Audit	SQF Food Safety Audit Edition 9
Company Name	JSL Foods, Inc.
Company Number	38684
Audit Number	180561
Company Address	1478 Indiana St. Los Angeles , CA 90063 United States
Food Sector Categories	20. Recipe Meals Manufacturing
Score	97

Module 2 Food Manufacturing - Audit Statement - Audit

Name	Mandatory	Description	Primary Response	Evidence
SQF Practitioner Name		Name the designated SQF Practitioner		Tijan Banosh
SQF Practitioner Email		Email of the designated SQF Practitioner		tbanosh@jslfoods.com
Opening Meeting		People Present at the Opening Meeting (Please list names and roles in the following format Name: Role separated by commas)		Tijan Banosh: Quality Manager, Steve Lopez: Plant Manager, Martin Torres: Director, QA/QC, Huiying Hu: QA Technical Coordinator, Jeff Nelson: Lead SQF Auditor (Safe Food Certifications, LLC)
Facility Description		Auditor Description of Facility (Please provide facility description include # of employees, size, production schedule, general layout, and any additional pertinent details		The 85,000 Sq. Ft. plant is located in a residential area in the Los Angeles metropolitan area. There are no separate buildings, warehouses, or processing sites under the scope of the audit. The site has sister companies under the same corporate ownership, and each plant has its SQF certification. The plant is typically operated Monday through Friday. There are two operational shifts, 6:00 am to 2:30 pm and 2:30 pm to 11:00 pm, followed by a sanitation crew. The plant manufactures fresh and frozen noodles, and the product is sold to retail and institutional customers. The plant is operated by 120 employees and has four HACCP plans and four CCPs. The FSIS-USDA and FSMA-FDA regulate the plant and the Los Angeles health department. Paved roads service the facility and state and interstate highways. The audit was announced and included a Costco addendum. ***The site has been assessed to SQF designated customer specific requirements where noted.***
Closing Meeting		People Present at the Closing Meeting (Please list names and roles in the following format Name: Role separated by commas)		Tijan Banosh: Quality Manager, Martin Torres: Director, QA/QC, Huiying Hu: QA Technical Coordinator, Jeff Nelson: Lead SQF Auditor (Safe Food Certifications, LLC)
Auditor Recommendation		Auditor Recommendation		Recommended for Certification.

Module 2 Food Manufacturing - 2.1.1 - Management Responsibility (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.1.1.1	M	Senior site management shall prepare and implement a policy statement that outlines at a minimum the commitment of all site management to: i. Supply safe food; ii.Establish and maintain a food safety culture within the site; iii. Establish and continually improve the site's food safety management system; and iv. Comply with customer and regulatory requirements to supply safe food. The policy statement shall be: v. Signed by the senior site manager and displayed in prominent positions; and vi. Effectively communicated to all site personnel in the language(s) understood by all site personnel.	Compliant	The site "Food Safety and Quality Commitment Policy" (PL-003 Revision 001, Revision Date 04/30/2021) was signed by the President, VP of Operation, and the Director Quality Control & Assurance on 01/15/2023. The Policy statement covers customer and regulatory requirements, food safety culture, identifying clear and concise food safety objectives and performance measures and methods of communication to all the staff. The policy is communicated to the facility's staff through training and posting and is in English and Spanish, the languages used at the site. The policy was posted in the laboratory, breakroom, and the office. There is evidence that the site has committed to setting a food safety culture, including: Banners are posted to inform staff of their responsibilities, encourage participation, and report food safety incidents, Strong leadership by the company owners and commitment by the top management, directors, and plant managers, Staff contributions, accountability, and acting to contribute to the food safety include: Regular meetings or get-togethers before the start of shift, Food safety culture training for all staff. The last training was conducted on 03/20/2023 The policy also stresses effective communication, team discussions, follow up meetings, and providing adequate human and financial resources to meet the SQF Code requirements.

Name	Mandatory	Description	Primary Response	Evidence
2.1.1.2	M	Senior site management shall lead and support a food safety culture within the site that ensures at a minimum: i. The establishment, documentation, and communication to all relevant staff of food safety objectives and performance measures; ii. Adequate resources are available to meet food safety objectives; iii. Food safety practices and all applicable requirements of the SQF System are adopted and maintained; iv. Employees are informed and held accountable for their food safety and regulatory responsibilities; v. Employees are positively encouraged and required to notify management about actual or potential food safety issues; and vi. Employees are empowered to act to resolve food safety issues within their scope of work.	Compliant	The document "Food Safety Culture" (PL.005, rev 000, revision date 04/20/2022) is defined and communicated to team members and there is a summary sheet posted in the break room and in meetings rooms. Food Safety Culture is broken down into 5 areas: 1) Strong leadership (Senior leaders show the way and openly commit to making safe food the top priority throughout the Company by regular meetings to discuss food safety performance and reviewing food safety performance with work teams monthly). 2) Committed managers (area managers, supervisors, etc.) showing commitment to foods safety through dedicating time and effort – by using team meetings to discuss and solve food safety challenges, encourage and require notifying management about actual or potential food safety issues. 3) Everyone contributes (everyone at the Company believes making safe food is important and everyone plays a part). 4) Everyone is accountable (everyone understands that they are held responsible for ensuring food is safe and meets regulations). 5) Knowing and acting – all people at all levels at the Company making sure everyone knows the risks and does the right thing every time. The site has a suggestion box at the site entrance to allow team members to (anonymously, if desired) to leave suggestions related to food safety or other matters that could improve the site. The site also h a team member of the month program wherein team members who are observed promoting food safety or finding and addressing food safety issues are included in a monthly discussion and one is named employee of the month and receives a gift card.
2.1.1.3	M	The reporting structure shall identify and describe site personnel with specific responsibilities for tasks within the food safety management system and identify a backup for the absence of key personnel. Job descriptions for the key personnel shall be documented. Site management shall ensure departments and operations are appropriately staffed and organizationally aligned to meet food safety objectives.	Compliant	The company organizational chart, (Form FD.0065 Revision 037, revision date 07/18/2022) includes site management. SQF practitioners were identified by an asterisk and the chart included the SQF practitioner and substitute practitioner. It was approved by the president on 07/18/2022 Job descriptions are written for staff responsible for food safety, with coverage for absenteeism assigned. Job descriptions for the plant manager, quality control manager, director of quality control and quality assurance, and QC technicians were reviewed. Plant staff must report food safety issues to management, as evidenced in the "food safety culture banner" and interviews with Receiving, Quality Control, Maintenance, Operators, and Sanitation. Position descriptions were reviewed, including: Director of QA/QC (HR.020, Version 004, Revision 09/13/2022), QC: Packaging Inspector (JD.QC.002, Revision 003, Revision Date 03/01/2022). Other position descriptions reviewed included: In process monitor; Shipping and Receiving QC Tech, Noodle shaker Operator; Sanitation Generalist; and Production Team worker
2.1.1.4	M	Senior site management shall designate a primary and substitute SQF practitioner for each site with responsibility and authority to: i. Oversee the development, implementation, review, and maintenance of the SQF System; ii. Take appropriate action to ensure the integrity of the SQF System; and iii. Communicate to relevant personnel all information essential to ensure the effective implementation and maintenance of the SQF System.	Compliant	
2.1.1.5	M	The primary and substitute SQF practitioner shall: i. Be employed by the site; ii. Hold a position of responsibility related to the management of the site's SQF System; iii. Have completed a HACCP training course; iv. Be competent to implement and maintain HACCP based food safety plans; and v. Have an understanding of the SQF Food Safety Code: Food Manufacturing and the requirements to implement and maintain an SQF System relevant to the site's scope of certification	Compliant	
2.1.1.6	M	Senior site management shall ensure the training needs of the site are resourced, implemented, and meet the requirements outlined in system elements 2.9 and that site personnel meet the required competencies to carry out those functions affecting the legality and safety of food products.	Compliant	
2.1.1.7	M	Senior site management shall ensure the integrity and continued operation of the food safety system in the event of organizational or personnel changes within the company or associated facilities.	Compliant	
2.1.1.8	M	Senior site management shall designate defined blackout periods that prevent unannounced re-certification audits from occurring out of season or when the site is not operating for legitimate business reasons. The list of blackout dates and their justification shall be submitted to the certification body a minimum of one (1) month before the sixty (60) day re-certification window for the agreed-upon unannounced audit.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The site Quality Control Manager is the designated SQF Practitioner, and the Production Supervisor is the substitute. The Practitioner and the substitute are full-time facility employees. They have a 16 hour International HACCP Alliance accredited HACCP food safety training course, as evidenced by the certificate from third party (dated 05/10/2021 for the primary practitioner and 05/17/2021 for the substitute SQF practitioner). The SQF Practitioner is responsible for developing, implementing, and maintaining the SQF System. The "Management Responsibility, SQF Practitioner" (PL.004, revision 001, revision date 02/24/2022) outlined the functions of the practitioner (QA Manager) and the substitute SQF practitioner (Production Manager) to oversee the SQF program, food safety fundamentals programs, food safety plan, and the FSMA program. The management plan indicates that the company allot resources to achieve site food safety and quality objectives and bring support to develop, implement, and maintain an ongoing improvement of the SQF system. The senior site management has processes to demonstrate continuous improvement ("Continuous Improvement (GMP.060, Revision 000, Revision Date 03/11/2020) which outlines the policy of introducing mall, increment changes to drive and improve quality and efficiencies and outlines methods of accomplishing this) and ensure the integrity of the food safety systems when there are organizational or personnel changes.

Module 2 Food Manufacturing - 2.1.2 - Management Review (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.1.2.1	M	The SQF System shall be reviewed by senior site management at least annually and include: i. Changes to food safety management system documentation (policies, procedures, specifications, food safety plan); ii. Food safety culture performance; iii. Food safety objectives and performance measures; iv. Corrective and preventative actions and trends in findings from internal and external audits, customer complaints, and verification and validation activities; v. Hazard and risk management system; and vi. Follow-up action items from previous management reviews. Records of all management reviews and updates shall be maintained.	Compliant	Per the "Management Review Policy" (PL.001, Revision 001, Revision Date 04/30/2021) the entire SQF System is reviewed annually by the site's HACCP team included- QA Manager, Plant Manager, Maintenance Manager, QC Manager, Production Supervisor, Warehouse Supervisor, and Sanitation Supervisor. The review includes the food safety culture, food safety manual, internal and external audit findings, investigations and resolutions of corrective actions, customer complaints and resolutions, KPI results and goals for recalls, complaints, quality issues, foreign material, out-of-specifications, pre-op deviations, failed audits, and training. The review ensures that food safety plans, good manufacturing practices, and the SQF system are reviewed by management when any potential changes are made in products and processes. SQF System will be reviewed at least annually.
2.1.2.2	M	The SQF practitioner(s) shall update senior site management on at least a monthly basis on matters impacting the implementation and maintenance of the SQF System. The updates and management responses shall be documented.	Compliant	The SQF Practitioner has updated senior site management every month through the "monthly team meeting" hosted by Quality Manager on any matters that impact the site's SQF System. The monthly management meetings on file dated 07/01/2023, 10/04/2023, 01/06/2023, 04/07/2023 were reviewed and included the details of the GMP incidents, ATP results, production KPI, internal audit results, customer audit results, and customer complaints

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The last Management Review was conducted 11/30/2022. Participants included the Director of QA/QC, Plant Manager, Maintenance Manager, QC Manager, Production Manager, Warehouse Supervisor, and Sanitation Supervisor Objectives for 2022 and 2023: Number of Food Safety Issue Customer Complaints – 2022: <12. 2023 <12 Number of Quality Issue Customer Complaints – 2022: <12. 2023 <12 Number of holds for suspicious foreign material contamination 2022: <40. 2023: <40 Number of for microbiologic (environmental) result out of Specification 2022: <12. 2023: <12 Number of recleaning process after PreOp 2022: <48/month. 2023: <48/month Number of External and Internal audits Failed 2022: <2%. 2023: <2% Third Party Annual goal result 2022: >92%. 2023: >92% Objectives reviewed for 2022 included: -Internal GMP audit scores were trended % Fail for November 1.7% (below 2%). -2022 ATP Monthly Failure was trended for January to November – One month was 3% and all other months were 2% or below (which was the goal for 2022). -Swab trends outlined where swab failures occurred (i.e. where recleaning occurred after swabs were above the 150 RLU threshold. No more than 48 recleaning events (2022 goal) were noted for each month. -Corrective Action Trending for hold due to suspicious foreign material trending included summary by month and by type (by far the most prevalent issue was metal. The site investigated and determined that pans used in the baked noodle room were causing friction that was breaking down the metal. New pans were ordered, and implemented and there has been a dramatic reduction in metal findings since then). 37 total finding were noted in 2022, of which 15 were related to the metal from pans. -Environmental: Listeria testing showed one spike in September for swabs and increased monitoring (recurring drain finding. Investigation showed cracks around the drain in questions.). -Customer Complaints were trended for each month. Quality and Food Safety goals were met in 2022. One food safety culture anecdote was included in the presentation deck: 11/4/2022 – employees grabbed a scale from room that had soy, wheat and fish allergen and took it to a room with only wheat allergens. This was noticed and swab testing was conducted on all equipment. Results were negative but by catching the issue a potential allergen related hold w avoided. The team removing the scale was retrained and the team member catching the issue was recognized and rewarded.

