Certification Programme Owner should provide answers to any comments from the public consultation requiring an action or comment.

- The Certification Programme Owner sends the final report with corrective action details and supportive documents to the Benchmark Leader.

F2 Review of Corrective Actions by BML

The Benchmark Leader reviews the answers from the Certification Programme Owner to the comments and findings of the assessments:

Typical Timeline 2 weeks
Supporting Document:
GFSI assessment report

The Benchmark Leader will validate the answers from the Certification Programme Owner to the comments and findings of the assessments, and the implementation of the corrective actions.

All findings must be addressed with the corrective action plan completed before the process can progress to gate G.

- The Benchmark Leader accepts the comments and completion of the corrective actions from the Certification Programme Owner – move to gate G;
- The Benchmark Leader rejects the comments and evidence of completion of corrective actions from the Certification Programme Owner – back to step F1.

F3 GFSI Review of Corrective Actions

The Benchmark Leader sends the final assessment report with the completed corrective actions to GFSI:

Typical Timeline 1 week
Supporting Document:
GFSI assessment report

Once the corrective actions are fully implemented, the Benchmark Leader sends the final assessment report including the completed corrective action plan and a recommendation for recognition to the GFSI Senior Technical Manager for validation.

- GFSI accepts the completed corrective actions: move to G
- GFSI rejects the completed actions and/or asks for more information: back to step F1

F4 Final Assessment Report Agreed with CPO

The Benchmark Leader sends the final assessment report, including the executive summary with their recommendation for recognition, to the CPO for agreement.

Typical Timeline - 1 week

F5 Final Assessment Report sent to GFSI

The Benchmark Leader sends the final assessment report, including the executive summary with their recommendation for recognition, to GFSI.

Typical Timeline 3 months after the public consultation
Supporting Document: GFSI assessment report

F6 GFSI validation of report of assessment report

GFSI reviews the final assessment report:

- GFSI accepts the recommendation from the Benchmark Leader: move to step G;
- GFSI challenges the recommendation from the Benchmark Leader: feedback is sent to the Benchmark Leader for consideration, back to step F4.

Typical Timeline 1 week
Supporting Document: GFSI assessment report

G
GFSI STEERING COMMITTEE FINAL DECISION AND COMMUNICATION

This step concludes the assessment of the Certification Programme and ensures communication of the result of this assessment to GFSI and the Certification Programme Owner's stakeholders.

G1 GFSI submits recommendation to Steering Committee

GFSI submits the recommendation to the GFSI Steering Committee who votes for or against this recommendation. The Certification Programme Owner recognition status is based on the board majority vote.

Typical Timeline 2 weeks
Supporting Document: GFSI assessment report

The GFSI Senior Technical Manager will inform the GFSI Steering Committee of the results of the Benchmark Leader's assessment and the recommendation for recognition in the form of a final summary report previously agreed upon with the Certification Programme Owner.

G2 GFSI Steering Committee Decision either Recognised or Non-Recognised

The GFSI Steering Committee will come to a decision based on consensus following the recommendation presented by the GFSI Senior Technical Manager.

The outcome will be confirmed as:

- Recognition or
- Non-Recognition

The GFSI Steering Committee will come to a decision based on consensus following the recommendation presented by the GFSI Senior Technical Manager.

If a vote is necessary, the votes of 75% of a quorum of the GFSI Steering Committee is required to determine the final decision. Vote may be organised during a face to face meeting of the GFSI Steering Committee where the quorum is present, or by email. In the latter case, GFSI must gather enough written answers back from GFSI Steering Committee members to respect the GFSI Governance rules.

Records shall be kept of the numbers of votes for, against and abstaining.

The GFSI Senior Technical Manager shall communicate the GFSI Steering Committee decisions in writing to the Certification Programme Owner, as soon as is practicable after the GFSI Steering Committee decision.

G2 a Steering Committee result of Non-Recognition

GFSI informs the Certification Programme Owner of the final decision of Non-Recognition and confirms next steps.

Typical Timeline within 1 week of the Committee Decision.

The Certification Programme Owner shall submit an appeal to the GFSI Director within 30 working days.

In the event that the final decision of the GFSI Steering Committee is non-recognition, the reasons for the decision should be clearly documented and the GFSI Senior Technical Manager should make the Certification Programme Owner aware of the decision together with the reasons.

The Certification Programme Owner should have the right to appeal against the GFSI Steering Committee's decision; the appeal should be undertaken in accordance with the procedures specified in GFSI Governance Rules Section "Sanctioning".

G2 b Steering Committee result of Recognition

GFSI informs the Certification Programme Owner of the final decision and confirms next step:

- The Certification Programme Owner agrees to communicate publicly the result of their assessment – move to step G3.
- The Certification Programme Owner does not want the result of their assessment publicly communicated – move to step G4

In either case, GFSI posts a signed statement of alignment to the Certification Programme Owner.

Typical Timeline within 1 week of the Committee Decision

Supporting Document: GFSI statement of alignment

In the event of recognition by the GFSI Steering Committee, the GFSI Senior Technical Manager and the Certification Programme Owner should agree on a GFSI news release confirming this decision.

The Certification Programme Owner will be expected to issue a similar news release. The timing of these announcements should be agreed on by the GFSI Senior Technical Manager and the Certification Programme Owner.

G3 Publication of news release confirming recognition

GFSI and the Certification Programme Owner agree on a common news release text and publish this jointly on their respective media.
Move to step G4.

Typical Timeline 2 weeks

GFSI and the Certification Programme Owner both publish a news release.

The GFSI Senior Technical Manager will issue a statement of conformity to the Certification Programme Owner.

G4 GFSI Publication of Recognition Decision

GFSI updates mygfsi.com and ensures the Certification Programme Owner updates their own website when applicable.

The GFSI Senior Technical Manager will ensure that the GFSI website is updated with the new recognition status and scope(s) of the Certification Programme Owner.

H

Annual Monitoring of Continued Alignment

This step ensures that the Certification Programme Owner is monitored regularly and continues to comply with the GFSI Benchmarking Requirements.

The Global Food Safety Initiative has the responsibility to create a transparent and level playing field for all Certification Programme Owners undergoing benchmarking against the GFSI Benchmarking Requirements. In order to ensure that recognised Certification Programme Owners have implemented all the controls necessary to ensure food safety, GFSI should carry out an annual monitoring of continued alignment.

H Completion of Monitoring Record	Once a year, the Certification Programme Owner completes a monitoring record and sends this to GFSI and the Benchmark Leader.	Supporting Document: GFSI monitoring record	The monitoring record is issued by GFSI and asks for a declaration of: - Any significant changes in the Certification Programme Owner governance, including changes in procedures, ownership, organisation etc. - Any requested scope extension
H Agreement between BML and CPO of Monitoring Programme Activities	The Benchmark Leader and the Certification Programme Owner schedule the required activities of the monitoring of continued alignment.		The GFSI monitoring of continuous alignment includes the following activities: - Gap analysis (where applicable): against a potential new sub-version of the Benchmarking Requirements or minor changes by the Certification Programme Owner - Record review: desktop audit based on sampling exercise occurs twice a year. - Office Audit: review of Certification Programme Owner's records based at their main office. This should occur once a year. - Complaint investigation (if applicable) - incident driven. A programme plan will be agreed collaboratively between the Benchmark Leader and CPO the preceding year, typically at the office visit.
H Desk Top Review 1	The Benchmark Leader carries out the first record sampling review and the gap analysis with the Certification Programme Owner – 'Desk Top Review 1'.	Supporting Document: GFSI monitoring checklist	This includes: A gap analysis against a potential new sub-version of the GFSI Benchmarking Requirements or minor amendments to the Programme normative documents or implementation guidelines the Certification programme Owner may have made since the last continued monitoring cycle.

Note that based on the level of changes such as modifications to governance, major updates to management systems or significant changes to normative documents may potentially instigate a rebenchmarking application following a discussion between CPO and GFSI and therefore only minor amendments should be reviewed at this stage.

A review of records associated with certificated sites selected by the Benchmark Leader.

H DTR1 Sampling The Benchmark Leader will remotely select a minimum of five audits performed by various Certification Bodies against the Certification Programme.

The sample number will be increased where :

- 5 samples do not allow for a representative sampling of the Certification Programme Owner's scope(s) of recognition and / or number of certificates.
- Authenticated complaints or results of previous assessments raise concerns over the continued alignment of the Certification Programme to the GFSI Benchmarking Requirements.

The Benchmark Leader will request a list of objective evidence and files related to these audits to verify alignment of Part II of the GFSI Benchmarking Requirements, including but not restricted to:

- Certificate and report and / or auditor notes,
- Contract with the Certification Body,
- Qualifications of the auditor,
- Scope allowance of the auditor.

H DTR1 Sampling of Certificated Sites for record Selection CPO will provide the Benchmark Leader with an up-to-date list of GFSI recognised certificated sites.

- When selecting samples, the Benchmark Leader may take into account a range of factors to support a balanced and risk-based approach.

Name, Certification Body, Country, Scope,
Audit Programme/Type, Auditor name

Examples of considerations include:

- The volume of audits conducted by a Certification Body, within a country, or by a specific auditor
- The relative risk associated with the country
- Previous performance history of the Certification Body and/or auditor
- The type of audit programme and its associated level of risk
- The scope of certification and its inherent risk level
- Records selected in previous DTRs and the outcomes of those reviews

These considerations are intended as guidance only and do not represent a fixed or exhaustive list.

For the purposes of consistency, information may be provided by the CPO in a structured format (e.g. Excel). The following fields are provided as examples of the type of information that could be included:

- Date of Audit
- Certificate Expiry Date
- Site Name
- Certification Body
- Country
- Scope
- Audit Programme / Type

These fields are indicative and may be adapted as required.

H DTR1 Typical Documents Required

The Benchmark Leader shall confirm in an email a list of the typical documents required to demonstrate compliance to Benchmark Requirements Part II.

Typical documents required:

- Copies of scheme normative documents
- Copies of CB Accreditation - scope of accreditation for each CB
- Links to CBs websites

- Copies of agreements between CPO and CB's
- Copies of agreements between CB's and auditors / certification personnel (including persons carrying out the technical review and certification decision) involved in the audits of the sites above
- Evidence that the CB's have documented all requirements of ISO/IEC 17065 or ISO/IEC 17021-1 with ISO 22003, and IAF MDF 4 - how have CB's trained these out to their staff
- Training evidence of Auditors from the CBs - professional qualifications, category assessment / training / competency, CVs, Degree, HACCP, experience in the relevant fields of competence, details of appraisal / witness assessments / ongoing review and training
- Evidence of how CB's assess auditors behaviour in terms of their personal attributes and behaviour
- Evidence from CB to show they have rules for the appointment of auditors to ensure impartiality, including rotation of auditors and how does the CPO monitor this
- Evidence that the persons involved with Technical review of the report at the CB are competent to do so - evidence of training, assessment, what competency criteria they must have
- Confirmation of how audit duration is calculated and assessed
- Evidence of documented audit frequency
- Copies of finalised reports and certificates for each site, evidence of CAs submitted by sites within CPO specified timeframe and when reviewed / closed out
- Evidence of Technical reviews of each audit report
- Confirmation if ICT was used during the audit and if so, were IAF MD4 requirements met - how is this checked
- Confirmation of whether the site was part of a multisite and a central function was involved - how sampling selection is made etc.

