



Canadian Grain Commission

Quality System Procedure Accreditation and Monitoring Of CGC Service Providers

CGC QSP 2.1.0

Uncontrolled Copy

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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	Introduction of CGC HACCP and CIPRS+ HACCP	J. Sutherland	May 20, 2009
Revision 1	Formatting changes to entire document	M. Stoughton-Ens	August 1, 2010

Acronyms

ASP	Accredited Service Provider
CAR	Corrective Action Request
CGC	Canadian Grain Commission
CIPRS	Canadian Identity Preserved Recognition System
CIPRS+HACCP Plus 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 & Accreditation Office
QA	Quality Assurance
QMS	Quality Management System
QSP	Quality System Procedure
RAB	Registrar Accreditation Board
SCC	Standards Council of Canada

ACCREDITATION AND MONITORING OF CGC SERVICE PROVIDERS

1.0 INTRODUCTION

The successful delivery of the Canadian Identity Preserved Recognition System (CIPRS), the Canadian Identity Preserved Recognition System Plus HACCP (CIPRS+ HACCP) and Canadian Grain Commission HACCP (CGC HACCP) is dependent on the professionalism, skills and abilities of CGC accredited service providers (ASPs). The ASPs have assumed the role of primary contact with CGC clients, therefore their professionalism and competence reflects directly on the credibility of CGC. The CGC must ensure, to the best of its ability, that process verification programs are being delivered uniformly across Canada, at a level that is providing value and offering continuous improvement to CGC clients.

The CGC depends on its ASPs and the auditors they employ to conduct audits according to CGC written procedures. The auditors must also report on the assessments they conduct in a manner acceptable to the CGC. Finally, the auditors must present themselves to CGC clients at all times as professional, competent and fair.

1.1 Scope

This CGC Quality System Procedure (QSP) outlines the application, assessment and monitoring procedures for entities wishing to become accredited service providers (ASPs). The procedure is designed to ensure that:

- program audits are conducted consistently;
- a high level of quality is maintained in the reports submitted by ASP auditors; and
- certified companies and their buyers have confidence in the programs.

1.2 Reference

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

CGC ASP-STAN 2.0.0 – General Requirements for CGC Accredited Service Providers

CGC QSP 2.3.1 – Conducting a Food Safety/ IP Quality Management

System Audits

ISO 17021:2006 – Conformity Assessment - Requirements for bodies providing audit and certification of management systems.

ISO Guide 65 - General requirements for bodies operating product certification systems

1.3 Definitions

Accreditation Agreement - an agreement that outlines each party's responsibilities, information on the use of certificates, and the appeal process.

Accredited Service Provider (ASP) – an organization that has been assessed by the PVA against the CGC ASP-STAN 2.0.0 and has been deemed to meet all the requirements of that standard.

ASP Auditor – an employee of an ASP who has met the auditor qualifications as specified in CGC ASP-STAN 2.0.0.

Field Observation – an assessment of an ASP auditor conducted by a PVA representative by observing the ASP auditor conduct an audit of a client's IP and/or food safety program.

Quality System Procedure (QSP) – documented procedure followed by the PVA and/or ASPs in conducting the reviews and assessments required in the conduct of process verification programs.

2.0 APPLICATION FOR STATUS AS AN ACCREDITED SERVICE PROVIDER

Applicant organizations that are accredited by a National Accreditation Body as being compliant to ISO 17021 and/or ISO Guide 65 will be required to submit a copy of their registration certificate. They will then be required to have their auditors undertake the required training.

All other organizations will be subject to an audit of their quality management systems (as outlined in Section 3), in addition to the required training of staff.