Module 2 Food Manufacturing - 2.1.3 - Complaint Management (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.1.3.1	M	The methods and responsibility for handling, investigating, and resolving food safety complaints from commercial customers, consumers, and authorities, arising from products manufactured or handled on-site or co-manufactured, shall be documented and implemented.	Compliant	The site's complaint policy is found in the document "Complaint Program" (GMP.023, Revision 007, Revision Date 08/25/2022) which defines the methods and responsibilities to collect and record all complaints resulting from site activities, handling customer complaints, the communication processes for reporting, and follow-up with senior management and customers. The program was found to be appropriately implemented. Customer service and the Director of Quality Assurance/Food Safety (QA/FS) handle the investigation of complaints, corrective actions, records of each complaint, and resolution based on the seriousness. The consumer makes initial communication through the company website to the Sales Department by email, letter, or phone. The Director of QA/FS is notified of all complaints which may have potential product recalls. The technical staff immediately studies the complaints on the suspected product to determine whether any complaint should be classified as a product recall. The sales department initiates the investigation and is responsible for completing the Consumer Complaint Investigation Form and routing the form to the QA department, and any other department(s) deemed necessary. A root cause investigation is performed by a cross-functional team, including a review of processing documents in process control sheets, finished product evaluation, and production worksheets. A report of the complaint log is brought before the site and management committee for their review at least annually.
2.1.3.2	M	Adverse trends of customer complaint data shall be investigated and analyzed and the root cause established by personnel knowledgeable about the incidents.	Compliant	
2.1.3.3	M	Corrective and preventative action shall be implemented based on the seriousness of the incident and the root cause analysis as outlined in 2.5.3. Records of customer complaints, their investigation, and resolution shall be maintained.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
				Examples of complaints reviewed: 02/13/2023 – White residue found on one of pasta. Investigation showed that this is something that the pasta supplier has (likely anti-caking agent, but that the site requires this to be removed during the sorting process and this piece was overlooked. A response was sent to the customer on 02/15/2023 and the site reviewed the sorting process with the team members engaged in this activity (this was conducted 2/22/2023). The complaint is fully closed on 2/22/2023. 03/30/2023 – Product 410037A – 109-22 PO Number 43984 - Issue was blue piece of plastic (soft) found in a bag of product. Investigation of the material appeared to indicate that that it was of the same material as the bag liner. The investigation included record review and retained sample review and no issues were noted. While there was no confirmation that this was the source, the team members reviewing the issue believed that the bag got stuck on the box tape and tore when the case was opened. The complaint was responded to with the customer and the complaint was shared with team member as a coaching opportunity. The complaint was closed out 04/04/2023.
			Summary	Complaints in 2022 total complaints 31 complaints in 2022 10 to date in 2023 The trend charts are broken down in three ways: by customer, by month and by complaint type. As examples for the 2022 potential food safety related complaints by complaint type: One complaint for defective parts; two complaints for metal out of food package; two complaints metal inside of food package, one for plastic, one for a broken mold cup (outside of packaged), one for wood outside of package . Complaint goals are captured as part of the management review.

Module 2 Food Manufacturing - 2.2.1 - Food Safety Management System (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.2.1.1	M	The methods and procedures the site uses to meet the requirements of the SQF Food Safety Code: Food Manufacturing shall be maintained in electronic and/or hard copy documentation. They will be made available to relevant staff and include: i. A summary of the organization's food safety policies and the methods it will apply to meet the requirements of this standard; ii. The food safety policy statement and organization chart; iii. The processes and products included in the scope of certification; iv. Food safety regulations that apply to the manufacturing site and the country(ies) of sale (if known); v. Raw material, ingredient, packaging, and finished product specifications; vi. Food safety procedures, prerequisite programs, food safety plans; vii. Process controls that impact product safety; and viii. Other documentation necessary to support the development, implementation, maintenance, and control of the SQF System.	Compliant	The "Quality and Food Safety Systems Manual" (SQF.004, Revision Number 014, Revision Date 05/22/2021) has been developed and is maintained as a hard copy (in a binder). The manual is maintained by the site SQF Practitioner. The food safety manual contains the food safety policy, organization chart, scope of the certification, a list of products in the scope, the organizational chart, process controls, programs, finished product specifications, and procedures that make up the site's SQF System. It is organized by SQF section so that all SQF related food safety programs are included in the program. The system is made available to all relevant staff by request or using the electronic copy stored on the server.
2.2.1.2	M	Food safety plans, Good Manufacturing Practices, and all relevant aspects of the SQF System shall be reviewed, updated, and communicated as needed when any changes implemented have an impact on the site's ability to deliver safe food. All changes to food safety plans, Good Manufacturing Practices, and other aspects of the SQF System shall be validated or justified prior to their implementation. The reasons for the change shall be documented.	Compliant	
			Summary	The scope of the audit covers Food Sector 20, Recipe Meals Manufacture, which applies to the processing, receipt, controlled temperature storage, and transportation of foods prepared from a range of ingredients that require cooking, heating, freezing, or refrigerated storage before serving. Processes covered under the scope of certification are repacking, transportation, warehouse, controlled storage, distribution center, fulfillment, shelf-stable foods, chilled meals, and dried foods. All changes made to food safety plans, Good Manufacturing Practices, and other aspects of the SQF System are documented at the end of each document and validated or justified by the author or the quality manager. The site "Food Safety Plan" (GMP.005, Revision 003, Revision Date 03/09/2020), captures the site HACCP plans and is part of the overall Quality and Food Safety Systems manual. The Food Safety plan must be reanalyzed every three years or as needed when changes to plant or processes occur. All changes made to food safety plans, Good Manufacturing Practices, and other aspects of the SQF System are validated or justified by the Corporate Director, QC/QA Director and the site QA manager. A history of changes is documented at the end of each document and includes the description of the change, validation date, and author's name. The system is made available to all relevant staff for review and the hard copy of the program is kept in the QA office.

Name	Mandatory	Description	Primary Response	Evidence

Module 2 Food Manufacturing - 2.2.2 - Document Control (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.2.2.1	M	The methods and responsibility for maintaining document control and ensuring staff have access to current requirements and instructions shall be documented and implemented. Current SQF System documents and amendments to documents shall be maintained.	Minor	The site had binders that contained key documents where the revision dates did not match the updated electronic version of these documents. Examples included: - Food Safety Plan – GMP.005 – in the binder, the document indicated that it was Revision 003, Revision date 03/09/2020. Electronically, the site had the same document listed as Revision 004 Revision date 03/10/2022. - Management Review Policy PL.001 - in the binder the document indicated that it was Revision 001, Revision date 04/30/2021. Electronically, the site had the same document listed as Revision 001, but the revision date was noted as 03/14/2022. The Food Fraud Vulnerability Assessment and Mitigation (GMP.065) document had Revision 002 and a revision date of 04/21/2021 in the binder. Electronically, the site had the same document as revision number 005, date of revision 01/05/2022.
			Summary	The site "Document Preparation and Revision Procedure" (GMP.012, revision 005, revision date 03/18/2020), outlines procedures for document initiation and revision function, as well as how approvals are obtained and how released copies are distributed. New procedures and existing procedure revisions can be created by any manager, rough drafts are submitted to QA Technical Coordinator (who functions as the Document Control clerk) for review. The site has standardized formatting of documents (e.g. Block 1- procedure subject, block 2 – procedure number (there are standard designation such as GMP, which mean, in this context, General manufacturing procedures, JD=Job description, etc.); block 3-location, block 4=revision date, etc. and this is outlined in the "Document Preparation and Revision Procedure" (GMP.012, Revision 005, last revised 03/18/2020) which outlined instructions for making uniform preparation and/or revision of company and site procedures. The revision history is at the end of each procedure, program, policy, etc. As an example, the Food Safety Plan (see 2.4.3) had 18 revisions, each listed from 02/28/2014 to 08/01/2022. Each department head is responsible for maintaining documents specific to their department. Documents are reviewed and approved for adequacy by each department head and then submitted to the QA Technical Coordinator before issue. A current list of all SQF documents is maintained, and documents were observed to be securely stored and accessible. The register of SQF documents is called "SQF.010 policy manager" and is found in the SQF binder and updated by the QA director on 03/23/2023. The register includes the document name, SOP number, original publish date, and last revised date. Most documents were issued in 2008. The revision dates are located next to the date the document or SOP was first implemented. All documents and records are kept on-site, backed up at the corporate facility, and stored electronically. Changes to identified documents may be made by the document owner and submitted to the Document Control Coordinator for review.

Module 2 Food Manufacturing - 2.2.3 - Records (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.2.3.1	M	The methods, frequency, and responsibility for verifying, maintaining, and retaining records shall be documented and implemented.	Compliant	The "Control of Documents and Records" (Doc #GMP.011, revision 011, last revised 03/10/2022) outlines the site policy for verifying and retaining records. Records are retained for three years for refrigerated, frozen, preserved or shelf stable products and 5 years for organic products. Off-site record storage is allowed after six months, so long as records can be retrieved within 24 hours. All written records are to be made in ink and must be legible (labels are not an acceptable replacement). If there are errors, a single line is made through the error, along with initials of the person making the correction. The facility procedures for recording production and correcting and initialing errors are based on customer, company, and regulatory requirements. Records were observed to be readily accessible, legibly filled out, securely stored to prevent damage, and have documented retention times. All quality and process control records shall be stored in a clean, dry environment that prevents damage and deterioration. Records are accessible to those individuals who have been granted access to the computer file.
2.2.3.2	M	All records shall be legible and confirmed by those undertaking monitoring activities that demonstrate inspections, analyses, and other essential activities that have been completed.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
2.2.3.3	M	Records shall be readily accessible, retrievable, and securely stored to prevent unauthorized access, loss, damage, and deterioration. Retention periods shall be in accordance with customer, legal, and regulatory requirements, at minimum the product shelf-life or established by the site if no shelf-life exists.	Compliant	
			Summary	Documents were reviewed that represented aspects of the entire food safety system, including: -Positive Release verification 01/31/2022, 02/06/2023, 02/27/2023, 03/07/2023 -EMP program testing results: 12/22/2023, 03/15/2023, 04/19/2023 -Metal Detector Log checks 01/17/2023 (no issues) -Noodle Process Control Log 01/17/2023 -Noodle Process Control Log 01/17/2023 -Net Weight Chart 01/17/2023 (no issues) -Leaker test log 01/17/2023 (no issues) -Baked Chow Mein Wok tests 01/18/2023 (no issues) -Packaging coding checks 01/17/2023 -Glass and Brittle Plastic audits 01/28/2023, 02/18/2023, 03/16/2023 -PreOp inspection 01/17/2023 -Bio-security truck inspection 01/19/2023, 01/20/2023 -Raw material inspection 12/19/2022 -Receiving records 12/19/2022, 12/27/2022, 12/30/2022, 01/02/2023, 01/10/2023, 01/19/2023 -Shipping records 01/19/2023, 01/20/2023 -Production Reports 01/17/2023

