Client Ref. No.	
Organization Name	
Address	
Site Address (If any)	
No. of Employees	
E mail id	
Contact Person	
Telephone/Fax	
Scope	
Food Chain Category	
Audit Team	
Audit Man-days	
Brief about the organization	

Audit Objective

The purpose of the stage two audit is to evaluate the effective implementation of the client's management system. Your report must show clear audit evidence against these requirements.

Audit evidence is documents and records that you have seen, staff/employees that you have spoken to, product and batch numbers that you looked at, equipment serial numbers, activities that you observed, or any other evidence that you verify during the audit. As a minimum your notes must verify the following:

a) information and evidence about conformity to all requirements of ISO 22000;
b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other
normative document);
c) the client's management system and performance as regards legal compliance;
d) operational control of the client's processes;
e) internal auditing and management review;
f) management responsibility for the client's policies;
g) links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document), any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions.

Guidance Note for Opening Meeting Agenda:

Sl.	Topics	Particular	Completed
1	Thanks	Give an expression of thanks to the auditee for Choosing BCI.	Yes
2	Attendance	Request attendees to record their attendance	Yes
3	Introduction	Remind timeline to close opening meeting in 15/30 minutes.	Yes

		Request to give brief introduction with brief roles (participants, observers, guides & Translators)	Yes
4	Scope / Summery	Confirmation of the audit objectives (Assessment for ISO 9001:2015), scope and criteria;	Yes
5	Changes	Changes in documents/Fact to the Application	Yes
6	Plan	Confirmation of the audit plan and other relevant arrangements with the auditee, such as the date and time for the closing meeting, any interim meetings between the audit team and the auditee's management, and any late changes;	Yes
7	Method	Methods of Audit: Review of Documents & Records, Interview, Physical evidence…	Yes
8	Sampling	Advise auditee that the audit is sample basis and findings will be based on a sample of the information selected;	Yes
9	Communication Channel	Confirmation of formal communication channels between the audit team and the auditee; identify the facilitators.	Yes
10	Language	Confirmation of the language to be used during the audit;	Yes
11	Development	Confirmation that, during the audit, the auditee will be kept informed of audit progress;	Yes
12	Resource	Confirmation that the resources and facilities needed by the audit team are available; like Guide, Interpreters, Facility etc.	Yes
13	Confidentiality	Confirmation of matters relating to confidentiality and information security;	Yes
14	Safeguard	Confirmation of relevant health and safety, emergency and security procedures for the audit team;	Yes
15	Reporting of Findings	NC may be against a clause of the standard i.e. ISO 9001, it's not against any person or department.	Yes
		Method of reporting audit findings & grading (Major, Minor & Observation)	Yes
		Time for corrective action (Minor/15 Days, Major/60 Days)	Yes
		Report time: Finding will be discussed at closing meeting and report will be given within 2 working days.	Yes
16	Termination	Information about conditions under which the audit may be terminated;	Yes
17	Audit Declaration	Verify that all members of the organization know what is happening;	Yes
18	Union/Problem	Ascertain union relations or any potential problems;	Yes
19	Confidentiality	Remind the auditee that the audit is confidential.	Yes
20	Closing Meeting	Timing of closing meeting; Participation of the Top Management & where appropriate, those responsible for the functions or processes which have been audited in the closing meeting.	Yes
21	Appeals / Complaint	information about any system for feedback from the auditee on the findings or conclusions of the audit, including complaints or appeals	Yes

Recording of Attendance

AUDIT ATTENDANCE SHEET				**Record Attendance (by LA)**	
S. No	***Name***	**Position**	**Department**	**Opening**	**Closing**
1	Supreet Singh	Partner	Top Management	Yes	Yes
2					

AUDIT ATTENDANCE SHEET				Record Attendance (by LA)	
S. No	***Name***	**Position**	**Department**	**Opening**	**Closing**
3					
4					

OBSERVATIONS

Non Conformities Raised
__04__Major/__04__Minor Nonconformance identified in the Stage 2 audit, details of Nonconformance in AFAR (BCI-F-011). Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action or AFAR can be used. Failure to include root cause analysis with systemic corrective action will result in your responses being rejected by the Lead Auditor.