The following process is followed when an organization applies to become an accredited service provider (ASP):

1. The applicant accesses program information from the CGC website or contacts the PVA for information.
2. The applicant obtains the following information:
 - CGC ASP-STAN 2.0.0 – General Requirements for CGC Accredited Service Providers;
 - This quality system procedure (CGC QSP 2.1.0); and
 - CGC FSIP-STAN 1.1.0 – CGC Food Safety and Identity Preserved Quality Management System Standard.
3. The applicant completes and submits the application form to the PVA.
4. If applicable, the PVA conducts an audit of the applicant's compliance with the CGC ASP-STAN 2.0.0 as described in Section 3.
5. Training of the ASP auditors is scheduled and conducted.
6. Once the applicant's QMS and auditors have been deemed compliant with CGC ASP-STAN 2.0.0, an Accreditation Agreement will be signed, and an ASP Accreditation Licence Number assigned. The name of all ASPs will be published on the official CGC ASP list which is made available to all clients and will be displayed on the CGC website.
7. ASP status is valid for three (3) years from the date that the accreditation certificate is issued, as long as the monitoring described below in Section 5 demonstrates ongoing compliance with the CGC ASP-STAN 2.0.0.

3.0 ASSESSMENT OF COMPLIANCE WITH CGC ASP-STAN 2.0.0

If required, an audit will be conducted to determine compliance of an applicant's QMS to the requirements of CGC ASP-STAN 2.0.0. Such an audit would be conducted in accordance with ISO 19011 Guidelines for quality and/or environmental management systems auditing.

The focus of the audit is to determine that:

- the applicant's quality manual and associated procedures meet the requirements of CGC ASP-STAN 2.0.0; and
- the applicant's quality management system includes appropriate monitoring of its audit staff.

Therefore, by means of interviews and examination of documents and

records, the PVA auditor will obtain and document objective evidence to determine whether:

- the applicant's QMS documentation is accessible, of correct issue and available to all staff;
- the procedures described in the organization's manual are being adhered to;
- the processes are being performed by competent personnel according to specifications stipulated in the relevant procedures, and the personnel are competent in the tasks they are performing.

3.1 Document Review

The applicant submits its quality manual to the PVA for review. The PVA auditor then conducts a review of the manual to confirm that the applicant has a documented quality system that meets the requirements of the CGC ASP-STAN 2.0.0. The objective of this portion of the audit is to gain evidence of implementation of and compliance with the following:

- management has approved the quality system and accepted responsibility for the process;
- the quality system as documented is current; and
- the company has a system to analyse the cause of non-conformances and take corrective and preventive actions.

Where necessary, the PVA auditor issues a Corrective Action Request (CAR) form if changes are needed to the manual. CARs will be issued until the PVA auditor determines that the manual meets the requirements of the CGC ASP-STAN 2.0.0.

3.2 On-site audit

The on-site audit will not be scheduled until the document review has been completed and all CARs have been resolved.

3.2.1 Opening meeting

An opening meeting is held with the applicant's management. The Quality System Representative, senior management, and the audit team should attend this meeting. The purpose of this

meeting is to:

- introduce the members of the audit team;
- describe the purpose and scope of the audit;
- review the audit program;
- review the method for handling any non-conformances that may appear during the on-site evaluation;
- arrange for suitable facilities for the audit team meeting; and
- agree on a tentative time for the closing meeting, and invite senior management to attend.

3.2.2 Audit

The PVA auditor assesses each process or process area by interviewing staff and determining the availability of documented procedures to operating personnel. The PVA auditor ensures that the information provided during the assessment is factual and is based on objective evidence.

3.2.3 Non-conformances

A non-conformance is found if the PVA audit team identifies a gap that clearly does not meet the requirements of the CGC ASP-STAN 2.0.0 or the client's documented management system. All non-conformances are recorded, and a Corrective Action Request (CAR) form is completed. However, prior to writing a CAR, and before the closing meeting, the client will be informed of the gap and provided an opportunity to respond and, if possible, immediately identify corrective and preventive actions.