Module 2 Food Manufacturing - 2.3.1 - Specification, Formulation and Realization

Name	Mandatory	Description	Primary Response	Evidence
2.3.1.1		The methods and responsibility for designing and developing new product formulations and converting product concepts to commercial realization shall be documented and implemented.	Compliant	The “Product Development” program (SQF.009, Revision 004, last reviewed and revised 03/15/2021) has been implemented. Procedures conducted at the facility include checking formulations, processes, storage, handling production trials, shelf-life trials, product testing, and commercial realization. Shelf-life trials are conducted to establish “best by” dates, handling & storage requirements, and microbiological criteria. The food safety plan is validated and verified for each new product and process by reassessment. The review includes changes to distribution and ingredients. Process flow for any new and existing manufacturing processes is manufactured to approved product formulation to prevent cross-contamination. The corporate R&D Manager is responsible for introducing and approving new concepts, creating new recipes, overseeing pilot tests, developing product specifications, and conducting and validating shelf-life trials. The Sales Manager designs packaging and the Controller determine costs and final product price. When pilot tests are performed, sanitation personnel properly clean and sanitize the line after test runs to ensure no cross-contact with currently manufactured products. The Food Safety Team is responsible for updating the allergen program to ensure new allergens do not contaminate current products. The Operations Plant Manager works on designing and purchasing any new equipment. R&D and QA departments are responsible for shelf-life trials, validating 'use by' or 'best before dates, determining the product’s microbiological criteria, consumer preparation, storage, and handling requirements, validating, and verifying food safety plans when there is a change to ingredients, process, or packing materials.
2.3.1.2		New product formulations, manufacturing processes, and the fulfillment of product requirements shall be established, validated, and verified by site trials and product testing as required to ensure product safety. Product formulations shall be developed by authorized persons to ensure that they meet the intended use. Where necessary, shelf life trials shall be conducted to validate and verify a new product’s: i. Pre-consumer handling and storage requirements, including the establishment of “use by,” “best before dates,” or equivalent terminology; ii. Microbiological criteria, where applicable; and iii. Consumer preparation, where applicable, and storage and handling requirements.	Compliant	
2.3.1.3		A food safety plan shall be validated and verified by the site food safety team for each new product and its associated process through conversion to commercial production and distribution or where a change to ingredients, process, or packaging occurs that may impact food safety.	Compliant	
2.3.1.4		Product formulations and manufacturing processes for products included in the scope of certification shall be reviewed when there are changes in materials, ingredients, or equipment.	Compliant	
2.3.1.5		The process flows for all new and existing manufacturing processes shall be designed to ensure that product is manufactured according to approved product formulations and to prevent cross-contamination.	Compliant	
2.3.1.6		Records of product design, formulations, label compliance, process flows, shelf life trials, and approvals for all new and existing products shall be maintained.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The most recent new product project (Soup) was started 02/17/2023 at which time QA/FS was engaged in the discussion to work on supplier approvals, confirm food safety requirements, engage USDA in meeting regulatory requirements, etc. Meeting notes are sent by R & D updating the team on progress toward completion of the initial test phase (notes from 3/17/2023 were reviewed), then internal testing is conducted to ensure CCPs are met. Soup testing was conducted on 3/31/2023 to make sure that all CCP Critical Limits could be met (an example: CCP2 Meat temp Critical limit is a maximum of 44.6F. For the test, the initial temperature was 37.3F and the maximum temperature recorded was 40.6F.). The study was conducted to determine how long the metal could stay out before exceeding action levels of 40F. This occurred 25 minutes after removal from the cooler. In order to achieve cooler temperatures to allow for a longer time to remain in the production room, the product is now being placed in to the blast cooler until it reaches 32F and is then pulled and used. CCP1 MD – No issues (functioning as intended). CCP3 – Testing to determine if 10 minute cooking time could achieve 165F or above. The minimum temperature was 167.8F but the site decided to cook for 12 minutes to ensure an appropriate temperature buffer (i.e. Product temperature at or above 170F) could be maintained. From here the product scaled up to small production. Samples from this production were submitted to the customer for review and approval. Then tests are to be conducted in the stores to confirm that the sales warrant full production (this is the stage the site is in at the time of the audit). Also, the site applications for USDA Approval of soup with shredded Beef for labels, marking, or device (02/21/2023) and Ramen Soup with Grilled Chicken White Meat (12/15/2022) were reviewed. The site maintains a register of all finished product made at the site which includes the specification number, formula number (if applicable), customer, allergen, shelf stable/fresh/frozen, Origin date, revision date, supersedes date, and revision number. CCP 4 Cooling (follow UDA guidance of 130 to 80 within 90 minute then 80 to 40 within 4 hours. Total cool time for the test was 2 hours 7 minute, but it was determined additional buffer time was needed to set the colling time to 3 hours, with a QC check as confirmation to ensure compliance.

Module 2 Food Manufacturing - 2.3.2 - Specifications (Raw Material, Packaging, Finished Product and Services)

Name	Mandatory	Description	Primary Response	Evidence
2.3.2.1		The methods and responsibility for developing, managing, and approving raw material, finished product, and packaging specifications shall be documented.	Compliant	Raw material specifications reviewed included: Xanthan Gum - Appearance: Cream Colored Powder Particle size: 100% through 60 mesh; >95% through 80 mesh Moisture: <13% Ash: <13% Viscosity: (1% KCl, cps) 1200-1600 cps pH: 6.0 to 8.0 Ethanol: <500 ppm Pyruvic Acid: >1.5% TPC: <2,000 cfu/g Mold/Yeast: <100 cfu/g E. coli: Absent/25g Salmonella: Absent/25g
2.3.2.2		Specifications for all raw materials and packaging, including, but not limited to, ingredients, additives, hazardous chemicals, processing aids, and packaging that impact finished product safety shall be documented and kept current.	Compliant	Soda Ash – Dense - Dated October 2019 Melting Point: 851C % Sodium Bicarbonate: 99.5% min NaCl weight: 0.04% max Screen Analysis: 4% max left on 600um (US #30) screen 2% max through 75um (US #200) screen. Color: white Texture: Free Flowing Powder Odor: None Additional review of spec continued on next clause.....

Name	Mandatory	Description	Primary Response	Evidence
2.3.2.3		All raw materials, packaging, and ingredients, including those received from other sites under the same corporate ownership, shall comply with specifications and with the relevant legislation in the country of manufacture and country(ies) of destination if known.	Compliant	Specification for Soybean Oil (last reviewed 01/02/2020)– 100% refined, bleached, and deodorized soybean oil Color (Lovibond) – Red=2.0, max. Yellow = 15 max Smoke Point 45-F max Cold test at 32F – 20 hours max. FFA - 0.05max PV - 1.0 Max Moisture - 0.09 Max Iodine Value – 117-140 SPC - 5,000cfu/g max Yeast - 50 cfu/g max Mold - 50 cfu/g max Coliforms - 10 cfu/g max E. coil – neg/25g Salmonella – neg/25g 12 months max shelf life at 50 to 8- F and <50% RH
2.3.2.4		Raw materials, packaging, and ingredients shall be validated to ensure product safety is not compromised and the material is fit for its intended purpose.	Compliant	
2.3.2.5		Site management shall require approved raw materials suppliers to notify the site of changes in product composition that could have an impact on product formulation (e.g., protein content, moisture, amino acid profiles, contaminant levels, allergens, and/or other parameters that may vary by crop or by season).	Compliant	
2.3.2.6		Verification of packaging shall include a certification of all packaging that comes into direct contact with food meets either regulatory acceptance or approval criteria. Documentation shall either be in the form of a declaration of continued guarantee of compliance, a certificate of conformance, or a certificate from the applicable regulatory agency. In the absence of a certificate of conformance, certificate of analysis, or letter of guarantee, analyses to confirm the absence of potential chemical migration from the packaging to the food contents shall be conducted and records maintained.	Compliant	Packaging Technical specification: Laminated film Thickness: 12 micron +/- 10% Heat Seal Range: 120 to 150 C Nominal seal strength: 7.6 lb./linear inch Core Dimeter: 76 to 152 mm O2 Transmission: <120 cc/m2/24 hour at 23C/0% RH Complies with FDCA 6/25/1938 requirements. Food contact statements of continuing commodity guarantee – Not produced or shipped in violation of section 404 or 301(d) of the act dated 11/4/2022 FSSC 22000 audit conducted 09/28/2021 – valid until 11/22/2024.
2.3.2.7		Finished product labels shall be accurate, comply with the relevant legislation, and be approved by qualified company personnel.	Compliant	
2.3.2.8		Description of services for contract service providers that have an impact on product safety shall be documented, current, include a full description of the services to be provided, and detail relevant training requirements of all contract personnel.	Compliant	Service Providers Procedure (GMP.008 Revision Date 03/10/2022, Revision # 004) This included the requirement that contract service providers provide, Cert of liability, scope of work, relevant food safety training, current accreditations, etc. Contract suppliers must review and sign the site GMP policy and follow all GMP practices. Documentation will be reviewed every two years. An example reviewed: -Laundry/smock provider. Contract (dated 08/14/2020) which include the usage and price of the materials provided and the guaranty to resolve any issue withing 10 working days of notification receipt. Documentation included the company HACCP program (01/03/2023) which identifies the company as a HACCP conscious uniform rental service. Materials used in the uniforms, separation of clean and soiled garments, and process descriptions of the wash cycle, ATP testing, random testing of garments for APC, Listeria, Salmonella Yeast and Mold, along with redundant testing quarterly at a second lab. The provider identified 3 CCPs (Wash, Steam tunnel/dryer (must be 240 to 280F), and garment delivery (including clean and dirty garment separation on the truck), Monitoring program for CCPs and a flow diagram outlining the process steps were included in the HACCP program. Other SOP's included disinfecting garment folding tables, cleaning/removing debris from the dryer area, and washer loading and unloading. The Contract service providers log identifies all the contact service providers including providers of: sanitation chemicals and supplies; micro/chem lab; pest control; linen and garment service; duct cleaning, scale calibration; thermometer calibration; metal detection calibration; refrigeration, etc.. The log includes the service type, the service provider, the work conducted, the training needed to supply the site (i.e. GMPs injury/illness, the training frequency, and additional requirements (e.g. for the lab ISO/EC 17025 certification and written agreement as to the types of tests to be run before each test.

Name	Mandatory	Description	Primary Response	Evidence
2.3.2.9		Finished product specifications shall be documented, current, approved by the site and its customer, accessible to relevant staff, and shall include, where applicable: i. Microbiological, chemical, and physical limits; ii. Composition to meet label claims; iii. Labeling and packaging requirements; and iv. Storage conditions.	Compliant	Finished product specifications are current, documented, and approved by the site's customers. Specifications include description, allergen statement, ingredients, standard composition, physical and chemical attributes, storage conditions, shelf life, microbiological standards, GMO status, sampling criteria, nutritional facts, packaging information, pictures, and pallet labeling. The site had a "Finished Goods List" (Doc #SQF.056, Revision 02, Last revised date 02/14/2023) which contained all product skus. Specifications were available for all products. Finished Product specifications were reviewed. Examples reviewed included; Yakisoba 4 oz. Pasteurized and Frozen (Product #01-01-5054-01, revision 001, Revision date 02/22/2023). Information included: Description, Ingredients, Allergens (wheat); Noodle length (14" +/- 7"); Noodle thickness 1.9 +/- 0.3 mm; Noodle width 1.9 +/- 0.3 mm; Package weight 4 oz. +/- 0.25 oz.; Pack length 5.375" +/- 0.25"; Package width 5.0 +/- 0/25"; Package Height 0.75"; Noodle Moisture 53 +/- 3%; Noodle pH 6.8 +/- 0.4; TPC <30,000 cfu/g; Coliform <100 cfu/g; E. coli <10 cfu/g; Yeast <500 cfu/g; Mold <500 cfu/g
2.3.2.10		Specifications for raw materials and packaging, chemicals, processing aids, contract services, and finished products shall be reviewed as changes occur that impact product safety. Records of reviews shall be maintained. A list of all the above specifications shall be maintained and kept current.	Compliant	
			Summary	Specifications for raw materials, packaging, ingredients, additives, chemicals, finished products, processing aids, and contract services have been documented. Current registers were reviewed for raw materials, packaging materials, and labels. A policy defining the methods and responsibilities for developing and maintaining specifications has been documented and implemented in "RD.001 New Product Development Procedure" and "GMP.021 Sites and Materials Approval Process." Raw and packaging materials are validated to ensure product safety, regulatory requirements, and fit-for-purpose requirements are met. These are done by receiving and reviewing the certificate of insurance and maintaining letters of guarantee. The shipping personnel and QA technician responsibility is to verify raw materials and packaging upon receipt. Inspection of pre-printed packaging shall be conducted at receipt of packaging. A minimum of five samples are inspected from each inbound load to verify that all required information is present, accurate, and legible for reading. Review of packaging shall be recorded in the packaging verification log. There is a register of raw material, ingredients, and packaging specifications, called "Approved Sites and Ingredients" that was current. All contract service providers' services impacting food safety are documented in the "contract service providers log," and found to include providers of services, including: third party laboratory, pest control provider, Scale calibration service, Waste management, Boiler service, Metal detector calibration service, and SQF certifying body. Raw and packaging materials are validated to ensure product safety, regulatory requirements, and fit-for-purpose requirements are met. These are done by collecting product specification sheets, nutritional information, identity preservation certifications, letters of guarantee, country of origin, third-party manufacturer audits, and certificates of insurance. The food contact packaging, standup bag, and the food contact bag used in the Costco product have a certificate of conformance from CDW, the manufacturer, indicating that it does not present a risk of chemical migration to food products. Product labels are approved by the R&D Team, which is qualified, and the USDA ensures they are accurate and meet regulatory requirements. There is a register of raw material, ingredients, and packaging specifications called the "RD.005 Registry of finished product specifications," which was current.

Module 2 Food Manufacturing - 2.3.3 - Contract Manufacturers

Name	Mandatory	Description	Primary Response	Evidence
2.3.3.1		The methods and responsibility for ensuring all agreements with contract manufacturers relating to food safety, customer product requirements, their realization, and delivery shall be documented and implemented.	Not Applicable	The site does not use contract manufacturers. Any needed processing would be done by sister plants.