Prerequisite of Recommendation of the Auditor decision:

Sl.	**Confirmation**	**Response**
1	Specific information on the products was verified or not?	Yes
2	Information on the raw material was verified or not?	Yes
3	Process verified or not?	Yes
4	CCP Verification carried out or not?	Yes
5	Validation Method was verified or not?	Yes
6	Calibration was verified or not?	Yes
Note: The audit Team Leader shall not recommend its decision unless all the above parameter are mandatorily verified and evidence of the same is given in the report.		
VERIFICATION OF DOCUMENTS &RECORDS AS PER STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)		

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
4.1	**Understanding the organization and its context** (identify, review, and update information related to these external and internal issues.)	**C**	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
4.2	**Understanding the needs and expectations of interested parties** (identify, review and update information related to the interested parties and their requirements.)	C	
4.3	**Determining the scope of the food safety management system** (specify the products and services, processes and production sites that are addressed)	C	
4.4	**Food safety management system** (identify establish, implement, maintain, update and continually improve a food safety management system, including the processes needed and their interactions)	C	
5	**Leadership**		
5.1	**Leadership and commitment** (Confirm via interview with Top management for commitment towards management system requirements)	c	
5.2	**Food Safety Policy**(ensure via interview with different personnel for awareness of policy &available to relevant interested parties)	C	
5.3	**Organizational roles, responsibilities and authorities** (Confirm the responsibilities and authorities are assigned, communicated and understood within the organization) (Confirm the responsibilities and authorities of the food safety team leader)	C	
6	**Planning**		
6.1	**Actions to address risks and opportunities**(provide evidence for avoiding risk, taking risk in order to pursue an opportunity, eliminating the risk source, changing the likelihood or consequences, sharing the risk, or accepting the presence of risk by informed decision)	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
6.2	**6.2.1 Objectives of the food safety management system and planning to achieve them** provide evidence that objectives are consistent with the food safety policy, measurable, monitored , verified , communicated & included statutory, regulatory and customer requirements Confirm how to achieve these objectives	C	
6.3	**Planning of changes** (provide evidence for who the changes carried out and communicated in a planned manner in FSMS, including personnel changes.)	C	
7			
7.1	**7.1.1 General** (Confirm existing internal resources & need for external resources.)	C	
	7.1.2 People-(provide evidence of agreement or contracts defining the competency, responsibility and authority of external experts)	C	
	7.1.3 Infrastructure-(Provide details of the land, vessels, buildings and associated utilities, equipment, including hardware and software, transportation and information and communication technology	O	
	7.1.4 Work environment – (Confirm a suitable environment provided to achieve FSMS -a combination of human and physical)	C	
	7.1.5 Externally developed elements of the food safety management system(Provide evidence of Externally developed elements applicable to the sites, processes and products of the organization and implemented, maintained and updated)	C	
	7.1.6 Control of externally provided processes, products or services(Confirm establish and apply criteria for the	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
	evaluation, selection, monitoring of performance and reevaluation of external providers of processes, products and/or services, communication of requirements to the external provider and externally provided processes, products or services do not adversely affect)		
7.2	**Competence (**confirm necessary competence of person(s), including external providers and the food safety team and those responsible for the operation of the hazard control plan, are competent on the basis of appropriate education, training and/or experience) the provision of training to, the mentoring of, or the reassignment of currently employed persons; or the hiring or contracting of competent persons.	C	
7.3	**Awareness (**ensure that all relevant persons doing work are aware of the food safety policy, the objectives of the FSMS relevant to their task(s), individual contribution to the effectiveness of the FSMS and the implications of not conforming with the FSMS requirements**)**	NC	
7.4	**Communication** **7.4.1 General (**ensure that the requirement for effective communication is understood by all persons whose activities have an impact on food safety**)**	C	
	7.4.2 External communication (Confirm that sufficient information is communicated (handling, display, storage, preparation, distribution and use of the product, identified foods safety hazards, contractual arrangements, inquiries and orders, including their amendments, consumer feedback, including complaints)	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
	externally and is available for interested parties of the food chain & statutory and regulatory authorities) **Confirm via interview that Designated persons are aware of their responsibility and authority for external communication)**		
	7.4.3 Internal communication (provide evidence that the food safety team is informed in a timely manner of changes in FSMS)	NC	
7.5	**Documented information** **7.5.1 General-(**Confirm that documented information and food safety requirements required by statutory, regulatory authorities and customers are documented & by competent person and the complexity of processes and their interactions defined**)**	C	
	7.5.2 Creating and updating(provide evidence of creating and updating documented information)	C	
	7.5.3 Control of Documented Information **7.5.3.1(**provide evidence of document control and protection) **7.5.3.2 (**provide evidence of Documented information of external origin, retained period and permission and authority to view and change the documented information**.)**	NC	
8			
8.1	**Operational planning and control** **(**confirm that the processes are plan, implemented, controlled, maintain, and updated) (ensure that outsourced processes are controlled**)**	NC	
8.2	**Prerequisite programmes (PRPs)** **8.2.1(** Provide evidence that PRP(s) are establish, implement, maintain and update **)**	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
	8.2.2(Confirm that PRP(s) are appropriate to the organization and its context, approved by the food safety team and implemented across the entire production system**)**	C	