3.2.4 Classification of Non-conformances

Non-conformances are classified according to the following guidelines:

Minor Non-Conformance - A minor non-conformance is a deviation from the documented QMS requirements that, if allowed to continue, may result in the process and/or quality system not meeting requirements. The same minor non-conformance repeated in successive audits may become a major non-conformance.

Major Non-Conformance - A major non-conformance is a complete breakdown in one of the QMS elements as per ISO 17021 or ISO Guide 65. Compliance with the required procedures is absent and will have consequential effect on the quality of the service. In the case of a major non-conformance, the auditor will notify the PVA. Identification of a major non-conformance on a surveillance audit will result in a suspension of the client's accreditation.

3.2.5 Major Non-conformances

When a major non-conformance is identified, the applicant will be notified and the necessary objective evidence will be provided (i.e. forms and/or documents that demonstrate the process breakdown.). If at any time during the implementation assessment a major non-conformance is found, the PVA auditor will stop the assessment and propose to the applicant two alternative actions:

- The assessment may end and the applicant will receive a recommendation of "rescheduling" which will be reflected in the report. A full assessment may be rescheduled for a later date,

OR

- The assessment can be changed to a pre-assessment and continue to complete the assessment plan. This will not affect the applicant's potential accreditation status

3.2.6 Audit Team Meeting

Upon completion of the on-site evaluation, the PVA audit team gathers and reviews the completed checklist(s) and the noted non-conformances. The team decides which non-conformances merit a CAR, and completes the appropriate forms.

If the audit reveals areas of the system that could benefit from improvement, but were not out of compliance with the CGC ASP-STAN 2.0.0 these may be brought forward to the applicant as recommendations, with the understanding that their implementation is optional.

The company's Quality System Representative should be fully informed of the on-site evaluation findings prior to the closing meeting. Dates should be established with this individual for resolution of the corrective actions requested

3.3 Assessment of ASP Auditor Competency

To demonstrate that their auditors meet the requirements specified in CGC ASP-STAN 2.0.0, the PVA auditor will collect objective evidence of the ASP's auditors' qualifications. During the accreditation process, ASP auditors must also successfully complete CGC training related to CIPRS, CIPRS+ HACCP and/or CGC HACCP.

4.0 POST-AUDIT ACTIVITIES

4.1 Closing audit

The closing meeting is chaired by the PVA auditor, and should include all audit team members, the Quality System Representative and the applicant's senior management. During the meeting, the PVA auditor will present an objective overview of the on-site evaluation, including the objectives, the elements assessed and the results, starting with the positive aspects and any general observations.

4.2 Audit report

As soon as possible (but within 1 month or 20 working days) after the completion of the on-site evaluation, the PVA Auditor prepares the audit report. The audit report will detail the findings and conclusions of the audit. It will not contain any items that have not been discussed, or anything other than the facts presented.

4.3 Corrective action

The client must take corrective action and complete the CAR form, and send the form(s) to the PVA auditor in the time frame agreed to by both parties.

4.4 Follow-up action

The follow-up action to be taken as a result of any non-conformances

discovered during the on-site evaluation depends entirely on the severity of the problem. Follow-up action must ensure that the problem has been eliminated and any resulting changes to the system have been documented and implemented. Upon successful completion of the corrective and preventive actions, the PVA Lead Auditor must also sign the CAR to indicate acceptance of the corrections made.

5.0 MONITORING OF CGC ACCREDITED SERVICE PROVIDERS

In order for CGC to maintain its high standards of customer service and program integrity, the following ASP and auditor monitoring program is in place once accreditation has been achieved:

1. Field observations of all ASP auditors at least once during the lifetime of the accreditation agreement.
2. PVA Technical Reviews of all audit reports submitted by ASPs.
3. Client surveys conducted by the ASP to provide feedback to the CGC with respect to an auditor's performance and presentation during audits.
4. Investigations of client complaints.
5. Review of auditor files
6. Annual auditor conference calls

5.1 Field observations

The purpose of a field observation is to determine that the ASP auditors are applying knowledge gained through the CGC training; following CGC audit procedures as described in CGC IP-QSP 2.3.1; and that they demonstrate the characteristics of auditors as set out in ISO 19011 Guidelines for quality and/or environmental management systems auditing.

All auditors will be observed conducting an audit at least once during the life of the ASP accreditation (i.e. at least once every 3 years). When possible, any auditors new to a CGC program will be observed conducting their first program audit.

During a field observation, the PVA auditor will concurrently conduct an assessment of the client's IP and/or food safety program. This will determine if the ASP auditor is able to accurately assess whether the client is adhering to the requirements of CGC FSIP-STAN 1.1.0. Immediately after the audit the PVA auditor will provide constructive feedback to the ASP auditor.

The PVA auditor will write a field observation report, including any CARs issued on the basis of the field observation, and provide a copy to the ASP management and the auditor within 20 working days of the receipt of the audit report. This report will describe the adherence of the ASP auditor(s) to the CGC audit procedures as described in CGC QSP 2.3.1, and the results of the comparison between the PVA Auditor's and the ASP auditor's assessment of the client's program.

5.2 Technical review of audit reports

All audit reports received by the PVA are reviewed according to CGC IP-QSP 1.2.0 – Conducting Technical Reviews of Audit Reports Submitted by Accredited Service Providers. This review is undertaken to ensure that all required signatures, pages, and appendices have been submitted; that the report follows the format specified in CGC QSP 2.3.1; that the audit report has been submitted within 20 working days of the closing meeting, and that sufficient detail is included to support any recommendation for certification. The PVA auditor can then ascertain that the auditor's recommendation on whether or not to certify the client's IP and/or food safety program is supported by documented evidence, and that the appropriate follow-up action has occurred when corrective action requests have been issued.

5.3 Client surveys

The PVA will conduct client surveys to solicit feedback on how ASPs conduct audits. These surveys may be conducted by telephone, in-person or by mail.

5.4 Client complaints

Client complaints may be divided into three categories:

1. disagreement with the issuance of a major non-conformance during a surveillance audit and the resulting suspension,
2. dissatisfaction with the certification decision made by the PVA, and
3. complaints regarding auditor behaviour and/or professionalism.

The PVA must receive a complaint in writing from a client in order for any further action to occur. The process for addressing complaints in

the first category is detailed in Section 6.5 of CGC IP QSP 2.3.1. The process for addressing complaints in the second category, including the appeals process that the client can initiate, is detailed in Section 6.0 of CGC QSP 1.1.0.

If a written complaint is received in regard to an auditor's behaviour, the PVA will immediately inform senior management of the ASP and raise a CAR. The management of the ASP will conduct an investigation without delay, in conjunction with the Manager of the PVA, the auditor in question, and the client (if necessary).

Depending on the severity of the situation, or if the corrective/preventive action implemented as a result of the CAR issued is not sufficient to bring the situation under control, the auditor's accreditation to conduct audits on behalf of the CGC may be suspended. Suspension will remain in effect until the complaint has been dealt with to the satisfaction of the PVA, the ASP, and the client. If the complaint is deemed to be beyond the control of the auditor, the suspension will be lifted. If it is found that the auditor was culpable in the situation, the auditor's accreditation may be cancelled, depending on the severity of the situation. Three suspensions of the same auditor will result in the PVA's issuance of a major non-conformance to the ASP.

5.5 Review of auditor files

Prior to conducting a field observation, the PVA may request that the auditor also provide the audit file (e.g. auditor notes, checklists, etc.) for a different company that has been previously audited within the last 18 months. If available electronically, the information (e.g. auditor notes, checklists) can be provided ahead of time; if not available electronically, the information may be brought to the field observation in hard copy.

Through the file review, the PVA will confirm that statements and recommendations in the audit report can be verified by objective evidence and that traceability has been demonstrated through records. The result of that verification would be included in the field observation report.

5.6 Auditor conference calls

Within three months of the annual TEAC meeting, the PVA will

schedule a conference call with auditors to provide information on decisions that have been taken at that meeting.

As required, the conference call can also serve to provide reminders to auditors of requirements such as audit report format and timelines, etc.

Minutes of the call will be taken by the PVA and provided to all auditors within 10 working days of the conference call.

6.0 AUDITOR RESPONSIBILITIES

ASP auditors must conduct the following activities according to the appropriate CGC procedures for companies applying for certification:

- review the client's quality manual;
- conduct an on-site assessment;
- conduct any necessary follow-up activity; and
- write an audit report following the format specified in CGC QSP 2.3.1
- maintain the required documentation on file.

6.1 Continuous improvement

ASP auditors are expected to attend any additional training courses deemed necessary by the PVA.

6.2 Conflict of interest

ASP auditors must adhere to the conflict of interest requirements as stipulated in the Accreditation Agreement between the PVA and the ASP Management.

7.0 SERVICE AGREEMENT

ASPs must read and sign the Accreditation Agreement and conduct themselves accordingly.

8.0 SUSPENSION AND WITHDRAWAL OF ACCREDITATION

An ASP's accreditation will be suspended for one of the following reasons:

1. failure to pay accreditation fees, or

2. failure to close, in the agreed time period, any major CAR issued either to the service provider or one of its auditors by the PVA.

The PVA will notify the ASP in writing of their suspended status and the requirement for a follow-up visit within 20 working days to determine if corrective action is being taken. Following suspension, an ASP's accreditation will be withdrawn if during the follow-up visit the ASP does not demonstrate the implementation of corrective and preventive action plans for those problems that originally led to suspension..

8.1 Suspension of individual auditors

The onus is on the ASP to verify that its auditors are conducting activities as described in its quality manual and in accordance with the procedures specified in CGC QSP 2.3.1. If a major CAR is issued to an ASP auditor, that auditor's accreditation to conduct audits on behalf of the CGC will be immediately suspended. Three suspensions of the same auditor or two suspensions of any auditors within a 12-month period, will be taken as an indication that the ASP is incapable of providing the necessary assurances to the CGC that its quality system is effective. As a result, a major non-conformance will be issued to the ASP.

9.0 TERMS AND CONDITIONS OF WITHDRAWAL

If an ASP's accreditation is withdrawn, the organization shall immediately cease making reference to its CGC-accredited status in any promotional material, including its letterhead and business cards. In addition, all of the assessment records, documentation and property relating to the CGC program must be returned, as stipulated in the Accredited Service Provider Agreement.. If these items are not returned within thirty days of the withdrawal of accreditation, a PVA Representative will go to the service provider's office to retrieve any CGC property in person.

10.0 APPEAL PROCESS

A company that is denied accreditation or that has had its accreditation suspended or 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, suspension, or withdrawal of accreditation.

If an appeal is made in writing within the required 20 working day period, the PVA will advise the ASP of this appeal process. The Accreditation Committee, made up of the Manager, PVA and the Accreditation Auditor, will review the appeal and determine if the original assessment report, recommendation, and accreditation decision was correct. If the decision is found lacking and the appeal appears valid, an on-site 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 Accreditation Committee feels that the initial recommendation was correct, an Appeals Committee will be established and chaired by the Manager, PVA. The Appeals Committee will include the Director, Industry Services and at least one other member that has knowledge of the affected organization and the CGC accreditation 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 organization.

The Manager, PVA will schedule a meeting and ensure that minutes document the committee's decision. The Appeals Committee shall review both the ASP's and the PVA's arguments, either through documentation and/or interviews. Upon their review, a decision will be made based on a majority vote and the ASP 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 ASP's file at the PVA.

Any costs associated with travel incurred by either the Accreditation or the Appeals Committee will be charged to the service provider if the decision to deny or withdraw accreditation is upheld. If the decision is not upheld, those costs will be paid by the PVA.