Name	Mandatory	Description	Primary Response	Evidence
2.3.3.2		The site shall establish a method to determine the food safety risk level of contract manufactured product and shall document the risk. The site shall ensure that: i. Products and processes of co-manufacturers that are considered high-risk have undergone an audit by the site or third-party agency to confirm compliance with the SQF Food Safety Code: Food Manufacturing and regulatory and customer requirements; ii. Products and processes of co-manufacturers that are considered low-risk meet the requirements of the SQF Food Safety Code: Food Manufacturing, or other GFSI benchmarked certification programs, and regulatory and customer requirements; and iii. Changes to contractual agreements are approved by both parties and communicated to relevant personnel.	Not Applicable	The site does not use contract manufacturers. Any needed processing would be done by sister plants.
2.3.3.3		Contractual agreements with third party storage and distribution businesses shall include requirements relating to customer product requirements and compliance with clause 2.3.3.2 of the SQF Food Safety Code: Food Manufacturing. Contractual agreements shall be approved by both parties and communicated to relevant personnel. The site shall verify compliance with the SQF Code and ensure that customer and regulatory requirements are being met at all times.	Not Applicable	The site does not use contract manufacturers. Any needed processing would be done by sister plants.
2.3.3.4		Records of audits, contracts, and changes to contractual agreements and their approvals shall be maintained.	Not Applicable	The site does not use contract manufacturers. Any needed processing would be done by sister plants.
			Summary	The site does not use contract manufacturers. Any needed processing would be done by sister plants.

Module 2 Food Manufacturing - 2.3.4 - Approved Supplier Program (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.3.4.1	M	The responsibility and procedure for selecting, evaluating, approving, and monitoring an approved supplier shall be documented and implemented. A current record of approved suppliers, receiving inspections, and supplier audits shall be maintained. Code Amendment #2 Approved supplier registers shall include supplier contact details. All approved and emergency suppliers shall be registered.	Compliant	The site has a written "Supplier Approval Policy and Sites and Materials Approval Procedure" (GMP.021, revision 15, last revised 10/21/2022) which covers the procedures for approving the sites of raw materials, ingredients, packaging materials, and services. The policy includes a review of the specifications of products, the supplier food safety controls, procedures for granting and monitoring approved Sites, the level of risk of products to the site, and details of requirements for Certificate of Conformance, Certificates of Analysis, and testing. The program is managed at the corporate level and the Director of QA/QC is responsible for ensuring that this procedure is followed. Potential vendors are selected for review by the corporate R&D team via several sources, including: the vendor's reputation in the industry, trade Journals, etc. The R&D team initiates the first contact and discussion with the prospective vendor. New suppliers require the endorsements of the PCQI from two of three R& D, Purchasing, or QA. Responsibilities are defined for members of each of the three departments. During the approval process, risk assessments are conducted for each raw material and supplier being reviewed and will include considerations for "inherent risk of the ingredient determined by its category and functionality, supplier recall history and performance, the likelihood of physical contaminants to occur in the product. Suppliers must agree to allow the site to perform second party audits or to have third party audits conducted by accredited auditing companies. There is a general scorecard that includes components of food safety (i.e. the number of food safety and non-food safety incidents that have occurred by the supplier).
2.3.4.2	M	The approved supplier program shall be based on the past performance of a supplier and the risk level of the raw materials, ingredients, processing aids, packaging, and services supplied, and shall contain at a minimum: i. Agreed specifications (refer to 2.3.2); ii. Reference to the level of risk applied to raw materials, ingredients, packaging, and services from the approved supplier; iii. A summary of the food safety controls implemented by the approved supplier; iv. Methods for granting approved supplier status; v. Methods and frequency of monitoring approved suppliers; vi. Details of the certificates of conformance, if required; and vii. Methods and frequency of reviewing approved supplier performance and status.	Compliant	Once approved, the supplier will be reviewed annually. If there are any complaints or materials are out of specification, a supplier complaint or incident report will be submitted to the supplier. The policy includes a review of the specifications of products, the supplier's food safety controls, procedures for granting and monitoring approved suppliers, the level of risk of products to the site and details of requirements for Certificate of Conformance, Certificates of Analysis, and testing. A register is maintained of all current approved suppliers, which was reviewed during the audit and found to be acceptable. A separate register with a risk analysis of all raw materials was in place (last revised 02/26/2021). Risk considered included Biological, Chemical and Physical risks and the severity and likelihood of hazards. Packaging materials were all deemed low risk for each type of hazards. Risks for raw materials had low to medium low risks (none were deemed significant). The vendor provides a product specification sheet, Kosher Certification, 100g Nutritional Information, Letter of Guarantee, Certification of Insurance, GMO Letter, Country of Origin, MOQ and Lead Time, Pricing, Organic Certificate, and 3rd Party Audit. Upon approval, Purchasing assigns an item number that triggers an R&D team member to place ingredient documents into the ingredient. For certain ingredients, the company reserves the right to audit vendors.

Name	Mandatory	Description	Primary Response	Evidence
2.3.4.3	M	Verification of raw materials shall include certificates of conformance, certificates of analysis, or sampling, and testing. The verification frequency shall be identified by the site.	Compliant	Xanthan Gum: Receiving sheet – include COA with the following attributes (actual values are in parentheses): Appearance: Cream Colored Powder (conforms) Particle size 100% through 60 mesh; >95% through 80 mesh (100%; 96.2%) Moisture <13% (10.3☒ Ash <13% (9.7%) Viscosity (1% KCL, cps) 1200-1600 (1522)☒ pH 6.0 to 8.0 (6.59) Ethanol <500 ppm (281)☒ Pyruvic Acid >1.5% (1.5%) TPC <2,000 cfu/g (<100 cfu/g)☒ Mold/Yeast <100 cfu/g (<100 cfu/g) E. coli Absent/25g (absent)☒ Salmonella Absent/25g (absent) The raw material specification sheet reviewed had the same information. The supplier provided a Letter of Continuing Guarantee dated 07/2022 (expire 07/2025). The xanthan gum manufacturing site had a BRCGS audit conducted 05/21/2022 – Certificate expires 07/02/2023 (Grade A) Other raw materials reviewed: Soybean Oil supplier - was deemed low risk and did not have a GFSI audit, but was required to complete a questionnaire that included all food safety programs. This was submitted and accepted 04/22/2022. Wheat Supplier (low risk) – Last GFSI (BRCGS) audit was dated 02/23-24/2023; Certificate expiry was 04/10/2024. Unenriched Noodle Flour (low risk) – last GFSI (SQF) audit date was 05/27-28/2022. Certificate expiry was 06/22/2023 Sodium Carbonate (low risk) – last audit was an ISO 9001: 2015 audit– certificate valid from 11/09/2020 to 11/29/2023. Packaging Technical specification: Laminated film Thickness: 12 micron +/- 10%☒ Heat Seal Range: 120 to 150 C Nominal seal strength: 7.6 lbs./linear inch☒ Core Dimeter: 76 to 152 mm O2 Transmission: <120 cc/m2/24 hour at 23C/0% RH Complies with FDCA 6/25/1938 requirements. Food contact statement continuing commodity guarantee (dated 11/04/2022) – Not produced or shipped in violation of section 404 or 301(d) of the act. FSSC 22000 audit conducted 09/28/2021 – valid until 11/22/2024.
2.3.4.4	M	The receipt of raw materials, ingredients, processing aids, and packaging from nonapproved suppliers shall be acceptable only in an emergency situation and provided a receiving inspection or analysis is conducted and recorded before use.	Compliant	N/A. Although it was marked as compliant, the clause is not applicable. The use of non-approved or emergency suppliers is not permitted at the site.
2.3.4.5	M	Raw materials, ingredients, and packaging received from other sites under the same corporate ownership shall be subject to the same specification requirements (refer to 2.3.2), approved supplier requirements, and receiving inspections as all other material providers.	Compliant	While the site does not receive materials from their sister plants, the sister plants are all GFSI (SQF) certified and are required to follow all of the same protocols as the site, and uses the same specifications so the process would be in compliance with this clause, should it be needed.
2.3.4.6	M	Supplier audits shall be based on risk (as determined in 2.3.4.2) and shall be conducted by individuals knowledgeable of applicable regulatory and food safety requirements and trained in auditing techniques.	Compliant	N/A. Although it was marked as compliant, the clause is not applicable. The supplier does not audit vendors and relies on their GFSI certification.
			Summary	Vendors are included in the corporate approved supplier register and each site that is allowed to the use the vendor and raw material is listed on the register. A certificate of analysis is requested from each supplier for each ingredient lot provided. The Certificates of Analysis contain, as applicable: microanalytical data, Chemical data, protein level, moisture, and Lot code. After approval of a new ingredient, the Director of QA/QC uses the supplier's specification as a source of physical, chemical, or microbiological tolerances. Information gathered during plant trials conducted by R&D will also be used. Attributes to be included will depend on the use and risk to the finished product. Packaging Materials Potential vendors are selected for review by the R&D team via several sources; vendor's reputation in the industry, trade Journals, etc. An annual review is completed for all Sites that generated a Material Deviation by the JSL Management Team, those ingredients deemed "high risk," and all flours. Conforming Sites are reviewed every three years. The procedures for emergency use of non-approved Sites have been documented. Per the Site approval policy, incoming materials from sister sites are subject to specifications and Site approval requirements. All approved Sites are maintained, reviewed during the audit, and found acceptable. Raw materials used to manufacture customer 1 product traced during the audit salt, potassium carbonate, riboflavin, unenriched flour, and vital wheat were verified from Sites on the Approved Site List. There was an approved Suppliers/Ingredients for all raw materials and the plant had a matrix of approved suppliers that included: Item#, Ingredient name, Supplier Name; allergens, GFSI certification, whether a Food Safety questionnaire was required (the corporate protocol is to require current GFSI certification or a completed food safety questionnaire to be completed and on file at the corporate office and electronically). Also required: Letter of Guarantee, product specification; organic status, nonGMO, kosher, vegan, and gluten free status (and relevant certification cert if those claims are made). All packaging material is managed by the corporate HQ. Example: Film supplier (low risk): FSSC 22000 audit valid from 11/23/2021 until 11/22/2024 ***The approved supplier program was compliant with customer 1 requirements.***

Module 2 Food Manufacturing - 2.4.1 - Food Legislation (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
2.4.1.1	M	The site shall ensure that at the time of delivery to customers finished products shall comply with food safety legislation applicable in the country of manufacture and sale. This includes compliance with legislative requirements applicable to maximum residue limits, food safety, packaging, product description, net weights, nutritional, allergen, and additive labeling, labeling of identity preserved foods, any other criteria listed under food legislation, and to relevant established industry codes of practice.	Compliant	
2.4.1.2	M	The methods and responsibility for ensuring the site is kept informed of changes to relevant legislation, scientific and technical developments, emerging food safety issues, and relevant industry codes of practice shall be documented and implemented.	Compliant	
2.4.1.3	M	SQFI and the certification body shall be notified in writing within twenty-four (24) hours as a result of a regulatory warning or event. Notification to SQFI shall be by email to foodsafetycrisis@sqfi.com.	Compliant	
			Summary	"Food Legislation" (Revision 001, SQF.008, Date of Origin 03/16/2021) indicates that the site has ensured that products delivered to its customers comply with regulatory requirements in the country of use. Regulatory compliance for this operation includes FDA, USDA, and the local and state health department for food safety requirements, allergen content, additive labeling, and nutritional labeling. The site keeps updated about changes in relevant legislation, technical developments, and industry codes of practice in their specific industry using memberships, email distributions, and subscriptions with FDA, USDA, food business news, USDA national food and agriculture, SQFI smart brief, and the USFSCI. The site has a written provision that SFC, the certification body, and SQFI will be notified within 24 hours if a food safety event requiring public notification occurs. The QA manages all changes in food legislation and registers and notifies any change in the legislation during the monthly meetings.