	8.2.3(Confirm applicable part of the ISO/TS 22002 series and standards, codes of practice and guidelines)	C	
	8.2.4(provide evidence of applicable monitoring and verification of the PRP(s)**)**	C	
8.3	**Traceability system** Provide Evidence of traceability system(incoming material from the suppliers and the first stage of the distribution route of the end product) and applicable statutory, regulatory and customer requirements **Verify the effectiveness of the traceability system.**	C	
8.4	**Emergency preparedness and response** **8.4.1 General(**ensure procedures are in place to respond to potential emergency situations or incidents**)**	C	
	8.4.2 Handling of emergencies and incidents(evidence of mock emergency situation and the result and actions)	C	
8.5	**Hazard control**		
8.5.1	**Preliminary steps to enable hazard analysis8.5.1.1 General** (verify evidence when hazard analysis carry out)	C	
	8.5.1.2 Characteristics of raw materials, ingredients and product contact materials(ensure that all applicable statutory and regulatory food safety requirements are identified for all raw materials, ingredients and product contact materials. and maintained documented information concerning all raw materials, ingredients and product contact materials	O	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
	8.5.1.3 Characteristics of end products(ensure that all applicable statutory and regulatory food safety requirements are identified for all the end products intended to be produced**)** **confirm that documented information concerning the characteristics of end Products (**product name, composition, intended shelf life and storage conditions, labeling and method(s) of distribution and delivery.**)**	O	
	8.5.1.4Intended use(provide objective evidence for document that defines handling, mishandling, users group and how it is maintained up to date for the product)	C	
	8.5.1.5 Flow diagrams and description of processes **8.5.1.5.1 Preparation of the flow diagrams-**provide evidence that flow diagrams are established, maintained and updated by the food safety team **8.5.1.5.2 On-site confirmation of flow diagrams(**confirm on-site the accuracy of the flow diagrams by the food safety team) **8.5.1.5.3 Description of processes and process environment(**Confirm the layout of premises, including food and non-food handling areas, processing equipment and contact materials, processing aids and flow of materials, The variations resulting from expected seasonal changes or shift patterns are Documented **)**	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
8.5.2	**Hazard analysis** **8.5.2.1 Provide** objective evidence that food safety team conduct a hazard analysis **8.5.2.2 Hazard identification and determination of acceptable levels** **8.5.2.2.1(**Procedure Ref, Confirm that sufficient detail is provided to enable hazard assessment and the selection of appropriate control measures) . **8.5.2.2.2** Objective evidence that Food safety team identify step(s) (e.g. receiving raw materials, processing, distribution and delivery) **8.5.2.2.3** confirm acceptable level in the end product of each food safety hazard identified **8.5.2.3 Hazard assessment-** provide evidence of Hazard prevention or reduction to an acceptable level **8.5.2.4 Selection and categorization of control measure(s)** **8.5.2.4.1**arecontrol measures capable of preventing or reducing the identified significant food safety hazards to defined acceptable levels. **8.5.2.4.2**Confirm decision-making process and results of the selection and categorization of the control measures	C	.
8.5.3	**Validation of control measure(s) and combinations of control measures -** provide evidence that the selected control measures are capable of achieving the intended control of the significant food safety hazard(s)	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
8.5.4	**Hazard control plan (HACCP/OPRP plan)** **8.5.4.1 General**(Verify hazard control plan & include the relevant information for each control measure at each CCP or OPRP) **8.5.4.2 Determination of critical limits and action criteria**(specified Critical limits & acceptable level at CCPs and action criteria for OPRPs) **8.5.4.3 Monitoring systems at CCPs and for OPRPs(**Verify established monitoring system for each control measure with monitoring method and frequency**)** **8.5.4.4 Actions when critical limits or action criteria are not met(**objective evidence of corrections and corrective actions to be taken when critical limits or action criterion are not met**)** **8.5.4.5 Implementation of the hazard control plan(**objective evidence of implement and maintain the hazard control plan**)**	C	
8.6	**Updating the information specifying the PRPs and the hazard control plan (**provide objective evidence that the hazard control plan and/or the PRP(s) are up to date**)**	C	
8.7	**Control of monitoring and measuring** (provide evidence that the specified monitoring and measuring methods and equipment in use are adequate(calibrated,adjusted or re-adjusted as necessary,identified & protected from damage and deterioration for the monitoring and measuring activities related to the PRP(s) and the hazard control plan.) **Objective evidence of Validation of Software used in monitoring and measuring**	NC	
8.8	**Verification related to PRPs and the hazard control plan** **8.8.1 Verification(**objective evidence of	**C**	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
	verification plan its purpose, methods, frequencies, and responsibilities and **provide details of testing of end product samples or direct process samples**) Confirm that verification activities are not carried out by the person responsible for monitoring the same activities **8.8.2 Analysis of results of verification activities(**Objective Evidence of analysis of the results of verification by Food Safety Team**)**		
8.9	**Control of product and process nonconformities** **8.9.1 General(**objective evidence of the competence of designated persons to initiate corrections and corrective actions in OPRPs and CCPs data**)** **8.9.2 Corrections** **8.9.2.1(**confirm documentation when critical limits at CCP(s) and/or action criteria for OPRPs are not met**)** **8.9.2.2(**objective evidence of critical limits at CCPs are not met, affected products identified and handled as potentially unsafe products**)** **8.9.2.3(**objective evidence of action criteria for an OPRP are not met) **8.9.2.4 (**objective evidence of document retained to describe corrections made on nonconforming products and processes**)**	C	
8.9.3	**Corrective actions(**Objective evidence of evacuation of corrective actions when critical limits at CCP(s) and/or action criteria for OPRPs are not met.**)**	C	

Cl. No.	Subject	C NC O	Statement of Conformity (provide reference doc or procedure)
8.9.4	**Handling of potentially unsafe products** **8.9.4.1 General(**objective evidence of action(s) to prevent potentially unsafe products**)** **8.9.4.2 Evaluation for release(**Confirm Results of evaluation for release of products shall be retained as documented information.**)** **8.9.4.3 Disposition of nonconforming products(**Confirm the disposition of nonconforming products, including the identification of the person(s) with approving authority **)**	C	
8.9.5	**Withdrawal/recall(**objective evidence of timely withdrawal/recall of lots of end products that have been identified as potentially unsafe and competent person(s) having the authority to initiate and carry out the withdrawal/recall) **verify the implementation and effectiveness of withdrawals/recalls(mock withdrawal)**	c	
9			
9.1	**Monitoring, measurement, analysis and evaluation** **9.1.1 General(**Procedure Ref, evaluate the performance and the effectiveness of the FSMS**)** **9.1.2 Analysis and evaluation (**Confirm analyse and evaluate appropriate data - results of verification activities related to PRPs and the hazard control plan , the internal audits and external audits.)	NC	
9.2	**Internal audit** **9.2.1**Confirm internal audits planned intervals and effectively implemented **9.2.2**Confirm procedure, plan, audit programme(s) methods, responsibilities, and reporting **Follow-up activities by the organization**	C	

Cl. No.	**Subject**	C NC O	Statement of Conformity (provide reference doc or procedure)
9.3	**Management review** **9.3.1 General** Confirm its planned intervals and effectiveness. **9.3.2 Management review input (**Confirm all the point addressed and data presented in a manner that enables top management to relate the information to stated objectives of the FSMS.**)** **9.3.3 Management review output (**Confirm all the point addressed & retain documented information as evidence of the results of management reviews.)	C	
10	**Improvement**		
10.1	**Nonconformity and corrective action** **10.1.1**Procedure Ref 10.1.2 Provide evidence of retaining documented information of NC	**C**	Checked the procedure for non-conformity and corrective action ref no.: BCFL/FSMS/PR/18 Rev: 00. Currently there in no nonconformity found.
10.2	**Continual improvement (p**rovide objective evidence for continual improvement plans identified**)**	C	FSMS manual and mandatory procedure well updated, defined objectives and all concerns related to improvements are discussed in MRM with topmanagement.
10.3	**Update of the food safety management system (**provide objective evidence for updating the food safety management system**)**	C	Supreet Singh (Partner) himself reviews with Shahnawaz (Food Safety Team Leader) about the updation in the system.
*****	**Temporary Site**	C	During the Site visit: 19 A, Ashok Marg, Sapru Marg Crossing, Hazratganj, Lucknow, Uttar Pradesh, At entry gate, sanitizer and mask are available for visitors. And also measure the temperature. In Processing Area, Employees are wearing mask and gloves. No Female and male employees are wearing rings, bangles, Jewellery, watches, pins during work. Safety protocols are displayed. Cleaning is done. Machines are cleaned and in working conditions.

Guidance Note for Closing Meeting Agenda:

Sl.	Topics	Particular	Verified
1	Introduction	Particularly if anybody not present at the opening meeting	Yes
2	Thank to company	Thanks to your Team for cooperation during the audit and arrangements for the Audit.	Yes
3	Reaffirmation of Scope	Reconfirm scope of activities assessed	Yes
4	Confirm confidentially	Reassure the confidentiality for any information assessed during the audit.	Yes
5	Appreciation	Comment on good points within the organisation	Yes
6	Disclaimer	This was audit on sample basis, and it should not mean, that other deficiencies do not exist.	Yes
7	*Audit Team Comment*	*Summary of individual findings from each auditor (if audit team consist more then 1)*	Yes
8	*Decision*	*Significance of categories of non-compliance and summary of findings , Summary of overall findings and recommendation/Decision*	Yes
9	*Acknowledgment*	*Assure that client acknowledge the NCs.*	Yes
10	*Future Plan*	*If any NC is identified, Submitting plan for corrective action together with the objective evidences*	Yes
11	*Follow-up action*	*Where do we go from here? emphasizing that the final decision regarding certification will be taken by BCI Certification*	Yes
	Surveillance Audit	*An explanation of the continual Audit (surveillance) procedure and other future actions*	Yes
12	Appeal	Explain the Appeal & Complaint option available to the client against any decision of the Audit team.	Yes
13	Invite questions	Invite questions, clarification from company (But no Consultancy)	Yes
14	Signature	Obtain company representative's signature on report to acknowledge receipt.	Yes

Summary of the Audit Team

A. Stage of audit:

☒	Initial Certification
☐	Follow Up Audit
☐	Surveillance Cum Transfer
☐	Modification
☐	Renewal
☐	Upgrade From
☐	Other

B. Recommendation:

☐	Issuance of Certificate
☐	Refusal of the Certificate
☒	Follow Up audit
☐	modification of the current certificate (registration no. and expiration date remain unchanged)
☐	other:

C. Reason:

☐	**The Food Safety Management System complies with the requirements of the reference standard:** Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for issuance of certificate.
☐	**The Food Safety management System complies with the requirements of the reference standard with exception of minor NC:** Congratulations, Lead Auditor is pleased to put forward a recommendation for Certification upon off-site verification of closure of all issues, the NC closure need to be submitted along with the Corrective Action Plan and objective evidences within 60 days from the stage 2 audit. If all non-conformances are not closed within 60 days, a follow-up may be required.
☒	**Evidence of major non conformities:** Organization is not recommended for certification. NC closure need to be submitted along with the Corrective Action Plan and objective evidences within 30 days or a follow-up audit will be scheduled for on-site verification and closures of all major NCs within 30 days from the date of Stage 2 audit.
☐	**Not Recommended:** Organization is not recommended for certification; a Stage 2 audit will be required. To progress your application for registration, please respond to each non-conformance, with a plan showing proposed actions, timescales, and responsibilities for resolution. The organization should consider the root cause of the non-conformance and the potential for related issues in other parts of your system.
	Proposed Audit Date for Surveillance Audit (NA)

Sign Off:	
BCI Report Submission	Client Acceptance for Report
Name of Auditor:	Name:
Signature	Signature