			Number of audits completed per year against scheme per auditor
H DTR1 Submission of records by the CPO	The Certification Programme Owner must submit the requested records within two weeks of the Benchmark Leader's request.	Typical Timeline: within 14 calendar days of request	The Certification Programme Owner must submit the requested records within the timeline agreed. CPO should be prompted to set up online access point of their choice including Benchmark Leader and GFSI team mailbox. Where appropriate, and subject to agreement between the CPO and the Benchmark Leader, information may also be shared or made accessible during an online assessment. Records should be provided in a tidy and logical format and labelled files and folders against the records of the chosen site and the clause requirement to which evidence it is provided for. Files should be provided in an openable format. Evidence with 'embedded' file links are to be avoided as they often cannot be opened by the Benchmark Leader.
H DTR1 Files in English	Files for review shall be provided in a readable format and in English.		Where information is not in English, documents should be provided suitably translated. Files should be provided in an openable format. Evidence with 'embedded' file links are to be avoided as they often cannot be opened by the Benchmark Leader.
H Desktop Review 1 by BML	The Benchmark Leader reviews the documents provided against the Benchmarking Requirements Part II either remotely alone or as a conference call with the Certification Programme Owner.	Reviewed within 8 working days of receipt. Typical Duration 2-5 days depending on quality of information provided	The review can be undertaken as a desktop exercise by the Benchmark Leader with a subsequent follow up e.g. email or conference call with the Certification Programme Owner to clarify information.

			Alternatively, this can be conducted as a conference call between the Benchmark Leader and Certification Programme Owner to review the evidence online together rather than downloading to a dropbox.
H Outcome of DTR1	The review outcome may be: → The information is complete and allows a comprehensive review by the Benchmark Leader – the Benchmark Leader sends the self-assessment with their assessment and comments, move to next step; → The information is incomplete, and / or the evidence provided is insufficient – the Benchmark Leader sends feedback to the Certification Programme Owner, and goes back a step.	Typical timeline – 5 working days for CPO to submit further evidence	Missing information may be discussed at a conference call or requested via email. One further opportunity will be provided for information to be submitted within 5 working days by the Certification Programme Owner before the Benchmark Leader collates their findings.
H Report of Findings of DTR1	The Benchmark Leader will report back their findings to the Certification Programme Owner and the GFSI Senior Technical Manager.	Reviewed within 8 working days of receipt of evidence Supporting Document: GFSI list of findings	The Benchmark Leader will email the list of findings to the Certification Programme Owner who will be asked to sign the report and return – a digital signature is acceptable. The GFSI Senior Technical Manager and GFSI team mailbox shall also be copied.
H DTR1 Corrective Actions and Preventative Action together with Root Cause Analysis (CAPA)	Within the agreed timeline, the Certification Programme Owner sends the Benchmark Leader a corrective action plan including a root cause analysis to address any findings raised during the office assessment.	Typical Timeline 4 weeks Supporting Document: GFSI list of findings	The Certification Programme Owner should respond with a corrective action plan for all findings within 15 working days. This will be expected to include: • A root cause analysis outlining why the finding has occurred. This is important to be carried out to ensure an effective corrective action is implemented. • Outline summary of the corrective action undertaken.

- Evidence of the corrective action completed.

For example if the Certification Body has not completed something that is within the CPO policy, the evidence may consist of copy of the email reminder and action instruction from the CPO to (all) CBs as well as evidence that the specified CB from the finding has actioned that request. Where it is not possible for a CB to action the request within the timeframe, GFSI may accept a proposed action plan by the CB with a reasonable future timescale. Implementation will be subsequently checked by GFSI during future MCA activities.

It is important that evidence of a robust action plan with evidence of implementation is received by the agreed deadline otherwise this may impact the recognition process.

Where corrective action is not received within the timeline or demonstrates effective evidence of close out, the CPO will be permitted up to a total of 20 working days to submit evidence.

However, the CPO shall be warned that where evidence of effective actions allowing the BML to close out the issue is not received within a maximum of 20 working days from the office audit, the open findings will be escalated to GFSI Senior Technical Manager to review.

H Desktop Review 1 Assessment Report

The Benchmark Leader completes the desktop assessment report and sends to the Certification Programme Owner.

Typical Timeline reviewed within 8 working days of receipt of documents

Supporting Document:
GFSI assessment report

The Benchmark Leader sends the assessment report to the Certification Programme Owner.

The assessment report includes:

- The certification programme name and version and scope,
- The benchmark leader and date details,
- Compliance details against each of the requirements,
- Any findings from the desktop review

H DTR1 CAPA Review	The Benchmark Leader reviews the corrective action plan and evidence provided.	Typical Timeline within 7 calendar days of receipt of evidence Supporting Document: GFSI list of findings	The Benchmark Leader will validate the corrective action plan and evidence received to be able to close out each finding.
H DTR1 CAPA Review Outcome	The corrective action review outcome maybe: → The information and evidence is complete and allows close out of all findings by the Benchmark Leader – the Benchmark Leader sends the complete report to the CPO and GFSI. → The information is incomplete, and / or the evidence provided is insufficient – the Benchmark Leader sends feedback to the Certification Programme Owner.	Typical timeline – 5 working days for CPO to submit further evidence	Missing information may be discussed at a conference call or requested via email. One further opportunity will be provided for information to be submitted by the Certification Programme Owner within 5 days before the Benchmark Leader concludes the report.
H DTR1 Outcome - Corrective Actions Not Closed out	Where corrective actions are not able to be closed out in a robust and timely manner, these maybe referred to the Technical Committee and / or the Steering Committee for instigation of sanctioning procedures.		The Benchmark Leader will validate the corrective action plan and submit this to the GFSI Senior Technical Manager. If the Certification Programme Owner fails to implement it within the agreed timeline, the GFSI Senior Technical Manager and the GFSI Director may initiate the sanctioning process.
H DTR1 Assessment Report Validation by GFSI	GFSI reviews the report and validates its content.	Typical Timeline 1 week Supporting Document: GFSI list of findings	The Benchmark Leader sends the final report to GFSI. The GFSI Senior Technical Manager will review the assessment report and include their assessment of the Corrective Action plan to this report. GFSI validates the finally agreed report.

H Annual Continued Alignment Monitoring Office Visit	The purpose of the visit is to check continued alignment with the implementation of Part II of the GFSI Benchmarking Requirements by the Certification Programme Owner through a sample record review.	Typical Timeline within 12 months of the last office visit Supporting Document: GFSI monitoring checklist	The office visit focuses on record reviews as evidence of the continued alignment and implementation of the programme governance (Part II). All resources needed to support the office visit process must be available during the visit, including expert staff members, documentation, and records. Findings from the desktop review may be discussed at the office visit.
H Office Visit Duration and Agenda	The Benchmark Leader will confirm an agenda at least two weeks before the office visit. Typical duration is 1.5 to 3 days and will be determined by the Benchmark Leader depending on requirements and risk factors.	Typical Duration 1.5 to 3 days Typical Timeline 2 weeks before the visit Supporting Document: GFSI office visit agenda	The office visit will be agreed between GFSI, the Benchmark Leader and the Certification Programme Owner. The office visit duration will be determined by the Benchmark Leader and is typically 1.5 – 3 days. Factors considered to influence duration are: • Number of scopes • Number of findings at desktop review and previous outcome of office visit • Language issues e.g. where translation may be required • Complaints or Recalls received within the cycle of monitoring. GFSI staff such as the GFSI Senior Technical Manager or other Benchmark Leaders may join the office visit as an observer and adviser to the Benchmark Leader for calibration purposes. The Benchmark Leader will lead the visit.
H Office Visit Opening Meeting	Benchmark Leader shall lead the Office Visit Opening Meeting.		Benchmark leader will: • Introduce – themselves, observers, guests and roles • CPO shall introduce persons present and confirm job roles – attendance sheet to be completed • Confirm confidentiality

- Thank everyone for efforts involved in providing desktop review files
- Provide any positive feedback
- Outline purpose of visit is to assess continued alignment with benchmarking requirements and records will be sampled.
- Outline activity forms part of the process with the two annual desktop reviews
- Confirm the scope by quoting the detail of their benchmarking from myGFSI website
- Confirm the audit plan particularly break times and closing meeting end time
- Confirm who needs to be involved in the office visit and their availability
- Confirm need access to internet, database and any other relevant points
- Clarify that any findings will be discussed during the visit and summarised and confirmed in writing at the closing meeting at the end of the visit
- Confirm CPO will have 15 working days to respond with a corrective action plan and the evidence of close out
- A full report will be written up and submitted to GFSI for review
- Invite any questions at this stage

H Office Visit Review of Documentation

Office visit will consist of challenge of the Certification Programme Owners policy's and controls over operation of their Programme by the Certification Bodies.

Supporting Document:
GFSI office visit checklist,
GFSI list of findings

The checklist should be referenced throughout by the Benchmark Leader.
Typically will include:

- Selection of audit records taking into account the following risk factors - certification bodies, scopes, countries (where relevant) ensuring representative scopes and Certification Programmes are covered by the sampling.
- Discussion with Managers regarding implementation of their policies
- Review the CPO integrity reports for certification bodies.
- Review the CPO and certification body agreement.
- Review justifications of auditor scopes.
- Review certification body audit duration.
- Review KPI monitoring for certification bodies.

Potential findings shall be highlighted and discussed throughout the assessment.

H Office Visit Closing Meeting

Benchmark Leader will lead the office visit closing meeting to discuss the outcome of the visit and present the findings so that the Certification Programme Owner is clear on the issues that need to be actioned and resolved.

At the closing meeting the Benchmark Leader will:

- Confirm those present – check attendance sheet completed with roles
- Thank everyone for their time
- Outline positive findings
- Confirm that findings are confidential; they are based on a sample.
- Invitation to CPO to feedback thoughts on assessment to GFSI STM
- This is the conclusion of the office assessment
- Confirm the findings on conformities against the benchmarking requirements in writing
- Ask the CPO to confirm their understanding before moving onto the next finding
- A full report will be written up and submitted to GFSI for review
- Ask if the CPO has any questions / concerns
- Thank everybody again for their time

H Office Visit Findings

Office Visit Findings Sheet will be left with the Certification Programme Owner on the day of the visit and shall be signed by both the Certification Programme Owner and the Benchmark Leader.

Findings will be clearly explained and documented by the Benchmark Leader and shall be classified as:

- **Partly aligned:** the provided information addresses some aspects of the key element. The Benchmark Leader highlights the unaddressed element(s) in their comment
- **Not aligned:** the provided information does not address the key elements. The Benchmark Leader clarifies the expected information in their comment

CPO and Benchmark Leader must digitally sign a copy of the findings sheet and return to the Benchmark Leader.

Agree timeline of 2 weeks for CPO to send their corrective action plan and corrective action evidence to Benchmark Leader and GFSI team mailbox

This will be subsequently reviewed and signed off by GFSI.

H Continued Alignment Monitoring Office Visit Report

The Benchmark Leader will be responsible for generating a full report from the office visit.