Module 2 Food Manufacturing - 2.4.2 - Good Manufacturing Practices (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.4.2.1	M	The site shall ensure the applicable Good Manufacturing Practices described in Module 11 of this Food Safety Code are applied or exempted according to a written risk analysis outlining the justification for exemption or evidence of the effectiveness of alternative control measures that ensure food safety is not compromised.	Compliant	
2.4.2.2	M	The Good Manufacturing Practices applicable to the scope of certification outlining how food safety is controlled and assured shall be documented and implemented.	Compliant	
			Summary	The property, buildings, and equipment are located, constructed, and designed to ensure food is manufactured in a safe, hygienic environment. "Employee Practices and Hygiene" (GMP.001 Revision 022, Revision Date 01/20/2023). The site has written and implemented those Good Manufacturing Practices applicable to the scope of this certification and did not apply for an exemption of any element or GMP practices. These food safety pre-requisite programs are found in the "GMP.001 employee practices and hygiene," which outlines the dress code, personnel practices, color coding, personal hygiene, hand care, glove usage, PPE, sanitary facilities, and flow traffic. All employees must wear clean outer garments suitable for the operation to protect against the contamination of food, food-contact surfaces, and food packaging materials when entering production areas. The smocks or aprons are not worn outside the plant. The smock is removed before entering the lunchroom and restrooms. A color-coding system for smocks will be prominently displayed and enforced. No jewelry is permitted in any processing area. Earrings, watch, rings with stones, neck chains, or fitness bands are not permitted. Only solid wedding bands without stones or crystals are permitted. Written GMP program sufficiently addresses all reasonable hazards. The effectiveness of the pre-requisite programs is verified monthly during the GMP inspection as outlined in the internal audit section of this report. The GMP and glove use policy are compliant with customer 1 requirements. All team members touching product were observed to be wearing gloves during the site tours. ***The GMP and glove use policy are compliant with customer 1 requirements. All team members touching product were observed to be wearing gloves during the site tours.***

Module 2 Food Manufacturing - 2.4.3 - Food Safety Plan (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
2.4.3.1	M	A food safety plan shall be prepared in accordance with the twelve steps identified in the Codex Alimentarius Commission HACCP guidelines. The food safety plan shall be effectively implemented and maintained and shall outline how the site controls and assures food safety of the products or product groups included in the scope of the SQF certification and their associated processes. More than one HACCP food safety plan may be required to cover all products included in the scope of certification.	Compliant	The site HACCP programs are defined in "Hazard Analysis Control Plan-HACCP" (GMP.004, revision 17, Revision date 08/12/2022) Six active food safety plans have been developed, implemented, and maintained by the site. -HI.001 – Noodles, formed and frozen – Last reviewed and revised 04/11/2023; -HI.002 – Noodles, Ramen – Last reviewed and revised 04/12/2023; -HI.003 – Noodles, Baked – Last reviewed and revised 04/13/2023; -HI.006 – Rehydrated Product – Last reviewed and revised 03/06/2023; -HI.007 – NRTE Not-Shelf Stable Noodle Meat Meal Kit with Pouching Process Last revised 09/28/2022; last reviewed 03/12/2023). -HI.009 - NRTE Not Shelf Stable Noodle, IQF Vegetables, and IQF Meat Poultry Meals. (Origin date 03/25/2023) The HACCP Plan is reviewed annually or as needed. The Plan is prepared in accordance with the steps identified by governing regulatory agencies such as Codex or NACMCF. The plans included a list of all products within the scope of the certification, a complete product description, intended product use, including vulnerable populations, and flow diagrams for each process, including all input and output steps in the process.
2.4.3.2	M	The food safety plan or plans shall be developed and maintained by a multidisciplinary team that includes the SQF practitioner and those site personnel with technical, production, and engineering knowledge of the relevant raw materials, packaging, processing aids, products, and associated processes. Where the relevant expertise is not available on-site, advice may be obtained from other sources to assist the food safety team.	Compliant	A multi-disciplinary Food Safety Team has been identified and trained, with documentation found in "HI.007 HACCP team," and includes the: Corporate Director QA/QC; plant manager, maintenance manager, QA manager, sanitation supervisor, warehouse supervisor, VP R & D, R & D manager, and the QA Technical Coordinator. The QA Manager/SQF Practitioner is the HACCP Team leader and has had formal HACCP training (HACCP Alliance Systemic Approach to Food Safety 05/10/2021). All HACCP team members have taken formal 16 hour HACCP training courses (i.e. HACCP: Developing and Implementing a Hazard Analysis and CCP plan (16 hours).
2.4.3.3	M	The scope of each food safety plan shall be developed and documented including the start and endpoints of the processes under consideration and all relevant inputs and outputs.	Compliant	
2.4.3.4	M	Product descriptions shall be developed and documented for all products included in the scope of the food safety plans. The descriptions shall reference the finished product specifications (refer to 2.3.2.9) plus any additional information relevant to product safety, such as pH, water activity, composition, and/or storage conditions.	Compliant	Product Descriptions were in place for all products covered by the HACCP plans. Examples reviewed included: Noodles, formed and frozen – this product requires further heat treatment at the customer level. Description: Noodles made from enriched wheat flour, heat treated by steaming, placed in a mold and quick frozen then cased in bulk. The noodles are intertwined. Shelf Life (frozen) – Yakisoba (9 months); Lo Mein (14 month); Chow Mein (6 month); Pasta (9 months). Ingredient statement example: FF1239D Baked Chow Mein: Enriched Wheat Flour (wheat flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid); water, 100% fully refined soybean oil, salt, potassium sorbate and sodium benzoate added to retard spoilage, xanthan gum, potassium & sodium carbonate, colored with FD & C Yellow #5 & #6).
2.4.3.5	M	The intended use of each product shall be determined and documented by the food safety team. This shall include target consumer groups, the potential for consumption by vulnerable groups of the population, requirements for further processing if applicable, and potential alternative uses of the product.	Compliant	Each product group had an intended use/group. An example from Noodles, formed and frozen: Intended Use: For institutional use only, Further processing (heating) required. Intended Consumer Group: General public, except for vulnerable groups. This may include any individual who is allergic to wheat and eggs, infants, and/or elderly, and customers on a special diet or with special preferences.
2.4.3.6	M	The food safety team shall develop and document a flow diagram covering the scope of each food safety plan The flow diagram shall include every step in the process, all raw materials, packaging, service inputs (e.g., water, steam, gasses as applicable), scheduled process delays, and all process outputs including waste and rework. Each flow diagram shall be confirmed by the food safety team to cover all stages and hours of operation.	Compliant	Flow Charts were reviewed: Example: Form HI:001 (Noodles, formed and frozen flow chart reviewed 04/11/2023 – signed 04/11/2023 by Dir. QA/QC/Food Safety). Inputs included Dry ingredients, water, receive flour in bulk or bag, nitrogen, oil application, packaging materials, Outputs included product shipped, and waste after weigh checking. Finished product rework is not allowed at this site, except as noted in 2.4.6. Inputs included: dry ingredient, water, flour, pkg material Nitrogen, returns, and oil (optional). Outputs included: shipping to offsite sister sites for additional processing. Waste is identified by asterisks at multiple steps in the process (e.g. slitter, remove from mold, freezer tunnel, aging bowl) – waste is not sent to animal feed but only to trash. All plans were reviewed by the HACCP team on 04/11/2023, including the walk through of all flow charts (HI.001, HI.002, HI.003, HI.006, HI.007). This was signed by all HACCP team members on 04/11/2023. The review also included the "Plan Reassessment Change Form (dated 04/11/2023) which included product and process evaluation (10 questions such as : Product description changed? New storage needs? Personnel change?, etc.) and evaluation of adequacy of CCP Critical Limit, monitoring, corrective action, verification, and record keeping (10 question such as: do the CCPs control the hazards? Are the CCP critical limits adequate? Are record keeping procedures adequate?, etc.)) This also included documents that were reviewed.
2.4.3.7	M	The food safety team shall identify and document all food safety hazards that can reasonably be expected to occur at each step in the processes, including raw materials and other inputs.	Compliant	The Hazard Analysis included: Biological: Small flies, cockroaches, Pathogenic E. coli, B. cereus, Salmonella, Listeria, coliforms, yeast/molds, rodents Chemical: Mycotoxin; ink migration (from packaging), unpurified nitrogen, Physical: Wood, plastic, wood, stones, Allergen: Egg, wheat (cross contamination), undeclared allergens on labels Waste is also captured as a step in the hazard analysis and hazards are identified (Biological only).

Name	Mandatory	Description	Primary Response	Evidence
2.4.3.8	M	The food safety team shall conduct a hazard analysis for every identified hazard to determine which hazards are significant, i.e., their elimination or reduction to an acceptable level is necessary to control food safety. The methodology for determining hazard significance shall be documented and used consistently to assess all potential hazards.	Compliant	The Site had a risk matrix to identify hazard significance: Likelihood: (1=Low-unlikely to occur – issues <1/year. 3=High -virtually certain to occur (could happen now); 2=Medium – somewhere between low and high Severity: 1=low-issue results in customer dissatisfaction. 2=medium-potential food quality issues; 3=high- reasonably likely that incident is food safety related resulting in injury, fatality, recall, etc. Overall score 1-3 – requires standard PRP guidelines and procedure – (these are not required to be documented) 4-6 - PRP Plus control point (these will be documented) 7-8 - PRP+Control Program+Training (documented) 9=CCP (PRP+Control Program+Training+Verification (documented)
2.4.3.9	M	The food safety team shall determine and document the control measures that must be applied to all significant hazards. More than one control measure may be required to control an identified hazard, and more than one significant hazard may be controlled by a specific control measure.	Compliant	The site used a Risk analysis risk matrix to determine whether a significant hazard was a CCP. Using the Risk matrix to define whether a risk requires CCP or not to define whether a significant hazard requires a CCP. Anything below a score of 10 requires a CCP in the decision matrix used. As an example: for HI-009 metal detection had a score of 8 so was determined to require a CCP. IQF Meat/poultry scored a 2 so required a CCP. Allergen packaging had a risk score of 13 so, while it is a FSMA Preventive Control, it was not defined as a CCP) CCPs were identified for each HACCP plan and numbered steps indicated where CCPs were located on both the flow chart and the hazard analysis for each plan. 1 Noodles, formed and frozen (HI.001) One CCP; CCP 1 – Metal Detection (Step 20) 2 Noodle Ramen (HI.002) One CCP ; CCP 1 – Metal Detection (step 15) 3 Noodles, Baked – (HI:003) One CCP ; CCP 1 – Metal Detection (step 27) 4 Rehydrated Product (HI.006) One CCP ; CCP 1 – Metal Detection – 2 locations (step 12 and step 18) 5 – NRTE Not-Shelf Stable Noodle Meat Meal Kit with Pouching Process (HI.007); Four CCPs – As defined by USDA so the CCP's, as an example are identified as 1U, 2U, 3U, 4U to distinguish from plant derived CCPs: CCP 1U - Metal Detection (step 7) CCP 2U - Pouching (step 5) CCP 3U - Heat treatment (step 10) CCP 4U - Cooling (step 11) 6 - NRTE Not Shelf Stable Noodle, IQF Vegetables, and IQF Meat Poultry Meals (HI.009); Two CCPs CCP 1- Metal detection (Step 10) CCP 2 – IQF Meat/Poultry Temperature Control (Step 4)
2.4.3.10	M	Based on the results of the hazard analysis (refer to 2.4.3.8), the food safety team shall identify the steps in the process where control must be applied to eliminate a significant hazard or reduce it to an acceptable level (i.e., a critical control point or CCP). In instances where a significant hazard has been identified at a step in the process, but no control measure exists, the food safety team shall modify the process to include an appropriate control measure.	Compliant	
2.4.3.11	M	For each identified CCP, the food safety team shall identify and document the limits that separate safe from unsafe product (critical limits). The food safety team shall validate all of the critical limits to ensure the level of control of the identified food safety hazard(s) and that all critical limits and control measures individually or in combination effectively provide the level of control required (refer to 2.5.2.1).		The site identified one CCP s common to all HACCP Plans: Metal Detection – Critical Limits: Functioning Metal detector. Detection sensitivities: 2.5 mm Ferrous, 3.5 mm NonFerrous, and 3.5 mm SS. (metal detector is on and functioning). Monitoring Procedures, Frequency, and Responsibility – the metal detector is tested before production starts, every hour (+/- 30 minutes), and after production ends. The site passes each test sample through three times and this is recorded on Metal detection log QC.013. For other plans with non-metal detection CCPs CCP 2 IQF - Product temperature is 44.6F or below for IQF meat/poultry/vegetables. Checked every hour +/- 15 minutes. CCP 3U – Heat treatment (Steam). Critical Limit Minimum of 211F for 3.5 minutes with a resulting temperature of 185F or above. Checked at beginning, middle, and end of each shift. CCP 4U - Freezer tunnel Freeze to 20F or below within 3.5 minutes of tunnel entry (checked every hour +/- 15 minutes). NOTE: The nonconformity identified in the prior audit was addressed, and was confirmed, during this audit, to be corrected.
2.4.3.12	M	The food safety team shall develop and document procedures to monitor CCPs to ensure they remain within the established limits (refer to 2.4.3.11). Monitoring procedures shall identify the personnel assigned to conduct monitoring, the sampling and test methods, and the test frequency.	Compliant	
2.4.3.13	M	The food safety team shall develop and document deviation procedures that identify the disposition of affected product when monitoring indicates a loss of control at a CCP. The procedures shall also prescribe actions to correct the process step to prevent recurrence of the safety failure.	Compliant	Deviation procedures: CCP1 Metal detection: Test pieces must trigger the alarm and/or automatic rejection device. If this does not occur, the production line is stopped, product Is held back to the last good check and will be rerun through a functioning metal detector. CCP 2 IQF: Product temperature is 44.6F or below for IQF meat/poultry/vegetables. If product temperatures is between 37 & 40F cool product (operational limit). If over 44.6F then the product is discarded. CCP 3U Heat treatment (Steam): If the minimum 185F product temperature is not achieved, product is discarded to last good check. CCP 4U Freezer tunnel: If a temperature of 20F maximum is not achieved, impacted product will be held and disposed of.
2.4.3.14	M	The documented and approved food safety plan(s) shall be implemented in full. The effective implementation shall be monitored by the food safety team, and a full review of the documented and implemented plans shall be conducted at least annually, or when changes to the process, equipment, inputs, or other changes affecting product safety occur.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
2.4.3.15	M	Procedures shall be in place to verify that critical control points are effectively monitored and appropriate corrective actions are applied. Implemented food safety plans shall be verified as part of SQF System verification (refer to 2.5).	Compliant	
2.4.3.16	M	Critical control point monitoring, corrective action, and verification records shall be maintained and appropriately used.	Compliant	
2.4.3.17	M	Where food safety regulations in the country of production and destination (if known) prescribe a food safety control methodology other than the Codex Alimentarius Commission HACCP guidelines, the food safety team shall implement food safety plans that meet both Codex and food regulatory requirements.	Compliant	FSMA preventive controls were identified on the hazard analysis including: -Supply Chain Controls (LOGs, COAs, visual inspection, and truck wash certificates) -Process Control – (steaming/boiling noodles, silo screens check, metal detection) -Allergen Control (storage separately, labeling, temperature control) -Sanitation Control (documented cleaning) -Other PRPs identified as controls included: Pest Control, G & BP program, Wooden Pallet program Radiological risk was assessed for raw materials (all materials are from North American sources so risk was deemed negligible). There were also similar summaries for sanitation PC (cleaning of bulk storage of the flour freezer tunnel, process PC (silo inspection, metal detection, cooking, cup mild inspection) and supply chain (receiving protocols, supplier approval program, and shipping protocols (i.e. temperature monitoring). Examples of Process Preventive Controls that are not CCP's included: PPC for Noodles, Ramen: - Heat treatment: Steam at >200F - Blast cooling (cool to 40F within 6 hours of production) - Receiving and dry storge of allergen containing raw materials - Labeling - Cross contact from allergen dust by wheat line (wheat test BME of shift) – If positive hold product for disposition. (NOTE: This is for gluten free product). PPC for Baked Product (made in a dedicated room (P1)) -Steamer (stem dough at 209F or more for 3 to 4 minutes. (every two hours) -Oven Bake at 500F or more 10 ½ to 11 ½ minutes (every two hours) PPC for rehydrated Product: -Boil (Steam to >200F), -Heat treatment (>165F for at least 6 minutes) – recorded each batch. -Cooling (Cool to below 41F in 6 hours).
		Summary		The site program included instructions for where observations are to be documented (as an example, Record monitoring observations on Metal Deviation Log QC-013), where deviations are to be noted (Record deviations on HACCP corrective action log QC.094), how internal validations are to be captured (using form QC.069) and where and how long CCP documents re to be kept (example: Metal detection documents are maintained in the QC office for 1 year, then archived. Responsibilities for corrective actions to critical deviations are defined: QA Dir/QC Manager – Determines deviations, places product in hold, determines disposition. Shipping and receiving manager – maintains product in-house. Production Manager – Isolated affected product Inventory Control – Isolates and maintains product in a status that prevents it from shipping Maintenance Manager - repairs affected machinery and maintains relevant records. If the product is returned it is immediately disposed of (i.e. not brought in house) to minimize potential cross contamination. The site used several reference documents in developing the HACCP program including : Reference for temperature decision making: Tompkin, R.B. 1996 – The significance of time-temperature to growth of foodborne pathogens during refrigeration at 40-50F For metal detection: CPG 555.425 "no foreign objects between 7 & 25 mm are allowed (the focus is making sure any foreign objects are removed and no foreign object above 7 mm passes through the metal detection or visual inspection systems) NOTE: The HACCP Binder also included the HACCP plans for two inactive items (HI-004 – Noodle, shelf stable and HI.008 – Frozen Noodle with Vegetable).

Module 2 Food Manufacturing - 2.4.4 - Product Sampling, Inspection and Analysis

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
		The methods, responsibility, and criteria for sampling, inspecting, and/or analyzing raw materials, work-in-progress, and finished product shall be documented and implemented.		
2.4.4.1		The methods applied shall ensure that inspections and analyses are completed at regular intervals as required and to agreed specifications and legal requirements. Sampling and testing shall be representative of the process batch and ensure that process controls are maintained to meet specification and formulation.	Compliant	
2.4.4.2		Product analyses shall be conducted to nationally recognized methods or company requirements, or alternative methods that are validated as equivalent to the nationally recognized methods. Where internal laboratories are used to conduct input, environmental, or product analyses, sampling and testing methods shall be in accordance with the applicable requirements of ISO/IEC 17025, including annual proficiency testing for staff conducting analyses. External laboratories shall be accredited to ISO/IEC 17025, or an equivalent international standard, and included on the site's contract service specifications list (refer to 2.3.2.11).	Compliant	
2.4.4.3		On-site laboratories conducting chemical and microbiological analyses that may pose a risk to product safety shall be located separate from any food processing or handling activity and designed to limit access only to authorized personnel. Signage shall be displayed identifying the laboratory area as a restricted area, accessible only by authorized personnel.	Compliant	
2.4.4.4		Provisions shall be made to isolate and contain all hazardous laboratory waste held on the premises and manage it separately from food waste. Laboratory waste outlets shall at a minimum be downstream of drains that service food processing and handling areas.	Compliant	
2.4.4.5		Retention samples, if required by customers or regulations, shall be stored according to the typical storage conditions for the product and maintained for the stated shelf life of the product.	Compliant	
2.4.4.6		Records of all inspections and analyses shall be maintained.	Compliant	
			Summary	The site's procedures and criteria for sampling, inspecting, and analyzing raw materials, work-in-progress, product labels (to comply with applicable food legislation), Product Sampling, Inspection, analysis (GMP.066, revision 000, Date of origin 01/29/2020) The program outlines the responsibilities and frequency of analysis. For example, raw materials are inspected every lot by a quality assurance technician, weight every two hours, pathogens every lot by an outside laboratory, specification compliance every two hours, and indicator organisms every lot. All analyses are conducted to nationally recognized standards or equivalent validated methods, including AOAC-approved petrifilm, AOAC-approved Aller snap, and AOAC-approved ATP. On-site laboratory personnel conducting product or environmental testing participate in annual proficiency testing, the last conducted on 04/17/2023 as outlined in the certificate of participation issued by an ISO 17025 accredited Third Party Lab. All team members tested were within tolerances of the tested samples. The laboratory is equipped and resourced to enable testing of in-process and finished products to meet customer, regulatory, or company requirements and meet quality objectives and conducts nonpathogen microbiological testing (i.e. APC, coliforms, yest and mold) and test such as moisture and pH. Retention samples are maintained for the stated shelf-life of the product and stored in a designated area in the cooler and the freezer. The on-site microbiological laboratory is located separately from any food handling/processing areas. A sign indicates the laboratory is limited to only authorized personnel. The hazardous waste generated is appropriately sanitized and disposed of. The external laboratories have an ISO 17025:2017 accreditation issued by IAS (Certificate #TL-403 – microbiology Effective date 09/27/2022; valid until 09/27/2025). The site uses a backup lab as well, and their 17025:2017 certification (A2LA) is valid until 4/30/23 and are included on the site's contract service specifications list. The QA manager trains personnel to perform sampling testing following the company test methods. The training is documented on the company Training Matrix. COA results are reviewed against company product specifications to ensure products have met specs.

Module 2 Food Manufacturing - 2.4.5 - Non-conforming Materials and Product

Name	Mandatory	Description	Primary Response	Evidence
2.4.5.1		The responsibility and methods outlining how to handle non-conforming product, raw material, ingredient, work-in-progress, or packaging, which is detected during receipt, storage, processing, handling, or delivery, shall be documented and implemented. The methods applied shall ensure: i. Non-conforming product is quarantined, identified, handled, and/or disposed of in a manner that minimizes the risk of inadvertent use, improper use, or risk to the integrity of finished product; and ii. All relevant personnel are aware of the organization's quarantine and release requirements applicable to product placed under quarantine status.	Compliant	
2.4.5.2		Quarantine records and records of the handling, corrective action, or disposal of nonconforming materials or product shall be maintained.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The site has written procedures for withholding non-conforming products, raw materials, work-in-progress, ingredients, packaging, and equipment in the document "hold and release procedure", (GMP.003, Revision 012, Revision Date 10/14/2022) which were implemented correctly in the facility. Holds are placed in one of three categories: Category 1 – HACCP holds (CCP violations, adulteration, or allergen mis-declarations). Category 2 – Quality related holds Category MH – Finished product holds as part of the hold and release program. Methods to segregate, identify, handle, and dispose of the product include the classification of non-conformance in three categories, food safety, quality, and waiting for testing results, and were observed to minimize any inadvertent use. Some holds that were seen in the site hold area were reviewed including: FG218 – Date 4/10/2023 – Item FF3684 Chow Mein Net 3 oz., Manufacturing date 4/10/2023, USE BY OCT 10 PJ 1 CODE: 266 23 AI Pending lab results (part of positive release program). FG 212 – Date 04/05/2023 – 01-02-1029-03 Brown Rice, Pasteurized – held 04/05/2023, Lot 27123AI, Failed 2.5 mm ferrous test. 4 racks held. 100% of the product was rerun through a functioning Metal Detector. No issues were found so the product was released on 04/06/2023. Non-conforming products are identified, segregated, or disposed of, with records maintained by quality assurance manager. Relevant staff is aware of the site's Hold policy, as evidenced by interviews with Receiving, Quality Control, Maintenance, Operators and Sanitation.

Module 2 Food Manufacturing - 2.4.6 - Product Rework

Name	Mandatory	Description	Primary Response	Evidence
2.4.6.1		The responsibility and methods outlining how ingredients, packaging, or products are reworked shall be documented and implemented. The methods applied shall ensure: i. Reworking operations are overseen by qualified personnel; ii. Reworked product is clearly identified and traceable; iii. Reworked product is processed in accordance with the site's food safety plan; iv. Each batch of reworked product is inspected or analyzed as required before release; v. Inspections and analyses conform to the requirements outlined in element 2.4.4.1; vi. Release of reworked product conforms to element 2.4.7; and vii. Reworked product does not affect the safety or integrity of the finished product. Records of all reworking operations shall be maintained.	Compliant	
			Summary	The "rework policy" (GMP.029, version 010, revision date 12/28/2020). outlines the responsibilities and methods to control rework on-site. The QA manager is responsible for the maintenance and review of the facility rework plan, and rework is supervised by the QC staff. The site's strategy for reworking (repackaging) products has been implemented. The program distinguished between rework (product removed from inventory and packed or product removed from processing and placed back into processing the same day) and carryover (work in process (such as trim that can be used in subsequent production). Trim reuse can be no more than 20% of the overall product and will include the original date of production for the trim product and will only be reworked into like to like products. Finished product will not be reworked or carried over. Nor will any returned product. Rework examples include finished product primary containers with an open seal that can be resealed. Unpasteurized product can be reworked into another container and resealed. Label inaccuracies can be reworked by replacing the incorrect labels with correct labels. The original lot number will be maintained on the master case. Reworked product is identified, traceable, inspected and analyzed before release. No rework has been conducted within the last 12 months.

Module 2 Food Manufacturing - 2.4.7 - Product Release (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
2.4.7.1	M	The responsibility and methods for releasing products shall be documented and implemented. The methods applied shall ensure the product is released by authorized personnel, and only after all inspections and analyses are successfully completed and documented to verify legislative and other established food safety controls have been met. Records of all product releases shall be maintained.	Compliant	
2.4.7.2	M	Product release shall include a procedure to confirm that product labels comply with the food legislation that applies in the country of manufacture and the country(ies) of use or sale if known (refer to 2.4.1.1). If product is packaged and distributed in bulk or unlabeled, product information shall be made available to inform customers and/or consumers of the requirements for its safe use.	Compliant	
2.4.7.3	M	In the event that the site uses positive release based on product pathogen or chemical testing, a procedure shall be in place to ensure that product is not released until acceptable results have been received. In the event that off-site or contract warehouses are used, these requirements shall be effectively communicated and verified as being followed.	Compliant	
			Summary	"Product Review procedure" (GMP.033 Revision date 03/09/2020, revision 4) outline the procedure and responsibilities for the site positive release process. These release procedures ensure that all product inspections and analyses have been verified and documented by authorized personnel to show that all packaging integrity, sensory analysis, product specifications, service requirements, food safety, and quality controls have been met. The Positive Release Verification Forms include the temperature log, CCP log, weight log, production procedures, packaging bag and case, packaging traceability, label review log (Preventive control to ensure labels are in regulatory compliance), and micro results. Sites have documented procedures for positive release based on product pathogen testing, and products are not shipped until results are received. The QC Supervisor checks all the records and signs the positive release forms. A separate log book for double-check verification when labels are printed in-house. All labels are printed in-house (Preventive Control in place), and no pre-printed labels are purchased or used in production. Product documentation must be reviewed before it is released to the warehouse. This includes: Review of CCP log to ensure compliance to critical limits. If Pathogen testing is conducted, and results are nonconforming, the product will remain on hold until the Dir. QA/QC can make a determination of next steps. Specifically stated: "Product will not be retested, put into salvage sale, or shippable inventory" (i.e. product will be disposed of). Indictor organisms will be reviewed and nonconformity actions will be determined by the Dir. QA/QC. Product is on a minimum 5 day hold for all products (to allow time for record review and test lab results, if any). Product: FF1239D Chow Mein Noodles 10 x 3 lbs. (shipping) Produced 5,708 cs. On 01/17/2023 Shipped – 1/19/2023 – Order 0391642 – 158 cases Shipped – 1/20/2023 – Order 0391579 – 1,300 cases Shipped – 1/20/2023 – Order 0391000 – 1,300 cases Shipped – 1/20/2023 – Order 0391744 – 1,100 cases Shipped – 1/20/2023 – Order 0391745 – 1,100 cases Shipped – 1/20/2023 – Order 0391655 – 750 cases Supporting Documents: Ingredient Traceability Form (confirming that QC has checked and approved the material) - 1/17/2023 6:40 am Noodle Process Control Log: cooking temp (208-212F) – 211.1-212.3) in – 209-211 out cooking time 3.5 min minimum (3:33 to 3:40 minutes). MD checks – 01/17/2023 (details in 11.7.4) Net weight log – 01/17/2023 – reviewed 01/19/2023 QC Supervisor. Noodle Quality Test - 01/17/2023 (Length, thickness, width, oil, texture, color, Leaker test log - 01/17/2023 (no leaks noted) Scale verification - 01/17/2023 Baked Chow Mein Wok test (includes size, favor, odor, appearance, and texture 01/17/2023, reviewed 01/18/2023 Baked Chow Mein evaluation form (color, aroma, appearance, texture, flavor, sizing, length width, thickness, overall) Packaging Material Review/Film- C306 Case)

Module 2 Food Manufacturing - 2.4.8 - Environmental Monitoring

Name	Mandatory	Description	Primary Response	Evidence
2.4.8.1		A risk-based environmental monitoring program shall be in place for all food manufacturing processes and immediate surrounding areas, which impact manufacturing processes. The responsibility and methods for the environmental monitoring program shall be documented and implemented.	Compliant	The site has implemented a risk-based environmental monitoring program described in the "Plant Environmental Monitoring Program," (GMP.016, Revision 019, Revision Date 05/09/2022) The sampling and testing program includes listeria, salmonella, air plates, and water potability. Listeria is tested every month, salmonella quarterly, air plates quarterly, and annual water potability. The program includes: Zone Sampling: Collect swabs from sites categorized according to the degree of product contact. Zone 1: Direct Product Contact: Product produced on the day of swabbing will be placed on hold until negative results of the collection swabs are received. Weekly such that all areas in a room are captured each week (example baked noodles room 45 swabs per week) – test for SPC, EB, Coliforms, Y & M. Zone 2: Non-product contact and incidental product contact surfaces closely associated with product contact sites such as line framework, under the framework, feet of the framework, plate carriers, overhead equipment with condensate, freezer exit/entrance openings, hoods, mechanics' tools, and employee clothing such as gloves, are guards, aprons, and frocks. 5 swabs monthly for Listeria; 5 swabs quarterly for Salmonella. Zone 3: non-product contact surfaces removed from a product, such as floors, floor drains, walls, refrigeration units, fans, drip pans, pallet jacks, and forklifts. 5 swabs – floors and drains monthly. 5 swabs other areas monthly for Listeria. 5 swabs quarterly for Salmonella. Zone 4: Areas adjacent to Zone 3, such as employee locker room if not immediately adjacent to food production rooms, dry goods storage warehouse, finished product warehouse, cafeterias, hallways, and loading dock area. 2 swabs monthly for Listeria. The program also included instructions as to how to sample each zone, Refer to NC 2.4.8.2 for how the site program varies from the stated program.

Name	Mandatory	Description	Primary Response	Evidence
2.4.8.2		An environmental sampling and testing schedule shall be prepared. It shall at a minimum: i. Detail the applicable pathogens or indicator organisms to test for in that industry; ii. List the number of samples to be taken and the frequency of sampling; iii. Outline the locations in which samples are to be taken and the rotation of locations as needed; and iv. Describe the methods to handle elevated or undesirable results.	Minor	The site environmental monitoring program includes frequency of monitoring and pathogens tested for zones 1 through 4 (including the reference that half of the zone three testing (five of ten locations) would be for zone 3 drains on a monthly frequency for Listeria and a quarterly basis for Salmonella, with the other half testing to be conducted on other zone 3 sites. The site currently only swabs drains and did not test zone 2 or 4 locations. There was no risk analysis zone 3 non drain locations, or for locations in zone 2 or zone 4 to indicate that there was no risk in not testing locations other than drains.
2.4.8.3		Environmental testing results shall be monitored, tracked, and trended, and preventative actions (refer to 2.5.3.1) shall be implemented where unsatisfactory results or trends are observed.	Compliant	
			Summary	Samples are collected during production (no sooner than three (3) hours after start-up) and results are documented and trended. Trend results from 2021 and 2022 were reviewed. If unsatisfactory results are found, resample impacted areas and surrounding area (i.e. vector swabbing) as well as traffic pattern areas. Examples reviewed: 4/19/2023 - .23 drains – for Listeria – all negative. 3/15/2023 – 25 drains – for Listeria all negative. Also for Salmonella – all negative. 12/22/2022 – 33 drains – for Listeria all negative. Also for Salmonella – all negative. Reviewed swabbing map for identified swabbing sites. The site is conducting monthly environmental drain swabbing for Listeria Genus (AOAC - 2019.10). The site is swabbing drains in both production rooms every month. There are 26 swabs taken for Listeria every month. Salmonella (AOAC - 2020.02) is swabbed in both production rooms every quarter. Records reviewed show that corrective actions were taken when unsatisfactory trends were found.

Module 2 Food Manufacturing - 2.5.1 - Validation and Effectiveness (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.5.1.1	M	The methods, responsibility, and criteria for ensuring the effectiveness of all applicable elements of the SQF Program shall be documented and implemented. The methods applied shall validate that: i. Good Manufacturing Practices are confirmed to ensure they achieve the required results; ii. Critical food safety limits are reviewed annually and re-validated or justified by regulatory standards when changes occur; and iii. Changes to the processes or procedures are assessed to ensure the controls are still effective. Records of all validation activities shall be maintained.	Compliant	The methods, responsibilities, and criteria for ensuring the effectiveness of Good Manufacturing Practices, critical food safety limits, changes, and all other applicable elements of the SQF System have been documented and implemented as part of "Validation and Verification" (GMP.057, Revision 008, Revision Date 03/23/2023), and were found to ensure that all validations have been implemented effectively. The QA Manager maintains records of all verifications of effectiveness and validations.
			Summary	Validations for PRPs were reviewed. Examples included: GMP's – At the end of the year, findings from the monthly GMP audits are summarized and included in the annul Management review meeting to assess any trends or gaps in the GMP program. This was last reviewed November 30 2022. Goals are defined as # of External and Internal audit failures <2% (for both 2022 and 2023). No audits were failed in 2022 or, to date, in 2023. Audit findings were observed to be addressed and documented and audits were conducted according to schedule (i.e. at least once per calendar month). Environmental Monitoring Program (EMP) - At the end of the year, findings from EMP testing for the year are trended and summarized and included in the annul Management review meeting to assess any trends or gap in the EMP. This was last reviewed November 30 2022. The goals for 2022 and 2023 was that there should be less than 12 environmental test results out of tolerance annually, and that all documentation has been completed and reviewed. 10 out of tolerance events were documented in 2022. Allergens: Sanitation is verified by ATP testing is validated by allergens swab conducted after each run (SEE 2.7.1) . The validation goal is to have no allergen positive tests. There were no post cleaning positive results for allergens in 2022. Metal Detection use of CPG 555.425 as the validation for metal detection. A Third party calibration is conducted annually. Also an internal validation study is conducted annually by running 25 consecutive tests each of 2.5 mm ferrous, 3.5 mm nonferrous, and 3.5 m Stainless Steel on the top, middle, and bottom of each package on the leading, middle, and trailing part of the package three times for each test (i.e. each test run has 27 total tests at 9 different test points in product). This testing was last conducted 3/24/2023 on all five active metal detectors. No deviations were documented. The site also conducts validation studies to confirm food safety on new products. An example was the Grilled Chicken Ramen with Vegetables Microwave cooking instruction validation conducted 01/05/2023. The product was tested after cooking for 5:00 minutes on 100% power in an 1100W microwave. The minimum product temp was 181.3F (acceptable result). Another time study was conducted to assess product temperatures at different microwave cooking intervals (ranging from 4 minute 45 seconds to 6 minute 40 seconds). The temperature at the shortest time (4:45 was 185.4F), supporting that a 5 minute cook time was acceptable.

Name	Mandatory	Description	Primary Response	Evidence

Module 2 Food Manufacturing - 2.5.2 - Verification Activities (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.5.2.1	M	The methods, responsibility, and criteria for verifying monitoring of Good Manufacturing Practices, critical control points, and other food safety controls, and the legality of certified products shall be documented and implemented. The methods applied shall ensure that personnel with responsibility for verifying monitoring activities authorize each verified record.	Compliant	
2.5.2.2	M	A verification schedule outlining the verification activities, their frequency of completion, and the person responsible for each activity shall be prepared and implemented. Records of verification of activities shall be maintained.	Compliant	
			Summary	Per "Validation and Verification" (GMP.057, Revision 008, Revision Date 03/23/2023), the site has established a verification schedule, dated 02/23/2023, outlining the verification steps, procedures, and responsibilities for each verification activity. Examples: GMP employee inspections, and internal GMP inspection (Monthly) Sanitation PreOp inspection and Operational inspection, daily work logs (Monthly) Microbiological Plate Count, daily work logs (Monthly) Metal detection log (weekly) Maintenance equipment repair log and PM log (Quarterly) Pest Control trend logs (quarterly) Glass and brittle plastic (quarterly) Housekeeping Pest room, and lunch room logs (monthly) The schedule is maintained by the QA Manager and appeared to match the actual verification activities. The procedures for verifying good manufacturing practices, critical control points, food safety controls, and regulatory compliance include utilizing authorized personnel to verify all monitoring activities. Record verification reviewed are included in the relevant sections of the audits. Examples reviewed included: -GMP audit reviews conducted for audits 08/22/2022 (reviewed and signed 08/24/2022) and 01/25/2023 (reviewed and signed 01/25/2023). -Positive release for product on micro hold: Reviewed testing and releases for 01/31/2023 (release made 01/27/2023); 02/06/2023 (released 02/01/2023); 02/27/2023 (released 02/22/2023), and 03/07/2023 (released 03/01/2023). -Metal detection verification reviewed MD checks – 1/17/2023, 02/14/2023, 03/05/2023, 04/07/2023, 04/20/2023. All checks were acceptable and all documents were signed as reviewed within 2 days of document completion.

Module 2 Food Manufacturing - 2.5.3 - Corrective and Preventative Action (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.5.3.1	M	The responsibility and methods outlining how corrective and preventative actions are determined, implemented, and verified, including the identification of the root cause and resolution of non-compliance of critical food safety limits and deviations from food safety requirements, shall be documented and implemented. Deviations from food safety requirements may include customer complaints, nonconformances raised at internal or external audits and inspections, non-conforming product and equipment, withdrawals and recalls, as appropriate.	Compliant	The site's Corrective and Preventative Action program is written in the "Corrective and Preventive Action" (GMP.056, Revision 004, last revised 03/10/2022) program. The program describes the methods and responsibilities for investigating, resolving, and managing corrective action in determining risk assessment. The QA Director or QC Manager determines deviations and places the product on hold. The shipping and receiving manager maintains products in-house. The production manager isolates the affected product. Inventory Control isolates and maintains products from shipping. The maintenance manager repairs affected machinery and keep records. There should be at least one corrective and preventative action for each root cause. The identification of root causes and resolutions to deviations of critical control limits are documented.
2.5.3.2	M	Records of all investigation, root cause analysis, and resolution of non-conformities, their corrections, and the implementation of preventative actions shall be maintained.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	Examples of corrective actions included: Internal GMP audit corrective actions reviewed from the GMP audit of 03/30/2023 included: -Blue disposable smocks found in women's locker room – immediate correction: removed the blue mock. Long term fix – signage in locker room of what is and is not allowable in the lockers and a nonconformity report was issued to the supervisors. This was completed on 3/30/2023 and completion was verified by the QA Manager. -Bad odor near Line 7 mixers – the immediate correction was to clean the area. Longer term, the sanitation team investigation discovered an accumulation of dough and this was removed. This was corrected on 4/12/2023 and was closed and verified on 4/12/2023. -Several items identified in the hallway (e.g. wires above hallway, hallway entrance, pipes against walls, etc.). The items were removed and team members were instructed not to leave materials in the hall. Customer Complaint: 02/13/2023 – White residue found on one of pasta. Investigation showed that this is something that the pasta supplier has (likely anti-caking agent, but that the site requires this to be removed during the sorting process and this piece was overlooked. A response was sent to the customer on 02/15/2023 and the site reviewed the sorting process with the team members engaged in this activity (this was conducted 2/22/2023). The complaint is fully closed on 2/22/2023. Food Defense Challenge: There was a challenge on 4/28/2022 where a suspicious package was delivered by an unknown person to a person who was not a site employee. Neither the security guard nor the warehouse team reacted to the person dropping the package off and no one was notified of the package. Corrective action related to training on what to look for in suspicious packages was conducted and the challenge was reconducted with successful results. Other corrective actions are captured in the relevant sections of the audit.

Module 2 Food Manufacturing - 2.5.4 - Internal Audits and Inspections (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.5.4.1	M	The methods and responsibility for scheduling and conducting internal audits to verify the effectiveness of the SQF System shall be documented and implemented. Internal audits shall be conducted in full and at least annually. The methods applied shall ensure: i. All applicable requirements of the SQF Food Safety Code: Food Manufacturing are audited per the SQF audit checklist or a similar tool; ii. Objective evidence is recorded to verify compliance and/or non-compliance; iii. Corrective and preventative actions of deficiencies identified during the internal audits are undertaken; and iv. Audit results are communicated to relevant management personnel and staff responsible for implementing and verifying corrective and preventative actions.	Compliant	The "Internal Audit Procedure" (GM.055, revision 009, revision date 06/11/2021) includes the process for selecting and training of internal auditors (training required includes: SQF internal audit training and facility inspection training). The Director of QA/QC is certified in internal audits and conducts the training. SQF internal audits use the SQF checklist. Auditors do not audit their own areas. Scores below 70% will require a reaudit within 1 month of the audit. Scoring is based on SQF criteria (i.e. minor=1 point and a CAR is to be completed within 30 days of the finding. A Major finding is a 5 point deduction and the area is to be reaudit within 15 days. Critical is a failure that requires immediate corrective action). Audit results are reviewed in the yearly management review.
2.5.4.2	M	Staff conducting internal audits shall be trained and competent in internal audit procedures. Where practical, staff conducting internal audits shall be independent of the function being audited.	Compliant	
2.5.4.3	M	Regular inspections of the site and equipment shall be planned and carried out to verify Good Manufacturing Practices and facility and equipment maintenance are compliant to the SQF Food Safety Code: Food Manufacturing. The site shall: i. Take corrections or corrective and preventative action; and ii. Maintain records of inspections and any corrective actions taken.	Compliant	
2.5.4.4	M	Records of internal audits and inspections and any corrective and preventative actions taken as a result of internal audits shall be recorded as per 2.5.3. Changes implemented from internal audits that have an impact on the site's ability to deliver safe food shall require a review of applicable aspects of the SQF System (refer to 2.3.1.3).	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The internal audit for SQF was last conducted on 4/14/2023 (both modules 2 and 11). Documentation included policies and documents reviewed and whether the area was compliant or not. Module 2 – Minor Unsuccessful food defense challenge (2.7.1) on the first attempt. The corrective action was to retrain the team on suspicious packages and repeat the testing (which was successful). Module 11 – No findings GMP audits are conducted monthly. Several dates were reviewed, including: 03/30/2023 – Team members from quality, production, maintenance, and warehouse Multiple finding were documented including: -Blue disposable smocks found in women's locker room – immediate correction: removed the blue mock. Long term fix – signage in locker room of what is and is not allowable in the lockers and a nonconformity report was issued to the supervisors. This was completed on 3/30/2023 and completion was verified by the QA Manager. -Bad odor near Line 7 mixers – the immediate correction was to clean the area. Longer term, the sanitation team investigation discovered an accumulation of dough and this was removed. This was corrected on 4/12/2023 and was closed and verified on 4/12/2023. -Several items identified in the hallway (e.g. wires above hallway, hallway entrance, pipes against walls, etc.). The items were removed and team members were instructed to not leave materials in the hall. -The overall audit score was 84% Other dates reviewed: 12/1/2022 - Team members from quality, production, maintenance, food safety, and warehouse 95% 08/25/2022 - Team members from quality, production, maintenance, food safety, and warehouse 93% Corrective actions were identified in most instances. Personnel conducting audits have been appropriately trained, outlined in the certificate of completion issued by "quality food safety" on 04/28/2022.

Module 2 Food Manufacturing - 2.6.1 - Product Identification (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.6.1.1	M	The methods and responsibility for identifying raw materials, ingredients, packaging, work-in-progress, process inputs, and finished products during all stages of production and storage shall be documented and implemented to ensure: i. Raw materials, ingredients, packaging, work-in-progress, process inputs, and finished products are clearly identified during all stages of receipt, production, storage, and dispatch; and ii. Finished product is labeled to the customer specification and/or regulatory requirements.		
2.6.1.2	M	Product start-up, product changeover, and packaging changeover (including label changes) procedures shall be documented and implemented to ensure that the correct product is in the correct package and with the correct label and that the changeover is inspected and approved by an authorized person. Procedures shall be implemented to ensure that label use is reconciled and any inconsistencies investigated and resolved. Product changeover and label reconciliation records shall be maintained.		

Name	Mandatory	Description	Primary Response	Evidence
			Summary	A policy defining how products are identified from receipt through production and shipping has been documented in the "Product Coding Procedure" (GMP.006, revision 19, revision date 03/08/2022). The site's identification system ensures that all raw materials, ingredients, packaging materials, work-in-progress, process inputs, and finished goods are identified at all stages of their process. The QA Manager is responsible for maintaining this document. Production personnel are responsible for correctly adhering to the codes to unit packages and cases. The QC department will monitor Production personnel. The site uses Julian dates to track lots. When the product is produced to store it in the freezer, the primary package's manufacture date must be printed before freezing. When the product is needed, it is removed from the freezer and use-by date as of the day removed from the freezer is applied (i.e. this is the manufacture date).. Items are marked at receipt by the warehouse, and labels are verified by quality assurance before the product is transferred into the storage area. The site uses several documents to track the lots including: Receiving logs 01/17/2023, 1/20/2023, Ingredient Traceability Form (confirming that QC has checked and approved the material) – 1/17/2023 6:4-0 m Mixing sheets: 01/17/2023, 2/05/2023, 04/20/2023. Review of labels from production floor was conducted during site tours. Example: Chow Mein Noodles: FF1239D (01-01-1000-03), Lot 0420231 (this is 04/20/2023, shift 1), Best By 05/11/2023. This matched the product, quality sheets and scheduled for the day (4/20/2023). No product changeovers occurred during the audit (the site indicted that, whenever possible products will run for the entire day), but observation of PreOperation showed that labels had been completely removed, as had packaging, raw materials, and prior finished product. The product startup procedures ensure that the correct product goes into the correct package with the correct label and is approved by the QC technician and the production supervisor. Product identification and verification records reviewed demonstrated that the products were identified adequately throughout the process.

Module 2 Food Manufacturing - 2.6.2 - Product Trace (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.6.2.1	M	The responsibility and methods used to trace product shall be documented and implemented to ensure: i. Finished product is traceable at least one step forward to the customer and at least one step back from the process to the manufacturing supplier; ii. The receipt dates of raw materials, ingredients, food contact packaging and materials, and other inputs are recorded (refer to 2.8.1.8 for traceback of allergen containing food products.); iii. Traceability is maintained where product is reworked (refer to 2.4.6); and iv. The effectiveness of the product trace system is reviewed at least annually, as part of the product recall and withdrawal review (refer to 2.6.3.2). Records of raw and packaging material receipt and use and finished product dispatch and destination shall be maintained.	Compliant	The "Recall Action Plan" (GMP.018, revision 017, Revision Date 11/20/2020) defines the methods and responsibilities for tracing products to the customer, from raw materials and packaging. The program includes raw materials, ingredients, and packaging materials used in manufacturing a finished product and processing aids associated with the process. Any rework is identified to ensure traceability. The effectiveness of the trace system is conducted at least three times a year as part of the product withdrawal and recall program. Records of the finished product's receipt, use, and dispatch are maintained. Rework was observed to be identified to ensure traceability. The Director of QA and/or QC Manager is responsible for maintaining this document Production personnel are responsible for correctly adhering the codes to unit packages and cases. QC department will monitor Production personnel. Finished product is traceable to the customer (one up) and provides traceability through the process to the supplier and date of receipt of raw materials, food contact packaging and materials and other inputs (one back); Traceability is maintained where product is resorted; and the effectiveness of the product trace system is tested at least annually. The purpose of this procedure is to define the properties which need to be recorded during the storage of finished goods that may be identified and traced back to the supplier.

Name	Mandatory	Description	Primary Response	Evidence
			Summary	A trace exercise was conducted during the audit. Product: FF1239D Chow Mein Noodles 10 x 3 lbs. Time start 08:30 AM time finished 08:40 am Produced 5,708 cs. On 01/17/2023 Shipped – 1/19/2023 – Order 0391642 – 158 cases Shipped – 1/20/2023 – Order 0391579 – 1,300 cases Shipped – 1/20/2023 – Order 0391000 – 1,300 cases Shipped – 1/20/2023 – Order 0391744 – 1,100 cases Shipped – 1/20/2023 – Order 0391745 – 1,100 cases Shipped – 1/20/2023 – Order 0391655 – 750 cases No product remaining in house. 5,708 cases shipped = 100 reconciliation % A Mass balance trace was conducted on the ingredient: Xanthan Gum – Lot M2203A-G24 Expiration 03/31/2024. Received 12/19/2022 Received 4,950 lbs.. 4906 lbs. used in multiple products on 21 dates of production from 12/30/2022 to 01/12/2023. This Included transfers to sister plants 20 cases to a sister site. 99.19% recovery/traced (within the site defined 98 to 102% desired tolerance) Supporting Documents: Production Reports 01/17/2023. Expiration date 02/07/2023 –Package Code I011723 Waste report - 2,040 lbs. + 1,320 lb. waste. Ingredient Traceability Form (confirming that QC has checked and approved the material) - 1/17/2023 6:40 am Noodle Process Control Log: cooking temp (208-212F) – 211.1-212.3) in – 209-211 out cooking time 3.5 min minimum (3:33 to 3:40 minutes). Noodles wavy? (Yes) MD checks – 01/17/2023 (details in 11.7.4) Net weight log – 01/17/2023 – reviewed 01/19/2023 QC Supervisor. Noodle Quality Test - 01/17/2023 (Length, thickness, width, oil, texture, color, Leaker test log - 01/17/2023 (no leaks noted) Scale verification - 01/17/2023 Baked Chow Mein Wok test (includes size, favor, odor, appearance, and texture 01/17/2023, reviewed 01/18/2023 Baked Chow Mein evaluation form (color, aroma, appearance, texture, flavor, sizing, length width, thickness, overall) Packaging Material Review/(Film, C396 Case) Product Temperature in Cooling Box #2 01/17/2023 Swab testing 01/16/2023 and 01/17/2023 – All results were 0 to 16 RLU (limit 150 RLU maximum). PreOperation 01/17/2023 – Issues identified Trash cans were full (Corrective Action: emptied); standing water (removed); Mixer 7 residues of liquid (cleaned, sanitized and reinspected); Chilling baskets and Tanks with hanging noodles (cleaned, sanitized and reinspected). Hand tool in/out Log – 01/17/2023 – Hand tool #; Department, Return time, condition (supervisor initials).

Module 2 Food Manufacturing - 2.6.3 - Product Withdrawal and Recall (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.6.3.1	M	The responsibility and methods used to withdraw or recall product shall be documented and implemented. The procedure shall: i. Identify those responsible for initiating, managing, and investigating a product withdrawal or recall; ii. