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Canadian Grain Commission

Certification of an Identity Preserved and/or HACCP-Based Food Safety Program (CIPRS, CIPRS+HACCP, CGC HACCP)

CGC QSP 1.1.0

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Process Verification and Accreditation
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Revision 3

Contents

REVIEW

This Canadian Grain Commission (CGC) Quality System Procedure (QSP) is subject to annual review. Amendments will be issued to ensure the standard continues to meet current needs.

REVISION RECORD

Revisions to this procedure will be given a consecutive number and will be dated.

Please ensure that all revisions are inserted, obsolete pages removed, and the record below is completed.

Revision no.	Revision content and pages	Entered by	Date:
Re-Issue	Inclusion of CGC HACCP and CIPRS+ HACCP	J. Sutherland	May 20, 2009
Revision 1	Reformatting entire document	M. Stoughton	August 1, 2010
Revision 2	Revisions to sections 1.0 to 5.0 referring to annual system audits.	E. Bernardin	November 1, 2012
Revision 3	Minor revisions throughout the entire document	E. Bernardin	April 1, 2017

DISTRIBUTION

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Accredited Service Providers	Master List at Process Verification and Accreditation Office

ACRONYMS

ASP	Accredited Service Provider
CAR	Corrective Action Request
CGC	Canadian Grain Commission
CGC HACCP	Canadian Grain Commission HACCP
CFIA	Canadian Food Inspection Agency
CIPRS	Canadian Identity Preserved Recognition System
CIPRS+ HACCP	Canadian Identity Preserved Recognition System Plus HACCP
GOP	Good Operating Practice
HACCP	Hazard Analysis Critical Control Point
IP	Identify Preserved/Preservation
PVA	Process Verification and Accreditation Office
QA	Quality Assurance
QMS	Quality Management System
QSP	Quality System Procedure

CERTIFICATION OF AN IDENTITY PRESERVED and/or HACCP-BASED FOOD SAFETY PROGRAM

1.0 INTRODUCTION

The purpose of CIPRS, CIPRS+ HACCP and CGC HACCP is to ensure that companies seeking certification implement IP and/or food safety quality management systems that can meet their customers' quality and food safety requirements. CGC Accredited Services Providers (ASPs) conduct IP and/or food safety quality management system audits to ensure a company's identity preserved and/or food safety program meets the requirements of the *CGC Food Safety and Identity Preserved Quality Management System Standard (CGC FSIP-STAN 1.1.0)* and its annexes. ASPs complete a documentation review, and then conduct an on-site audit to obtain objective evidence that verifies that the IP and/or food safety quality management system is being implemented as documented.

ASPs then submit an audit report to the Process Verification and Accreditation Office (PVA) where a technical review is conducted and a decision made on whether the company's IP and/or food safety program meets the requirements of CGC FSIP-STAN 1.1.0. If the decision is favourable, CIPRS, CIPRS+ HACCP or CGC HACCP certification is granted and is valid for three (3) years, provided the annual system audits indicate continued conformity with CGC FSIP-STAN 1.1.0.

A company that achieves certification can market products as having been supplied through a CIPRS-, CIPRS+ HACCP- or CGC HACCP-certified system. This will provide their buyers with added assurance that they will consistently receive products that meet their specifications for quality and food safety.

1.1 Scope

This QSP outlines the specifications for applying to the CGC to have an IP and/or food safety quality management system certified; the terms and conditions of certification; the use of the CIPRS, CIPRS+ HACCP and CGC HACCP marks; and the terms and conditions for suspension and withdrawal of certification.

1.2 References

CGC FSIP-STAN 1.1.0 - CGC Food Safety and Identity Preserved Quality Management System Standard

CGC QSP 1.2.0 - Conducting Technical Reviews of Audit Reports

CGC QSP 2.3.1 - Conducting a Food Safety/IP Quality Management System Audit

1.3 Definitions

Audit Report – a report submitted by the ASPs to the PVA detailing the findings of their assessments of companies' IP and/or food safety programs.

Client – a company that has applied for certification of its food safety and/or IP program under CIPRS, CIPRS+ HACCP or CGC HACCP.

Document Review – an assessment of a company's documentation to ascertain conformance with CGC FSIP-STAN 1.1.0.

Implementation Audit – the first complete on-site audit to determine conformance of a company's management system with the requirements of CGC FSIP-STAN 1.1.0.

Pre-Assessment – on-site audit (gap analysis) conducted to determine if the management system meets the requirements of CGC FSIP-STAN 1.1.0. This is discretionary and its necessity determined between the client and the ASP.

Special Visit – an on-site audit conducted by the ASP at the request of the PVA or by the PVA in the case of an appeal process.

Audit – a complete on-site audit conducted annually to ensure continued conformance of the company's management system with the requirements of CGC FSIP-STAN 1.1.0.

2.0 APPLICATION FOR CERTIFICATION OF AN IP and/or FOOD SAFETY PROGRAM

2.1 Application Process

1. The applicant requests program information from the PVA or obtains it from the CGC web site. The application package for CIPRS, CGC HACCP and CIPRS+ HACCP includes:
   - the application form
   - the readiness checklist
   - the CGC Food Safety and Identity Preserved Quality Management System Standard (CGC FSIP-STAN 1.1.0)
   - the list of Accredited Service Providers

2. The applicant completes the application form, indicating the type of certification sought and submits it to the Process Verification and Accreditation Office. If the applicant is from Western Canada, the PVA will confirm eligibility for services.

3. The applicant company develops and implements the management system that is to be certified.

4. Prior to applying for certification, the applicant completes the readiness checklist to determine if they are adequately prepared for a documentation review and subsequent on-site audit. Companies should apply for certification only after all items on the checklist are in place to increase the likelihood of successful certification.

5. Once the appropriate documentation, process and controls are in place, the applicant must select an ASP from the list provided in the application package.

6. The ASP and the applicant enter into a service agreement that includes particulars related to the documentation review, pre-assessment (if necessary), implementation audit and annual system audits. The ASP advises the PVA of audit dates as they are scheduled.

7. Prior to going on site, the ASP conducts a document review of the applicant's written food safety and/or IP quality management system. Corrective actions required related to the documentation are to be resolved prior to the ASP conducting the on-site audit.

8. The ASP conducts the on-site implementation audit of the applicant's IP and/or food safety program as detailed in CGC QSP 2.3.1 and submits an audit report to the PVA.

9. The PVA establishes a Certification Committee composed of, at least two PVA staff members.

10. The Certification Committee conducts a technical review of the audit report following the procedure detailed in CGC QSP 1.2.0.

11. Based on the results of the technical review, the PVA grants or denies certification according to this QSP.

3.0 CERTIFICATION

3.1 Initial Recommendations for Certification

If a major or critical non-conformance is found during an implementation audit, the auditor shall not recommend the client for certification until such time as corrective action has been taken (see Section 5.0). If an implementation audit indicates that the IP and/or food safety quality management system has been effectively implemented, the auditor shall recommend the client for certification.

3.2 Certification Agreement

If the Certification Committee's technical review of the audit report supports the auditor's recommendation for certification, the PVA will prepare a Certification Agreement for the client's signature. This agreement outlines each party's responsibilities and information on the use of certificates and the appeal process.

3.3 Certificate of Recognition

Upon the signing and return of the Certification Agreement by the client, the PVA sends a Certificate of Recognition to the client, and the company's name is then posted on the CGC web site as having its IP and/or food safety program certified under the appropriate program. Expiry date on the certification shall be listed as three years and four months after the certification date in the Certification Agreement.

3.4 Use of Certificates

The Certificate of Recognition should be displayed in the client's head office. In the case of multi-site facilities, a certificate may be issued for display at each of the sites included in the client's scope of certification, at the request of the client.

3.5 Use of Certification Marks

Certification authorizes the client to use the certification mark, indicating they have met the requirements of the CGC FSIP-STAN 1.1.0. Instructions on the use of the marks are provided to the client upon the PVA's receipt of the signed Certification Agreement.

4.0 MONITORING OF IP and/or FOOD SAFETY PROGRAMS

The ASP will monitor the continued compliance of certified IP and/or food safety programs through annual system audits. The PVA will advise the client of the anniversary date of certification at least 2 months before that date. It is the responsibility of the client to ensure that the annual system audit is conducted within 2 months of the anniversary date of certification. Requests for extensions must be submitted to the PVA in writing and exceptions are to be approved by the National Manager, PVA.

If the company does not schedule an annual system audit within 2 months of the anniversary date of certification and has not requested an extension in writing, the PVA will suspend the company's certification until such time as the audit has been scheduled.

5.0 DENIAL, SUSPENSION & WITHDRAWAL OF CERTIFICATION

5.1 Deferral or Denial of Certification during an Implementation Audit

If a major non-conformance is found during an implementation audit, the auditor is authorized to stop the audit and propose to the client two alternative actions:

- The audit may be changed to a pre-assessment. The audit will be completed, a report will be prepared for the client, but not submitted to the PVA, and an implementation audit may be rescheduled for a later date.

OR

- The audit may be completed and the audit report will indicate that a major non-conformance was found and recommend that no certification be granted. Certification will be deferred until the corrective action has been taken and confirmed.

If the second option is chosen, the client is required to submit their corrective action plan with respect to a major non-conformance to the auditor within **5 working days** of the audit. The auditor shall accept the corrective action plan (if the actions are deemed appropriate), and submit the audit report, copies of CARs, and accepted corrective action plans to the PVA. The client is also responsible for implementing corrective actions, scheduling and undergoing a follow-up visit (if required) within **40 working days** of the auditor's acceptance of the corrective action plan.

After the follow-up visit, the auditor will submit a report to the PVA verifying he or she has collected objective evidence that effective corrective action has been taken and certification may be granted.

If the client fails to implement corrective action and undergo a follow-up visit within the **40 working days** of the auditor's acceptance of the corrective action plan, the certification will be denied and the certification process must be re-initiated by the client.

5.2 Suspension or Withdrawal of Certification During an Annual System Audit

If a major non-conformance is found during an annual system audit, the auditor will advise the PVA in writing of the major CAR within **24 hours** of the audit.

The client is required to submit their corrective action plan with respect to a major non-conformance to the auditor within **5 working days** of the audit. The auditor will accept the corrective action plan if the actions are deemed appropriate. The client is also responsible for implementing corrective actions, scheduling and undergoing a follow-up visit (if required) within **20 working days** of the auditor's acceptance of the corrective action plan.

After the follow-up visit or documentation review, as required, the auditor shall submit the audit report, copies of CARs, and accepted corrective action plans to the PVA. The audit report must verify that he or she has collected objective evidence that effective corrective action has been taken. The suspension will be lifted or the re-certification will be granted.

If the client fails to take corrective action within the **20 working days** of the auditor's acceptance of the corrective action plan, the client's certification will be withdrawn. The client has the right to appeal the withdrawal of their certification as described in section 6.0.

5.3 Critical Non-Conformances

If a critical non-conformance is found during an audit, the auditor must advise the client that its certification is suspended effective immediately and that any contaminated product must be segregated. If there is an immediate threat to public health or safety, the auditor must advise the client to contact the PVA as soon as possible, but no later than **12 hours** after the audit. If this advice is verbal, it must be confirmed in writing within **24 hours** of the audit.

Once advised of the critical non-conformance, the PVA will provide the client with instruction on the disposition of any contaminated product. In addition, if the PVA believes there is a potential need for recall actions, it will contact the CFIA to coordinate the recall.

The client must:

- take immediate corrective action to segregate any contaminated product and initiate a root cause analysis;
- dispose of any contaminated product as instructed by the PVA and/or CFIA;
- inform the PVA and the auditor of the results of the root cause analysis and the resulting corrective action plan within **5 working days** of the audit; and
- implement corrective actions, schedule and undergo a follow-up visit to verify the implementation within **10 working days** of the auditor's acceptance of the corrective action plan.

After the follow-up visit, the auditor shall submit the audit report, copies of CARs, and accepted corrective action plans to the PVA. The audit report must verify that he or she has collected objective evidence that effective corrective action has been taken. The suspension will be lifted or the re-certification will be granted.

If the client fails to take corrective action within the **10 working days** of the auditor's acceptance of the corrective action plan, the client's certification will not be granted or will be withdrawn.

5.4 Expiration

The PVA will remind the company of the expiration of the certification agreement in writing **six (6) months** and **one (1) month** prior to the end of the certification period. If the company does not schedule a system audit within 2 months of the end of the certification agreement, the company's certification will expire. The PVA will notify the company that certification has expired, the company name will be removed from the web site, and the company will be prohibited from using the program certification mark or representing itself as a CGC-certified company.

6.0 APPEAL PROCESS

A company that is denied certification, or that has had its certification withdrawn may wish to launch an appeal. Appeals must be made in writing to the PVA within **20 working days** of receiving the written notice of the denial or withdrawal of certification.

If an appeal is made in writing within the required **20 working day** period, the PVA will advise the company of the appeal process. The Certification Committee will review the appeal and determine if the original audit report, recommendation, and certification decision was correct. If the decision is found lacking and the appeal appears valid, a special visit may be required to obtain additional facts. The Committee shall determine a resolution and effect the required changes to satisfy the appeal.

If the Certification Committee feels that the initial recommendation was correct, an Appeals Committee will be established and chaired by the National Manager, PVA. The Appeals Committee will include the Director, Industry Services and at least one other member who has knowledge of the affected client and of the applicable IP and/or food safety program. Care will be taken to avoid any real or potential conflict of interest. Specifically, no member of the Appeals Committee will be a representative of a competing company.

The National Manager, PVA will schedule a meeting and ensure that minutes document the committee's decision. The Appeals Committee shall review both the client's and PVA's arguments, either through documentation and/or

interviews. Upon their review, a decision will be made based on a majority vote and the client will be notified of the Appeals Committee's decision in writing. All decisions of the Appeals Committee will be final. Meeting minutes and/or correspondence will serve as records and will be maintained in the client's file by the PVA.

Any costs associated with travel incurred by either the Certification or the Appeals Committee will be charged to the company if the decision to deny or withdraw certification is upheld. If the decision is not upheld, those costs will be paid by the CGC.