Within 5 working days of the office visit

The Benchmark Leader shall submit the office visit report to the GFSI Senior Technical Manager 5 working days after the last day of the office assessment.

H Corrective Actions and Root Cause sent by CPO

Within the agreed timeline, the Certification Programme Owner sends the Benchmark Leader a corrective action plan including a root cause analysis to address any findings raised during the office assessment.

Typical Timeline 2 weeks
Supporting Document:
GFSI list of findings

The Certification Programme Owner shall respond with a corrective action plan for all findings within 2 weeks.

This will be expected to include:

- A root cause analysis outlining why the finding has occurred. This is important to be carried out to ensure an effective corrective action is implemented.
- Outline summary of the corrective action undertaken.
- Evidence of the corrective action completed.

For example if the Certification Body has not completed something that is within the CPO policy, the evidence may consist of copy of the email reminder and action instruction

from the CPO to (all) CBs as well as evidence that the specified CB from the finding has actioned that request.

Where it is not possible for a CB to action the request within the timeframe, GFSI may accept a proposed action plan by with a reasonable future timescale. Implementation will be subsequently checked by GFSI. the CB with a reasonable future timescale. Implementation will be subsequently checked by GFSI.

It is important that evidence of a robust action plan with evidence of implementation is received by the agreed deadline otherwise this may impact the recognition process.

Where corrective action is not received within the timeline or demonstrates effective evidence of close out, the CPO will be permitted up to a total of 20 working days to submit evidence.

However the CPO shall be warned that where evidence of effective actions allowing the Benchmark Leader to close out the issue is not received within a maximum of 20 working days from the office audit, the open findings will be escalated to GFSI to review.

H Review of Office Visit Findings CAPA by BML

The Benchmark Leader reviews the corrective action plan, outcomes:

- The corrective actions address the findings – the Benchmark Leader accepts the corrective action plan;
- Some of the corrective actions do not address the findings – the corrective action plan is rejected.

Typical Timeline 4 weeks after the office visit maximum

Supporting Document:
GFSI list of findings

The Benchmark Leader will validate the corrective action plan and submit this to the GFSI Senior Technical Manager for review and validation.

H Office Visit Report by BML	The Benchmark Leader completes the office visit report and sends to the Certification Programme Owner.	Supporting Document: GFSI assessment report	The Benchmark Leader sends the visit report including the list of findings to the Certification Programme Owner. The visit report includes: • The certification programme name, version number and scope, • Details of the benchmark leader, observers, dates, • Compliance details against each of the requirements, • Any findings from the office visit, • Details of the corrective actions and root cause analysis completed by the CPO
H GFSI Validation of Office Visit Report	GFSI reviews the report and validates its content.	Typical Timeline 1 week Supporting Document: GFSI list of findings	The Benchmark Leader sends the final report to GFSI. The GFSI Senior Technical Manager will review the assessment report and include their assessment of the Corrective Action plan to this report. GFSI validates the finally agreed report. If the corrective action plan cannot be closed out and validated or the Certification Programme Owner fails to implement it within the agreed timeline, the GFSI Senior Technical Manager and the GFSI Director may initiate the sanctioning process.
H Desk Top Review 2	The Benchmark Leader carries out a second sampled record review as per DTR1 with the Certification Programme Owner – ‘Desk Top Review 2’.	Supporting Document: GFSI monitoring checklist	



H Confirmation of Continued Programme Alignment

GFSI validates that the results of the annual continued alignment monitoring activities justify maintaining the Certification Programme Owner recognition.

If any findings raise concerns GFSI recommends next steps to the GFSI Steering Committee.

PART II

Section 1: Ownership, Development and Maintenance

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
1.1	Ownership	The Certification Programme Owner shall be a legal entity,	The CPO may demonstrate this by providing company registration certificates, government filings, or other formal documentation verifying legal status in the CPO's home country.
1.2	Ownership	The Certification Programme Owner shall have the authority to establish and amend the Certification Programme.	
1.3	Ownership	The Certification Programme Owner shall neither have conformity assessment nor certification activities for the Certification Programme. In particular, the Certification Programme shall not be developed, managed or owned by a Certification Body or group of Certification Bodies.	It is noted that Certification Bodies are a valuable asset to the development of a programme with their experience and knowledge and should be considered a stakeholder in the CPOs development process. Therefore, Certification Bodies may input in the developing process but cannot be a Programme Owner.

1.4	Ownership	The Certification Programme Owner shall not provide any consultancy on their Certification Programme.	The glossary defines consultancy as participation in: • designing, implementing or maintaining a management system, for instance: a) preparing or producing manuals or procedures, and b) giving specific advice, instructions or solutions towards the development and implementation of a management system; • designing, manufacturing, installing, maintaining or distributing of a certified product or a product to be certified, or; • designing, implementing, operating or maintaining of a certified process or a process to be certified, or; • designing, implementing, providing or maintaining of a certified service or a service to be certified. Note: Organising training sessions or taking part as a trainer or speaker in public webinars is not regarded as consultancy, as long as the content is limited to general information that is publicly available and does not include solutions tailored to specific companies. Similarly providing publicly available guidance material is not considered as consultancy.
1.5	Self-promotion	The certification process shall not be 'self-promoting' or 'self-expanding' by mandating that products or services from the certified organisation shall contain components which are certified under a Certification Programme owned by the Certification Programme Owner.	
1.6	Product Labelling	The Certification Programme Owner shall not allow products produced under the conforming Certification Programme to be labelled, marked or described in any manner which implies they meet specific food safety criteria.	CPOs may demonstrate this by providing documented rules on product labelling and mark use, and a process for reviewing any reported misuse.

1.7	Product Labelling	The Certification Programme shall specify the use of off-product logo or mark and ensure that Certification Bodies communicate those rules to applicant / certified organisations.	CPOs may demonstrate this by providing evidence that the logo-use rules are communicated in line with the applicable requirements, for example through auditors' explanations during audit closing discussions, or as outlined in certification-body agreements or related briefing materials.
1.8	Certification Programme Development and Maintenance	The Certification Programme shall be developed and maintained with the participation of technically competent representatives of direct stakeholders or be subjected to formal review by such parties and subsequently determined as appropriate.	CPOs may demonstrate it by recording programme development and review activities in meeting summaries, consultation notes, or change logs that show how feedback was received and considered during updates.
1.9	Certification Programme Development and Maintenance	The number and interests of the stakeholder representatives involved with the Certification Programme development shall be reflective of the sector(s) of the food supply chain for which the Certification Programme is intended.	CPOs may demonstrate it by maintaining a stakeholder list or participation log that is representative of the scope of the programme.
1.10	Certification Programme Development and Maintenance	The Certification Programme shall be subjected to stakeholder consultation during its development.	CPOs may demonstrate it by sharing draft updates for comment and inviting feedback from relevant stakeholders, including through consultation with established advisory groups or committees.
1.11	Certification Programme Development and Maintenance	The consultation period shall allow sufficient time for stakeholders to review the Certification Programme under development and send their comments to the Certification Programme Owner.	CPOs may demonstrate it by setting consultation periods that reflect the scale and significance of proposed updates, with longer review windows for major revisions or during times when stakeholders may be less available, such as holidays.

1.12	Certification Programme Development and Maintenance	The Certification Programme Owner shall ensure due consideration to comments received from stakeholders during the consultation.	CPOs may demonstrate it by keeping a comment log or meeting record that shows how consultation feedback was reviewed and whether it resulted in changes, helping make the decision process transparent.
1.13	Certification Programme Development and Maintenance	The Certification Programme's normative documents shall be established by consensus and issued using a formalised and documented approval process.	CPOs may demonstrate it by following a documented review and approval process for normative documents, with records such as consultation notes, approval forms, or sign-off minutes showing how revisions were reviewed and agreed before publication.
1.14	Certification Programme Development and Maintenance	The Certification Programme's normative documents shall be appropriately controlled and publicly available. The documents submitted to GFSI shall be translated into English and their translation appropriately controlled.	CPOs may demonstrate it by ensuring normative documents are readily available to stakeholders, for example through a public website or another equally accessible method.
1.15	Certification Programme Development and Maintenance	The Certification Programme's normative documents shall be reviewed and re-issued as appropriate to remain current and address stakeholders' expectations. This shall include revision in accordance with the issuing of new versions and sub-versions of the GFSI Benchmarking Requirements.	
1.16	Certification Programme Development and Maintenance	The Certification Programme Owner shall inform key stakeholders, including GFSI, of any changes to the Certification Programme, in particular all those changes that may impact the recognition status of the Certification Programme. (See Glossary for Reportable incidents to GFSI).	CPOs may demonstrate it by issuing formal notices to GFSI and other affected stakeholders when programme rules or normative documents are revised, and by keeping records such as submission logs or acknowledgement emails, showing that GFSI was informed of the changes and any potential impact on recognition status. This may also be confirmed during GFSI monitoring of continued alignment activities carried out by Benchmarking Leads.
1.17	Certification Programme Development and Maintenance	The Certification Programme Owner shall ensure that stakeholders and other interested parties can make effective contact with the Certification Programme Owner, or authorised authority, to clarify any interpretation.	CPOs may demonstrate it by showing that stakeholders can contact the programme owner through publicly available communication routes.

1.18	Documentation requirement	The Certification Programme Owner shall establish, implement and maintain a Quality Management System.	CPOs may demonstrate it by maintaining a QMS that includes policies, procedures, records, and a clear overview of organisational roles and responsibilities, with flexibility in depth and format as long as effective programme control is shown.
1.19	Complaint procedure	The Certification Programme Owner shall implement an effective documented complaint procedure. This procedure shall be publicly available without request.	CPOs may demonstrate it by showing that complaints are handled through a documented, publicly available procedure. The process should be proportional to allow for timely investigation and learnings as part of continual improvement.
1.20	Data Management	The Certification Programme Owner shall have in place a clearly defined data management system holding and maintaining data for the effective management and operation of the Certification Programme.	CPOs may demonstrate it by keeping records that show programme data are kept accurate and up to date such as update logs or responsibility matrices for data entry and verification- using systems that range from simple spreadsheets to dedicated databases, as long as they support effective programme management.
1.21	Data Management	The Certification Programme Owner shall ensure that the data management system shall incorporate data in relation to the GFSI Benchmarking Requirements and the annual assessment questionnaire. This system shall allow to estimate as a minimum: • Number of auditors approved to audit against the recognised programme by region; • Number of valid certificates; • Number of issued certificates within a given period; • Number of suspended certificates; • Number of withdrawn certificates.	CPOs may demonstrate it by providing reports or dashboards that show key programme data such as the number of qualified auditors, auditor qualifications, certificates issued, and changes in certification status, with systems that allow timely access to accurate information relevant to GFSI Benchmarking Requirements.
1.22	Data Management	The Certification Programme Owner shall have a process in place to verify the authenticity of the certificate.	CPOs may demonstrate it by providing public certificate-verification tools such as searchable databases, QR codes, or unique certificate identifiers, that allow interested parties to reliably confirm certificate validity.

1.23	Internal Review	The operations of the Certification Programme Owner shall be subject to formal annual internal review of its relevance and compliance to internal processes, and, where appropriate, revised.	CPOs may demonstrate it by carrying out a formal annual internal review such as establishing an internal audit programme or completing an annual management review, with the frequency and methods tailored to the programme's risk and scale.
1.24	Internal Review	The Certification Programme Owner shall ensure that the formal internal review assesses the management of the Certification Programme, and address any issues or concerns raised by stakeholders.	CPOs may demonstrate it by preparing summaries or analyses of external feedback such as complaints, recalls, audit outcomes, or stakeholder comments and showing that this information is considered during the annual review and used to inform improvements.
1.25	Internal Review	The review and any arising actions shall be fully documented.	CPOs may demonstrate it by keeping internal review reports or action logs that summarise findings, decisions, and follow-up actions, with documentation that shows reviews are recorded, conclusions captured, and follow-up tracked to completion.

Section 2: Accreditation Bodies

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
2.1	Certification Process	The Certification Programme shall include a certification process based on one of the following standards: ISO / IEC 17065 for product Certification Bodies or ISO / IEC 17021-1 with ISO / TS 22003-1 for management system Certification Bodies.	CPOs may demonstrate this by providing documented evidence that explains the basis for accreditation, noting that while ISO/TS 22003-1 is mandatory under ISO/IEC 17021-1, ISO/TS 22003-2 is optional under ISO/IEC 17065 and may be applied at the discretion of the Certification Programme Owner.
2.2	Certification Process	Where scoring, ranking and grading systems are applied, these shall be clearly explained by the Certification Programme Owner and publicly available.	If applied, CPOs may demonstrate this by providing documented evidence of clear scoring systems, including references to where these are publicly available, with implementation reviewed during benchmarking activities.
2.3	Scope of certification	The Certification Programme Owner shall define clear scope(s) of certification related to the sector of the food supply chain for which the Certification Programme is intended and commensurate to the GFSI scope(s) of recognition.	CPOs may demonstrate this by documenting clear scope descriptions that can be traced to the relevant GFSI recognition scope(s), using matrices, scope narratives, or other formats that avoid ambiguity.
2.8	Relationship with Accreditation Bodies	The Certification Programme Owner shall have a process in place to inform the Accreditation Bodies of: • relevant information and developments related to the Certification Programme • extending Certification Bodies' scope of activities	CPOs may demonstrate this by documenting their internal processes and keeping evidence of communication, such as records of regular meetings or emails addressing specific issues.

2.10	Certification Bodies List	The Certification Programme Owner shall ensure that a list of active Certification Bodies is publicly available without request.	CPOs may demonstrate this by maintaining an active list in the public domain for example on the CPO website.
2.11	Certification Bodies Requirements	The Certification Programme Owner shall have documented requirements for Certification Bodies to operate the Certification Programme.	CPOs may demonstrate this by documenting the requirements—whether set out in multiple documents or contractual arrangements and providing evidence that explains the basis for approving a Certification Body to operate the programme.
2.12	Accreditation of Certification Bodies	The Certification Programme Owner shall ensure that all activities resulting in the issuing of certificates are delivered by Certification Bodies accredited by Accreditation Bodies members of the International Accreditation Forum (IAF) and signatories to the Multilateral Recognition Arrangement (MLA) for the appropriate scope.	CPOs may demonstrate this by providing evidence that Accreditation Bodies are IAF MLA signatories (now known as Global Accreditation Cooperation Incorporated), such as a link to the relevant listing on the IAF website.
2.13	Accreditation of Certification Bodies	The Certification Programme Owner shall define clear scope(s) of accreditation for the Certification Bodies.	CPOs may demonstrate this by clearly defining the scope, including naming the programme to be accredited.
2.14	Accreditation of Certification Bodies	The Certification Programme Owner shall ensure that the scope of accreditation of Certification Bodies shall be publicly available and precisely defined in terms of the exact name of the Certification Programme in scope, its revision number and/or date and its sector of application reference (e.g. industry sector).	CPOs may demonstrate this by making this information available to the public such as on the CPO or Certification Body or Accreditation Body websites.
2.17	Accreditation of Certification Bodies	The Certification Programme Owner shall ensure that Certification Bodies seeking accreditation for the Certification Programme shall be accredited within 12 months from the date of application to an Accreditation Body.	CPOs may demonstrate this by clearly stating in programme requirements that accreditation must be achieved within 12 months of applying to an Accreditation Body.

2.18	Accreditation of Certification Bodies	In the event that accreditation is not granted within 12 months or, in situations where there is a delay, the Certification Body shall provide a plan to the Certification Programme Owner for approval to achieve accreditation and any potential impact on GFSI Recognition be highlighted to the GFSI Senior Technical Manager.	CPOs may demonstrate this by having a defined process to deal with cases where accreditation is not granted within the defined timeline or where there is a delay, including communication to GFSI where GFSI recognition is deemed to be impacted and that GFSI is informed in a timely manner (with an indicative timeframe of approximately one month- this indicative timeframe refers to the case when there is identified potential impact on GFSI recognition).
2.19	Accreditation of Certification Bodies	If a Certification Body has a pending application for extension of their scope with an Accreditation Body, the Certification Body shall inform the Certification Programme Owner . The Certification Programme Owner shall acknowledge and hold written notification from the Certification Body of such a circumstance.	CPOs may demonstrate this by including the requirement in their programme documentation or contracts with Certification Bodies, and by maintaining communication records with Certification Bodies as evidence of specific examples.
2.20	Accreditation of Certification Bodies	In the event that the range of certification services offered by a Certification Body is wider than the range of those accredited, the Certification Programme Owner shall mandate that the Certification Body makes clearly and publicly available the scope of their accreditation.	CPOs may demonstrate this by documenting this requirement in programme documentation or contractual agreements and making evidence publicly available, such as a link to the Certification Body's accreditation certificate on the Certification Body or Accreditation Body website.
2.21	Accreditation of Certification Bodies	In the event that the range of certification services offered by a Certification Body is wider than those accredited, the Certification Programme Owner shall ensure that those are transparent, not conflicting and distinguished from those that are accredited.	CPOs may demonstrate this by making clear, non-conflicting information related to the scope of the programmes that have GFSI recognition publicly available on their own and/or Certification Body website. CBs may offer other certification services that are not accredited. The responsibility of the CPO relates only to information associated with programmes within the scope of GFSI recognition.

Section 3: Relationship with Certification Bodies

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
3.1	Relationship with Certification Bodies	The Certification Programme Owner shall have contractual and enforceable arrangements with all Certification Bodies accredited to ISO / IEC 17065 or ISO / IEC 17021-1 with ISO / TS 22003-1 to operate their Certification Program.	CPOs may demonstrate this by maintaining evidence of signed legal agreements with all Certification Bodies.
3.1.2	Relationship with Certification Bodies	The Certification Programme Owner shall ensure that IAF MD4 (current version) is included as a normative reference for their certification Programme(s).	
3.2	Relationship with Certification Bodies	The Certification Programme Owner shall require that Certification Bodies notify them of any withdrawal or suspension of their accreditation.	CPOs may demonstrate this by defining in their programme requirements or other documentation requirements for CB notification to CPO and maintaining evidence of this communication.
3.3	Relationship with Certification Bodies	The Certification Programme Owner shall ensure that a designated Certification Body employee is responsible for the quality system's development, implementation and maintenance. This designated employee shall also have the responsibility for reporting on the performance of the quality system for the purposes of management review and subsequent system improvement.	CPOs may demonstrate this by defining within their programme requirements or in other documentation the requirement for a designated CB employee responsible for the QMS development, implementation and maintenance. Evidence of CPO oversight could include CPO office audits of CBs, etc.

3.4	Relationship with Certification Bodies	The Certification Programme Owner shall ensure that Certification Bodies use the Certification Programme in its entirety for the relevant GFSI scope of recognition.	CPOs may demonstrate this by providing evidence of CB audits/visits or by providing evidence that this was covered by their internal review processes, etc.
3.5	Relationship with Certification Bodies	The Certification Programme Owner shall ensure that Certification Bodies make the following information available at all times to the Certification Programme Owner: • Evaluation procedures and certification processes in relation to the Certification Programme; • Details of complaints, appeals and disputes procedures; • A comprehensive list of all certified organisations against the scope(s) of the Certification Programme.	CPOs may demonstrate this by defining in their Programme requirements or other documentation for Certification Bodies to provide the listed information to the CPO when requested. Evidence of verification may be included in CPO assessments and follow-up activities such as investigations, etc.
3.6	Relationship with Certification Bodies	The Certification Programme Owner shall ensure that Certification Bodies notify the Certification Programme Owner of changes to ownership, management personnel and management structure or constitution in a timely manner.	CPOs may demonstrate this by defining how Certification Bodies notify the CPO of material changes for example I, by keeping records of notifications, follow-up actions, or any risk-based reviews performed.
3.7	Relationship with Certification Bodies	The Certification Programme Owner shall agree on appropriate actions with Certification Bodies to mitigate any situations which could result in bringing their Certification Programme or GFSI into disrepute, and notify GFSI of such situation. (See Glossary for Reportable incidents to GFSI).	CPOs may demonstrate this by documenting expectations for Certification Bodies and maintaining a process to notify GFSI in cases such as substantiated fraudulent behaviour by a Certification Body or auditor, or where a regulatory recall cites confirmed illness, injury, hospitalisation, or fatality involving a Food Business Operator certified to a GFSI-recognised programme. As a general guideline, notifications are typically provided within two working days and include sufficient initial detail to allow GFSI to respond appropriately. (For further information refer to Technical Advisory Note .)

3.8	Relationship with Certification Bodies	The Certification Programme Owner shall inform Certification Bodies of any relevant information and developments related to the Certification Programme. This shall include any changes to the Certification Programme.	CPOs may demonstrate this by having mechanisms in place to inform Certification Bodies in a timely manner of relevant programme developments, including clear instructions and timelines for required actions, supported by evidence of related communications.
3.9	Relationship with Certification Bodies	The Certification Programme Owner shall publish guidance / requirements to Certification Bodies on transition arrangements when a new version of the Certification Programme is issued. The Certification Programme Owner guidance / requirements may encompass elements such as the following: • terms and conditions of transition period between previous and new versions; • defined timeline for transition; • comparative information between previous and new versions; • timeline in which Certification Bodies are required to cascade information to all auditors and certified organisations.	
3.10	Integrity Programme	The Certification Programme Owner shall implement a risk-based programme to monitor and regularly review the performance of Certification Bodies, and their compliance to the Certification Programme's requirements. This programme shall consider the number, size and complexity of audits carried out by the Certification Bodies.	CPOs may demonstrate this by implementing a risk-based programme supported by tools such as a documented risk matrix considering factors including audit volume, audit size, and audit complexity by Certification Body. This may inform oversight activities including desktop reviews of audit reports, defined office audits, and monitoring of relevant KPIs (e.g. audit timelines or audit duration).
3.11	Integrity Programme	The Certification Programme Owner shall ensure that results of the integrity programme are communicated to and reviewed with the Certification Bodies at least once a year.	CPOs may demonstrate this by maintaining defined results for each Certification Body and keeping evidence of communication, for example through documented reports, email correspondence, or recorded meetings.

3.12	Desktop Assessment	The Certification Programme Owner shall implement a risk-based programme of desktop assessments of Certification Body performance on audit and auditor records.	CPOs may demonstrate this by implementing a risk-based programme supported by tools such as a documented risk matrix outlining the factors considered for example assessment volume by Certification Body or auditor, scope, organisational complexity, geographical spread, previous oversight findings, the addition of new Certification Bodies or personnel etc and showing how these factors inform the review of audit files and auditor records.
3.13	Office Visits	The Certification Programme Owner shall implement a risk-based programme of Certification Bodies office audits, focusing on the implementation of the Certification Programme's requirements by the Certification Bodies. Risk factors may include: • the number of countries in which a Certification Body operates; • the number of auditors employed; • languages in which audits are undertaken; • number of certified companies; • number of centralised Certification Body offices; • number of audits undertaken per auditor; • grading and number of non-conformances. • management and notification of product recalls to Certification Programme Owner. • number of relevant complaints.	
3.14	Key Performance Indicators	The Certification Programme Owner shall define and monitor Key Performance Indicators for Certification Bodies including complaints, results of desktop assessments and office visits. The Key Performance Indicators shall be communicated to and reviewed with the Certification Bodies at least once a year.	CPOs may demonstrate this by maintaining documentation that defines KPIs and evidences ongoing monitoring activities, for example complaints, audit report reviews, auditor record reviews, or office audit results etc, supported by records of communication and any resulting follow-up actions

Section 4: Certification Bodies Personnel

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
4.1	Certification Body Personnel Competence	The Certification Programme Owner shall ensure that a system is in place to ensure all personnel involved in the certification process meet the competence required by the Certification Bodies, the Certification Programme and the GFSI Benchmarking Requirements.	CPOs may demonstrate this by defining requirements within the programme documentation for Certification Bodies and providing evidence of oversight, such as reviews of auditor or certification personnel registration systems and audits of Certification Body systems conducted during desktop or office audits.
4.2	Certification Body Personnel Competence	The Certification Programme Owner shall ensure that the Certification Bodies require all personnel involved with the certification process to sign a contract or agreement, which clearly commits them to: • Complying with the rules of the Certification Body, with particular reference to confidentiality, impartiality and independence from commercial or personal interests; • Declaring any issues in relation to personal conflicts of interest.	
4.3	Certification Body Personnel Competence	The Certification Programme Owner shall mandate that the Certification Bodies clearly document all requirements of ISO / IEC 17021-1 and ISO / TS 22003-1 or ISO / IEC 17065, and IAF MD4, relating to personnel and make them known to their employees. This shall include systems and procedures to ensure that auditors conducting assessments meet the capabilities described in ISO / IEC 17065 or ISO / IEC 17021-1 and ISO / TS 22003-1 and the requirements of IAF MD4.	CPOs may demonstrate this by having documented requirements within its programme documentation for Certification Bodies, supported by evidence of communication or training provided by Certification Bodies to their employees, evidence of Certification Body systems, and evidence of CPO oversight activities such as office audits or record checks.

4.4	Certification Body Personnel Competence	The Certification Programme Owner shall ensure that the Certification Bodies hold and maintain records regarding the qualifications, training and experience of all personnel involved in the certification process. All records shall be dated. The information shall include, as a minimum: • Name of trainees; • Affiliation to the Certification Body and position held; • Educational qualifications and professional status; • Experience and training in the relevant fields of competence in relation to the Certification Programme's requirements; • Details of performance appraisal(s).	CPOs may demonstrate this by having requirements within their programme documentation for Certification Bodies, supported by evidence of CPO oversight such as reviews of auditor or certification personnel registration systems and audits of Certification Body systems. Initial Qualifications are established once, and validated continuously thereafter. Loss of very old records is acceptable if: 1. it is in line with accreditation norms and 2. retention policy is followed (Equivalence of) competence demonstrated at the time of approval.
4.5	Certification Body Personnel Competence: Certification Personnel	The Certification Programme Owner shall ensure that Certification Body's competence requirement for the personnel carrying out the technical review include understanding of the Certification Programme's normative documents and of the Certification Programme's requirements on the completion of audit's report and checklist.	CPOs may demonstrate this by having documented requirements within their programme documentation for Certification Bodies on the required competence for technical reviewers in line with the accreditation requirements, including requirements on audit report and checklist completion, and supported by evidence of CPO oversight such as through office visits or online compliance monitoring.
4.6	Auditors Behaviour	The Certification Programme Owner shall ensure that the Certification Bodies have a system in place to ensure auditors conduct themselves in a professional manner. This shall be evaluated through a defined witness audit process confirming acceptable auditor performance as specified by the Certification Programme Owner.	CPOs may demonstrate this by defining within the programme documentation expected auditor attributes in line with relevant ISO standards (eg: ISO/TS 22003-1, ISO 22003-2, ISO/IEC 19011) for Certification Bodies to assess, and by requiring Certification Bodies to maintain a documented assessment process that meets their requirements.

4.6.1	Auditors Behaviour	If the Certification Programme Owner allows the use of ICT to assess auditor behaviour as per 4.6, the Certification Programme Owner shall ensure that IAFMD4 is included as a normative reference of their Certification Body requirements on assessing auditor behaviour.	CPOs may demonstrate this by referencing the current version of IAF MD 4 in their programme requirements, clearly setting out what is permitted for remote witnessing of auditors.
4.7	Auditors' Scopes of Activity	The Certification Programme Owner shall ensure that Certification Bodies base the scopes of auditors' activities on the sectors described in table 1 and the scopes of certification defined by the Certification Programme Owner.	CPOs may demonstrate this by ensuring CPO scope categories can be clearly cross-referenced to the applicable GFSI categories. Where GFSI categories are not used directly, this includes providing clear documentation showing how each CPO category aligns with the corresponding GFSI category, for example through review of auditor competence records and audits conducted to confirm that Certification Bodies have correctly identified auditor suitability for each category.
4.8	Auditors' Industry Experience	The Certification Programme Owner shall ensure that Certification Bodies appoint auditors with experience in the food or associated industry, including at least two years full time work in food safety functions and requirements defined in table 1, column 4.	CPOs may demonstrate compliance with the initial auditor onboarding requirements by maintaining documented evidence of auditors' work experience demonstrating at least two years in food safety functions in the food or associated industries, in line with the applicable scope category requirements defined in Table 1, Column 4. Food safety functions may include activities such as production-related food safety activities, quality assurance, R&D, monitoring and verification activities, development or maintenance of food safety systems (e.g. HACCP), regulatory compliance, and inspection and auditing activities. For approval against additional scope categories, CPOs should define the approval criteria for extension of scope specific experience of an auditor. This may include, for example, work experience, audit experience, consultancy, or a combination of competency measures.

4.9	Auditors Training	The Certification Programme Owner shall ensure that the Certification Bodies appoint auditors that have the required education, as described in table 1, column 3, and Hazard Analysis and Critical Control Point (HACCP) / Hazard and Risk Assessment training course relevant to their sector of activities. CPOs may demonstrate this by defining auditor qualification requirements within their programme documentation, ensuring auditors have a strong and consistent technical foundation for food safety auditing, including recognition of degrees in relevant disciplines or completion of appropriate higher education courses or equivalent qualifications. This includes allowing flexibility in recognising equivalent pathways such as professional training, industry qualifications, and relevant experience where knowledge and skills can be demonstrated as comparable to formal higher education, and requiring Certification Bodies to apply a structured, documented evaluation process under CPO oversight to support consistent and credible audit outcomes. For further information, kindly refer to the Technical Advisory Note.
4.10	Initial Auditor Qualification	The Certification Programme Owner shall ensure that Certification Bodies have a documented program for initial auditor qualification. This shall include as a minimum that auditors will be assessed on their performance during at least 3 food safety audits against the GFSI-recognised Certification Programme the auditor is being qualified for, including at least one witness audit, and until they are assessed as competent. CPOs may demonstrate this by including programme requirements for Certification Bodies to have a documented process for initial auditor qualification including performance assessment across a minimum of three audits within the GFSI-recognised programme, with at least one witness audit, and until the auditor is considered competent. CPOs may demonstrate Certification Body oversight through review of auditor assessment records such as witness audit reports and documented performance evaluations etc.

4.10.2	Initial Auditor Qualification	The Certification Programme Owner shall ensure that the witness audit(s) carried out as part of the certification body's initial auditor qualification follows the standard audit plan agreed with the certified organisation, including the use of ICT if applicable, as long as this does not compromise the effectiveness of the assessment. The Certification Programme Owner shall ensure that the witness assessor is present on site for parts of the audit carried out on site.	CPOs may demonstrate this by defining, within programme documentation, a clear process for Certification Bodies that sets expectations for witness audits, including a minimum of one witness audit as part of initial qualification. This may include allowing witness audits during audits that combine on-site and ICT (remote) activities in line with IAF MD4, while recognising that where the audit is conducted on site, the witness assessor is expected to be present on site. Witness audits are typically aligned with the standard audit plan and cover the full duration of the audit rather than partial audits. Evidence may include review of auditor assessment records such as witness audit reports and documented site audit plans.
4.11	Extension of Auditor Activities	The Certification Programme Owner shall ensure that Certification Bodies require an auditor extending their scope of activity to undergo a programme including training in the new sector, supervised audits as per 4.10 and assessment and sign off as competent in the new sector by the Certification Body.	CPOs may demonstrate this by defining within their programme documentation that Certification Bodies have a set process in place to manage extensions of scope, including extensions to additional sectors or CPO-defined product categories, with defined assessment requirements such as completion of assessments across three audits.
4.12	Maintenance of Auditor Skills and Competence	The Certification Programme Owner shall ensure that auditors are regularly trained and evaluated on their understanding of the Certification Programme.	CPOs may demonstrate this by defining within their programme documentation requirements for Certification Bodies to ensure auditors are trained and evaluated. This may include defining how training needs and frequency are determined, such as in response to programme updates, new programme versions etc, and maintaining systems to ensure training requirements are met and appropriate actions are taken where necessary. Auditor evaluation may include activities such as examinations, review of audit work, calibration exercises, structured discussions etc. CPO oversight activities, such as auditor registration reviews and desktop or office audits, may support verification that these processes are implemented.

4.13	Maintenance of Auditor Skills and Competence	The Certification Programme Owner shall ensure that Certification Bodies have a structure in place so that auditors keep up to date with industry sector best practice, food safety and technological developments, have access to and can apply relevant laws and regulations. The Certification Bodies shall maintain written records of all relevant training undertaken.	CPOs may demonstrate this by maintaining oversight processes for implementation, such as auditor registration reviews, desktop audits, or witness audits, etc. and by providing evidence of how auditors are kept up to date. Training records are expected to align with the requirements set out in Section 4.4 for example where applicable - i.e., Date of training; Name of trainee; Affiliation to the Certification Body and position held; Type of training (subject / content, etc.).
4.14	Maintenance of Auditor Skills and Competence	The Certification Programme Owner shall ensure that the Certification Bodies implement an annual programme for auditors to carry out at least five on-site audits at different organisations against any of the relevant GFSI-recognised Certification Programmes owned by the Certification Program Owner to maintain sector and Certification Programme knowledge.	CPOs may demonstrate this by defining how audit numbers are applied where more than one programme is operated, clarifying that the total number of required audits may be met across all defined programmes (e.g. a total of five audits across programmes), rather than requiring the same number of audits to be completed separately for each programme.
4.15	Maintenance of Auditor Skills and Competence	In specific situations where requirement 4.14 cannot be met, the Certification Programme Owner shall ensure that Certification Bodies implement an annual programme for auditors to carry out at least five onsite audits against GFSI approved Certification Programmes and at least one annual onsite audit against the relevant GFSI Certification Programmes.	
4.16	Auditor Register	The Certification Programme Owner shall have in place a register of approved auditors including the details of the auditors' competence, education, relevant experience and scope(s) of activities, and applicable Certification Bodies. The register shall remain current and be made available to GFSI upon request.	

Table 1: GFSI sector and sub-sector scopes for recognition and the associated competence of auditors

GFSI SCOPE OF RECOGNITION		REQUIRED EDUCATION	REQUIRED WORK EXPERIENCE
AI	Farming of Animals for Meat / Milk / Eggs / Honey	A degree in a food-related or bioscience discipline, veterinary science or agronomy, or, at a minimum, has successfully completed a food related or bioscience higher education course or equivalent.	Experience of farming is required in the following sectors, as applicable: • Cattle • Sheep and Goats • Pigs • Poultry • Bees • Game
All	Farming of Fish and Seafood	A degree in a food-related or bioscience discipline, veterinary science or agronomy, or, at a minimum, has successfully completed a food related or bioscience higher education course or equivalent.	Experience of farming is required in the following sectors: • Fish Aquaculture • Seafood Aquaculture
BI	Farming of Plants (other than grains and pulses)	Education in an agricultural/crop-based discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the fresh produce farming sectors: • Fruit • Vegetables Herbs and Spices • Grasses (Sugar)
BII	Farming of Grains and Pulses	Education in an agricultural /crop-based discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the fresh plant farming sectors: • Grains and Cereals • Nuts • Pulses and Legumes

BIII	Pre-Process Handling of Plant Products, Nuts and Grains	Education in an agricultural/crop-based discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Crop based experience such as the farming and handling of: • Grains and Cereals • Nuts • Pulses and Legumes • Fruits and Vegetables
C0	Animal Conversion	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required of conversion in the following sectors: • Cattle • Sheep and Goats • Pigs • Poultry Fish • Game
CI	Processing of Perishable Animal Products	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following food industry sectors: • Red Meat Processing • Poultry Processing Fish Processing • Seafood Processing Meat Product Processing • Fish Product Processing • Dairy Technology • Egg Processing
CII	Processing of Perishable Plant Products	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following food industry sectors: • Fruit and Vegetable Processing

CIII	Processing of Perishable Animal and Plant Products (mixed products)	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following food industry sectors: • Meat Product Processing • Fish Product Processing • Dairy Technology • Ready to Eat Food Processing
CIV	Processing of Ambient Stable Products	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following food industry sectors: • Meat Product Processing • Fish Product Processing • Dairy Technology • Ready to Eat Food Processing. • Experience is required in the following food industry sectors: • Thermal Processing • Baking Technology • Dairy Technology • Brewing Technology • Extrusion Technology • Vegetable and Animal Fats and Oils Processing • Sugar Refining • Beverage Production • Alcoholic Drink Production • Drink Production

D	Production of Feed	Post-secondary education in related field or equivalent by experience. Trained on the sector specific risk assessments. Work experience or training in the feed and / or food sector, and experience in quality management environment in the feed / food sector.	Experience is required in the following feed industry sectors: • Compound Feed Production • Plant Protein Processing • Rendering Technology • Fermentation Technology • Dry Milling Technology • Wet Milling Technology • Extrusion Technology • Dairy Processing Technology • Vegetable and Animal • Fats and Oils Processing
E	Catering	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following food industry sectors: • Catering • Food service

FI	Retail / Wholesale	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following food industry sectors: • Retail • Wholesaling
FII	Food Broker / Agent	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent. Trained on the sector specific risk assessments.	Experience is required in the following industry sectors: • Perishable Food and Feed • Non-Perishable Food and Feed • Packaging Materials • Based on sector of activity of the broker
G	Provision of Storage and Distribution Services for Food, Feed and / or Packaging	A degree in a food-related or bioscience discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent. Trained on the sector specific risk assessments.	Experience is required in the following industry sectors: • Perishable Food, and / or Feed Storage and Distribution • Non-perishable Food, Feed and / or Packaging Storage and Distribution
H	Provision of Food Safety Services	A degree in a food-related or bioscience discipline; or, successfully completed a food-related or bioscience higher education course or equivalent. Trained on the food and service specific risk assessments.	Experience is required in the food sector or relevant service provision. The auditor shall be able to demonstrate an understanding and knowledge of specific categories of service provision for which they are approved. The verification to carry out work within specific categories of service provision will be carried out by the certification body

I	Production of Food Packaging	A primary qualification, a degree or higher certificate in packaging technology or material engineering, and a relevant certificate recognised by the Certification Programme Owner in food technology, food hygiene or related science subject OR a primary qualification in food technology, food safety / hygiene or related science subject and a certificate in packaging technology that is recognised by the Certification Programme Owner.	Experience is required in the specific sectors of packaging manufacture: • Plastics • Paper and Board • Metal • Glass
Jl	Hygienic Design of Food Buildings and Processing Equipment (for building constructors and equipment manufacturers)	A degree in architecture; civil, mechanical or chemical engineering; food related or bioscience discipline. Additional training in hygienic design, the hygienic design process and food safety.	Experience in building design and construction or food processing equipment design and construction.
Jll	Hygienic Design of Food Buildings and Processing Equipment (for building and equipment users)	As currently for scopes A-G, I and K plus a short course on the scope Jll hygienic design process.	As currently for scopes A-G, I and K.
K	Production of (Bio) Chemicals (Additives, Vitamins, Minerals, Bio-cultures, Flavourings, Enzymes and Processing Aids)	A degree in a food-related, bioscience or chemical engineering discipline or, at a minimum, has successfully completed a food-related or bioscience higher education course or equivalent.	Experience is required in the following industry sectors: • Fermentation Technology • Chemical Engineering • Biochemical Engineering

Section 5: Management of Audit and Certification

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
5.1	Audit Programme – scope of the audit	The Certification Programme Owner shall ensure that the Certification Bodies clarify the activities and products of the audited organisation to include in the scope of the audit.	CPOs may demonstrate this by clearly defining expectations for Certification Bodies to ensure that audit scopes describe products and processes with sufficient detail to avoid ambiguity, recognising that general terms such as ‘handling of fruit and vegetables’, or raw seafood, or meat, or ambient goods are typically not acceptable. A description of such activities and product type be expected such as e.g. ‘Repacking of apples or poultry or prawns’. This may include requiring Certification Bodies to maintain procedures that support accurate audit scope definition, such as documented checks of site activities during application and audit.
5.2	Audit Programme – audit frequency	The Certification Programme Owner shall have a clearly defined and documented audit frequency programme: - Ensuring a minimum audit frequency of one full audit of an organisation’s facility and food safety management system against the elements of the Certification Programme’s normative documents per 12-month period on average; - Defining the frequency of audit for each product category covered by the scope of certification of the Certification Programme; - Defining a time window during which next recertification audit shall be conducted;	CPOs may demonstrate this by defining and documenting within their programme requirements a clear rationale for audit frequency that references all relevant listed factors and results in an audit cycle averaging 12 months.

- Considering a number of factors to decide the audit frequency such as activities and products of the audited organisation to include in the audit (scope of the audit), previous audit history, concerns about compliance with a Certification Programme's normative documents, seasonality of product, significant capacity increases, structural changes, changes in product technology or changes in product type.

The Certification Programme Owner shall clearly define the rationale for the determination of frequency within the Certification Programme.

5.3

Audit
Programme
– audit
frequency

If a Certification Programme Owner has scopes of certification that include the growing or production of seasonal products and, therefore, require some limited flexibility of audit frequency to allow effective auditing of seasonal products, these variations to audit frequency shall be clearly defined.

5.4

Audit
programme
– re-auditing

The Certification Programme Owner shall ensure that the Certification Bodies re-evaluate the certified organisations to assess compliance with the Certification Programme normative documents in the event of:

- Significant changes which could affect the safety of product;
- Changes to the normative documents of the Certification Programme;
- Changes of ownership or management of the certified organisations;

or if the Certification Bodies have reason to believe there could be compliance issues in relation to certification.

CPOs may demonstrate this by showing how such triggers are determined, documented, and applied in a manner proportionate to risk and sector.

5.5	Audit Programme – audit frequency	Irrespective of the defined minimum audit frequency, the Certification Programme Owner shall ensure that the Certification Bodies undertake additional audits if there is evidence or suspicion that the integrity of the Certification is at risk within a certified organisation.	CPOs may demonstrate this by defining within their programme requirements for Certification Bodies to assess potential impacts on continued certification where integrity concerns arise and to undertake proportionate follow-up actions, which may include additional on-site audits.
5.6	Audit Programme – unannounced audit	The Certification Programme Owner shall ensure that Certification Bodies perform at a minimum: - For scopes AI, AII, BI, BII and BIII: 10% of audits unannounced per year or one audit every 4 years for each certified organisation; - For scopes C0, CI, CII, CIII, CIV, DI, E, FI, G, H, JI, K and I: one audit unannounced every 3 years for each certified organisation. - For scopes FII and JII, unannounced audits may be available as an option.	CPOs may demonstrate compliance by establishing documented programme requirements for unannounced audits that clearly define how the minimum frequencies are implemented, monitored, and reviewed across all programmes and scopes. This should include how audit selection is determined to meet the required percentages or cycles, how consistency and fairness are ensured, how oversight mechanisms verify that requirements are achieved and how any permitted flexibility is controlled and how non-conformance with unannounced audit requirements is identified and addressed
5.7	Audit Programme – unannounced audit	Reports, certificates and grading systems shall clearly identify whether certification audits are unannounced.	CPOs may demonstrate this by clearly explaining within their programme requirements how unannounced audits are identified and communicated in reports, certificates, grading systems, or online databases, and by ensuring consistent application by Certification Bodies

5.8	Audit Programme – audit duration	The Certification Programme Owner shall define the expected duration of audits and the rationale for the determination of the duration of the audit; it is expected the duration of an audit to be at minimum: • Half a day for scopes AI, AII, BI, BII, BIII, E, FI and FII; • One day for scopes G, I, JI and JII; • Two days for scopes C0, CI, CII, CIII, CIV, DI and K; in order to effectively assess an organisation's systems and premises against the Certification Programme's normative documents and provide confidence in the certification process.	CPOs may demonstrate this by defining within their programme documentation the rationale for determining audit duration in line with GFSI minimum expectations and by establishing oversight mechanisms to monitor Certification Body implementation. This may include describing the factors considered in setting audit time (e.g. risk or complexity) and how any justified deviations are reviewed and approved.
5.9	Audit Programme – audit duration	The Certification Programme Owner shall define clear criteria, which specify the justification for deviation from the minimum audit durations, including the effectiveness of the audit such as the level and depth of assessment of management systems and GAP / GMP / GDP and premises / systems (e.g. product lines, products and product categories).	CPOs may demonstrate this by defining within their programme requirement clear criteria for permitted deviations and by establishing oversight mechanisms to monitor Certification Body implementation.
5.10	Audit Programme – audit duration	The Certification Programme Owner shall implement monitoring procedures to ensure that contracted Certification Bodies comply with the defined audit duration criteria and that appropriate actions are taken if they do not meet those criteria.	CPOs may demonstrate this by defining within their programme requirements monitoring procedures to verify that Certification Bodies comply with defined audit duration criteria and maintaining records of reviews, outcomes, and any actions taken where requirements are not met.
5.11	Audit Programme – audit duration	The Certification Programme Owner shall ensure that the audit report incorporates details of the audit duration and shall monitor such information.	CPOs may demonstrate this by defining programme requirements for audit reporting, including the information to be included in reports or within a standard audit report template, and by establishing a monitoring process to verify consistent implementation. Evidence may include review records, documented outcomes, and appropriate actions taken where relevant.

5.12	Audit Programme – auditor selection	The Certification Programme Owner shall ensure that Certification Bodies have rules for the appointment of auditors to audits to ensure impartiality, including rotation of auditors.	CPOs may demonstrate this by stating within their programme requirements how auditor appointment is managed, including expectations for impartiality and independence, and by establishing oversight mechanisms to ensure consistent application by Certification Bodies. This may include addressing potential conflicts of interest, rotation practices, and appropriate declarations, with justification provided where deviations occur.
5.13	Audit Reporting	The Certification Programme Owner shall have in place a clearly defined system for the generation and issue of audit reports. The Certification Programme Owner shall ensure that Certification Bodies provide the report to audited organisations within a defined timeline.	CPOs may demonstrate this by stating within their programme requirements a defined timeline for Certification Bodies and by establishing a monitoring process to verify adherence. This may include incorporating timeline compliance into KPI monitoring (e.g. as referenced in 3.14) and taking appropriate action where requirements are not met.
5.14	Audit Reporting	The Certification Programme Owner shall ensure that Certification Bodies have processes in place to address situations when reports may be translated.	CPOs may demonstrate this by stating within their programme requirements how translation to and from various languages is managed by the Certification bodies. This may include defining responsibilities and processes to ensure accuracy and consistency.
5.15	Audit Reporting	The Certification Programme Owner shall ensure that the audit report incorporates an executive summary and / or a summary of each main section of the Certification Programme’s audit requirements, even in case of absence of non-conformities.	CPOs may demonstrate this by having a defined process for audit report quality monitoring as part of their desktop assessment activities (as referenced in 3.12).
5.16	Audit Reporting	The Certification Programme Owner shall ensure that clear and concise details of the non-conformities are provided in the audit report when identified.	

5.17	Audit Reporting	The Certification Programme Owner shall ensure that the audit report contains evidence that all the specified requirements of the Certification Programme related to the GFSI scope(s) of recognition have been evaluated during the audit and clearly express the outcome of the evaluation.	CPOs may demonstrate this by defining within their programme requirements expectations for audit report quality through specified report content requirements, such as details on site conformance to all applicable requirements beyond a simple checklist approach, and by maintaining a process for audit report quality monitoring as part of desktop assessment activities (as referenced in 3.12)
5.18	Audit Reporting	The Certification Programme Owner shall ensure that appropriate confidentiality is in place and that the audit report is only released at the discretion of the contracted organisation. Ownership of the audit report, determination of details made available and authorisation for access shall remain with the contracted organisation.	CPOs may demonstrate this by outlining within their programme requirements how controlled access to information is managed and by evidencing the mechanisms used. This may include secure login to an online database system, secure release to a nominated organisational contact, or other clearly defined and demonstrable methods.
5.19	Audit Reporting	The Certification Programme Owner shall ensure that necessary agreements are in place with the audited organisations and the Certification Bodies so that the audit records are available on request to the Certification Programme Owner and to GFSI.	CPOs may demonstrate this by requiring Certification Bodies to obtain acknowledgement of agreements with audited organisations confirming that audit information may be shared with GFSI, typically included within contractual arrangements or referenced in programme rules. Audit records may include all available records forming a part of the audit process, not limited to the final audit report.
5.20	Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies have a clearly defined system for the granting, suspension and withdrawal of certification for the scope of their Certification Programme.	

5.21	Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies have a tool in place to evaluate conformance with the Certification Programme's audit requirements.	CPOs may demonstrate this by establishing documented requirements for a tool or methodology used by Certification Bodies to evaluate conformance with the Certification Programme's audit requirements. This should define how the tool is applied and how results are recorded and reviewed.
5.22	Management of Certification	The Certification Programme Owner shall specify the information required on the certificate.	CPOs may demonstrate this by defining within their programme requirements the minimum information to be included on certificates, for example through a certificate template or clearly specified content criteria.
5.23	Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies verify that the audited organisation implements corrective action plans. Verification of the corrective action plan and of the implementation of the corrective actions may take various forms (further on-site assessment or the scrutiny of submitted evidence through ICT); it must be carried out by technically competent personnel of the Certification Bodies using a method appropriate to an effective verification of the corrective actions.	CPOs may demonstrate this by stating within their programme requirements expectations for how Certification Bodies verify corrective actions, including the process to be followed, the circumstances under which verification is required, and the responsible personnel.
5.24	Management of Certification	Evidence of corrections or corrective actions shall be returned, completed and verified by the Certification Bodies, within a timescale defined with the Certification Programme Owner, before certification can be awarded.	CPOs may demonstrate this by stating within their programme requirements expectations for how Certification Bodies complete and verify corrections or corrective actions, including applicable timescales, and ensuring the process applies across all audit stages, such as surveillance or monitoring audits within longer certification cycles.

5.25 Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies perform a thorough technical review of each audit report prior to granting, suspending, withdrawing or renewing certification. For the review process to be effective it shall ensure that: • Reports are accurately assessed to demonstrate satisfactory evidence of compliance with the Certification Programme; • All applicable requirements of the Certification Programme have been fully covered, using any supporting notes made during the assessment; • The scope of the report covers the scope applied for by the audited organisation and the report provides satisfactory evidence that all areas of the scope have been fully investigated; • All areas of non-conformity have been identified and effective corrective actions have been completed and verified to resolve these non-conformities.	CPOs may demonstrate this by defining expectations for the Certification Body technical review process, including confirmation of report completeness, scope coverage, and appropriate handling of nonconformities within their programme requirements. Evidence may include documented technical review records or other equivalent mechanisms.
5.26 Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies have in place a clearly defined and publicly available appeals procedure.	CPOs may demonstrate this by defining within their programme requirements an accessible and fair appeals process, which may include a published appeals pathway and evidence of timely handling by Certification Bodies. Timelines and formats may be tailored to the scale and context of the programme, provided accessibility and impartiality are maintained.

5.27	Management of Certification	The Certification Programme Owner shall define minimum requirements for Certification Bodies considerations when organisations switch between GFSI-recognised Certification Programmes. This should include but not be limited to an evaluation of the organisation's audit history, last unannounced audit, etc.	CPOs may demonstrate this by defining within their programme requirements about the minimum considerations Certification Bodies apply when organisations switch between GFSI-recognised certification programmes. This may include specifying the information to be evaluated (e.g. audit history, timing of the last unannounced audit, and other relevant certification status details)
5.28	Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies have agreements in place with certified organisations ensuring that the Certification Programme Owner is informed of any significant public food safety incidents, such as significant regulatory food safety non-conformities, product recalls.	Certification Bodies to maintain formal agreements with audited organisations, e.g. through contracts or audit-specific agreements, ensuring required elements are clearly included. This may include outlining how significant incidents affecting site operations or product safety such as regulatory actions, legal proceedings, recalls, or major withdrawals are considered and managed and how Certification Bodies notify the CPO of such incidents.
5.29	Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies have procedures in place to ensure the integrity of certification is maintained after such notification.	CPOs may demonstrate this by defining within their programme requirements expectations for Certification Bodies on actions to be taken following notifications under 5.28, and by maintaining evidence of how proportionate follow up actions are determined, where such occurrences arise and evidence including notifications, decisions and resulting outcomes is maintained.
5.30	Management of Certification	The Certification Programme Owner shall ensure that Certification Bodies notify them of any withdrawal or suspension of certification of an organisation.	CPOs may demonstrate this by defining within their programme requirements expectations for Certification Bodies to manage and communicate changes in certification status. Evidence may include updates to online databases or timely recorded communications, such as maintained email records, demonstrating consistent application.

5.31	Use of ICT during the audit	With the exception of audits under the scope of recognition “FII - Broker”, At least part of the annual full audit shall be carried out on site.	CPOs may demonstrate this by defining within their programme requirements how the audit process is reflected in the audit report, including how audit activities are structured and documented ensuring activities may be conducted remotely without reducing audit effectiveness and how the overall audit window is managed.
5.32	Use of ICT during the audit	The Certification Programme Owner shall define what part(s) of the audit may be carried out remotely without compromising the effectiveness of the audit. On site audit activities shall include as a minimum inspection / physical verification of Good Manufacturing Practices, and verification that the Food Safety Management System (including HACCP) addresses all applicable parts of the operation of the audited organisation.	CPOs may demonstrate this by defining within their programme requirements how the audit process is reflected in the audit report, including how audit activities are structured and documented ensuring activities may be conducted remotely without reducing audit effectiveness and how the overall audit window is managed.
5.33	Use of ICT during the audit	The remote part of the audit may only be carried out with the mutual agreement of the audited organisation and the Certification Body.	CPOs may demonstrate this by ensuring evidence of agreement between the Certification Body and the audited site is available.
5.34	Use of ICT during the audit	The CPO shall specify the maximum period of time between the beginning and the end of all audit activities included in the audit duration to maintain the audit efficiency and integrity. That period of time shall not exceed 30 days.	
5.34.1	Use of ICT during the audit	In specific situations where requirement 5.34 cannot be met, the Certification Programme Owner shall ensure that Certification Bodies have a clear dispensation process including at least the risk assessment of further extension on the efficiency and integrity of the audit. The period between the beginning and the end of all audit activities included in the audit duration shall not be extended beyond 90 days.	CPOs may demonstrate this by defining within their programme requirements the specific scenarios that may be considered exceptional.

Section 6: Multi-site Certification

Only the following scopes of recognition may be considered for certification of multi-site organisations, based on a sampling of the sites:

- AI FARMING OF ANIMALS FOR MEAT/ MILK/ EGGS / HONEY
- All FARMING OF FISH AND SEAFOOD
- BI FARMING OF PLANTS (OTHER THAN GRAINS AND PULSES)
- BII FARMING OF GRAINS AND PULSES
- BIII PRE-PROCESS HANDLING OF PLANT PRODUCTS, NUTS AND GRAINS
- G PROVISION OF STORAGE AND DISTRIBUTION SERVICES

It shall be stressed that certification of multi-site organisations based on sampling is not compulsory for a Certification Programme Owner within these scopes of recognition and a Certification Programme Owner may opt for single site certification only.

Where a Certification Programme Owner permits the use of certification of multi-site organisations based on sampling, then the Certification Programme shall satisfy the below GFSI Benchmarking Requirements.

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
6.1	General Requirements	Certification Programmes shall ensure that Certification Bodies meet or exceed the requirements defined in IAF MD1 current version.	CPOs may demonstrate this by clearly stating conditions within their programme requirements and by defining how they assess Certification Body alignment with those requirements through appropriate oversight mechanisms.
6.2	General Requirements	The Certification Programme Owner shall clearly specify the conditions for certification of multi-site organisations based on sampling for eligible scopes	
6.3	General Requirements	All sites included in the scope of certification of a multi-site organisation shall operate under the same Food Safety Management System and under the control of a central function.	
6.4	General Requirements	There shall be a legal or contractual link between the sites and the central function.	

6.5	General Requirements	The central function shall request certification as a multi-site organisation based on sampling in their application to the Certification Body. The central function, not the individual sites, shall be contracted to the Certification Body.
6.6	General Requirements	The central function shall be included in the scope of the certification.
6.7	General Requirements	The central function shall be audited by the Certification Body at least annually and before the Certification Body undertakes the auditing of sample sites. If necessary, a small number of the sample sites may be audited prior to the audit of the central function.
6.8	Central Function	The central function shall ensure management commitment to the system / integrity and clearly describe the roles and responsibilities of management, internal auditors and other members of the organisation. The central function shall be separate from the sites.
6.9	Central Function	The central function shall have authoritative control of the Food Safety Management System of all sites within the certification and shall maintain traceability and issue, maintain and retain all relevant documents relating to the sites within the Programme.
6.10	Central Function	The central function shall have an effective customer complaint procedure.

6.11	Central Function	The central function shall manage and maintain relations with the sites for the activities related to the scope of certification.
6.12	Central Function	The central function shall have in place sufficient management and technical capacity to implement and maintain the internal audit programme.
6.13	Central Function	The central function shall be subject to management review in accordance with Certification Programme requirements and shall be itself subject to internal audit.
6.14	Internal Audit	An internal audit programme based on site and risk profile shall be in place and undertaken by the central function. This programme shall ensure audits of all sites within the scope of certification the central function and the food safety management system at least annually.
6.15	Internal Audit	The internal audit programme shall have documented procedures and be both practical and feasible in operative terms.
6.16	Internal Audit	Clear requirements for internal auditors and technical reviewers shall be defined, documented and reviewed by the Certification Body.

6.17	Internal Audit	Internal auditors shall meet similar or comparable requirements to those for external auditors, as set out within each Certification Programme Owner's rules. This shall include, at a minimum, requirements related to internal auditor education, training, work experience or other qualifications. Their qualifications shall be assessed annually by the Certification Body. Certification Programme Owners may require the organisation's internal auditors to successfully complete the Certification Programme Owners specific auditor training.	
6.18	Internal Audit	Internal auditors shall be regularly evaluated, calibrated and monitored.	
6.19	Internal Audit	Internal auditors shall be assigned by the central function that are independent to the sites to ensure impartiality.	CPOs may demonstrate this by defining within their programme requirements that 'independent of the site' means the individual is not employed or operationally responsible at the site being audited, while recognising they may be employed by a central function, provided they are not auditing their own work.
6.20	Internal Audit	Internal audit reports shall be reviewed by the central function and include addressing the non-conformities resulting from the internal audit.	

6.21	Site Audit Sampling	The Certification Programme Owner shall have a system in place for the Certification Bodies to define a risk-based sampling programme that includes a minimum sample size determined by the Certification Programme Owner. The sampling programme shall include provisions to increase sample size based on various risk factors (e.g., audit scope, types of activities on-site, findings of the central management system audit, findings at sampled sites, customer requirements, etc.), size of the group or multi-site organisation and the internal structure.
6.22	Site Audit Sampling	The Certification Programme Owner shall ensure that Certification Bodies audit a sample of the sites every year.
6.23	Site Audit Sampling	The annual sampling size of the Certification Body audit sampling programme shall be based on IAF MD1 current version. The square root sample of the Certification Body's audit of the sites shall be calculated per risk category. The sampling programme can be adjusted based on the use of monitoring technologies as per IAF MD1.
6.24	Site Audit Sampling	The programme shall be partly selective and partly non-selective, but at least 25% of the sample shall be randomly selected from the total number of sites. Selected sites shall be identified based on the organisation's internal audit programme findings and the site risk profiles as per IAF MD 1.

6.25	Management of non-conformities	Non-conformities found on sites shall be assessed to ascertain if these indicate an overall Food Safety System deficiency and therefore may be applicable to all or other sites. If non-conformities relate to all or other sites, corrective action shall be undertaken and verified both by the central function and by the Certification Body as per IAF MD 1.
6.26	Management of non-conformities	In the event that non-conformities are found when auditing sites, which may not jeopardise certification but may raise concerns on conformity of the organisation, the Certification Body shall increase the sample size to ensure adequate confidence in the conformity of the organisation as per IAF MD 1.
6.27	Management of non-conformities	If the central function, or any site fails to meet the critical Certification Programme requirements, then the whole organisation, including the central function and all sites, will fail to gain certification. Where certification has previously been in place, this shall initiate the Certification Body's process to suspend or withdraw its certification.

In addition, Certification Programmes recognised against those scopes:

- AI FARMING OF ANIMALS FOR MEAT/ MILK/ EGGS / HONEY
- AII FARMING OF FISH AND SEAFOOD
- BI FARMING OF PLANTS (OTHER THAN GRAINS AND PULSES)
- BII FARMING OF GRAINS AND PULSES
- BIII PRE-PROCESS HANDLING OF PLANT PRODUCTS, NUTS AND GRAINS
- G PROVISION OF STORAGE AND DISTRIBUTION SERVICES

shall satisfy the below criteria, where:

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
6.28	Site Audit Sampling	A risk-based approach shall be in place to determine the eligibility of commodities. Certain crops or activities deemed “high-risk” shall be risk assessed to determine their eligibility for multi-site or group certification.	CPOs may demonstrate this by clearly stating within their programme requirements defining expectations for Certification Bodies to determine risk levels using objective data and known food safety hazards rather than perceived or commercial risk factors. For example this may include requiring Certification Bodies to maintain a clear implementation process, including documented agreement with sites where multi-site options are applied.
6.29	Site Audit Sampling	The sampling programme shall be determined so that all members within the group or multi-site organisation are audited within a defined period, based on the risk of the commodity, for example 3-5 years.	
6.30	Site Audit Sampling	A proportion of the sites selected to be audited by the Certification Body shall be unannounced. The unannounced audit sample size shall be determined by the risk of the commodity but be at a minimum of 20% of the sample size.	

6.31	Certificates	The Certification Programme Owner shall determine the methodology for issuing certificates to the central function and the sites. A certificate shall be issued to the central function of the group or multi-site organisation. Separate certificates may only be issued to sites that were audited as part of the sample programme. Those certificates shall be clearly distinguishable from certificates that are issued to individually certified companies and shall state explicitly that the recipient is part of a certified group or multi-site organisation, and any limitations to the scope of certification shall be transparent to customers.
6.32	Certificates	If the multi-site organisation is allowed to sell their product outside of the group or multi-site organisation, in all cases the member sites shall be transparent about the source and scope of certification, by providing customers with a copy of the certificate as issued above.

In addition, Certification Programmes recognised against those scopes:

G PROVISION OF STORAGE AND DISTRIBUTION SERVICES

shall satisfy the below criteria, where:

Tier 1 (T1): Main / National / Regional Distribution Centres or Central Warehouses: Food, Feed or Packaging Distribution or Storage Facilities, at a single site or location and operating under one Food Safety Management System. T1 facilities can have T2 facilities and / or sites (T3) managed by the organisation seeking the certification (each site shall have a certificate, no multi-site sampling option available).

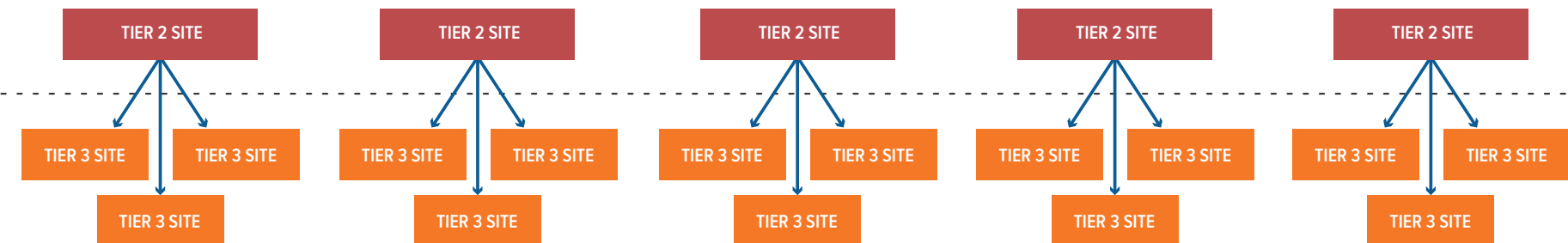
Tier 2 (T2) and Tier (T3): Satellite Warehouse, Distribution Hub, Cross Docking site: Food, Feed or Packaging Distribution or Storage Facilities, at a single site or location and operating under one Food Safety Management System. These sites are always linked to a larger T1 distribution centre, storage warehouse or organisation with multiple T1 facilities or in the case of a T3 site via a T2 site. T2 sites and T3 sites are always managed and under the direct control of a T1 facility or an organisation with multiple T1 facilities seeking certification (multisite sampling option available).

SINGLE SITE CERTIFICATION



TIER 1 SITE

MULTI-SITE CERTIFICATION



MULTI-SITE CERTIFICATION

CLAUSE NUMBER	CLAUSE NAME	REQUIREMENTS	IMPLEMENTATION GUIDANCE
6.33	General Requirements	A Certification Programme shall certify each Tier 1 facility site of a company's distribution and / or warehouse operations with each T1 site having its own single certificate. However, a multi-site approach may be used to include all T2 or below (e. g. T3) satellite sites linked to the T1 organisations' certification.	
6.34	General Requirements	A Certification Programme shall certify each Tier 1 facility site of a company's distribution and / or warehouse operations with each T1 site having its own single certificate. However, a multi-site approach may be used to include all T2 or below (e.g. T3) satellite sites linked to the T1 organisations' certification.	
6.35	General Requirements	All sites within a multi-site sampling programme shall be operating under the same storage conditions (e.g. ambient stable, refrigerated, frozen or combinations of these) and have the same risk profile (e.g. size of site, shift patterns, management structure and employee numbers). Therefore, it is recognised that an organisation could have several multi-site sampling programmes based on different process and risk profile, but these programmes shall be clearly defined and documented.	
6.36	Site Audit Sampling	The sample size shall meet the requirements defined in the table 2.	

Table 2: Minimum sample size for the certification of multisite organisations based on sampling for scope G

20-25	5
26-50	8
51-100	10
101-250	16
251-500	23
501-1000	32
Over 1000	Roundup number of square root of total number of sites.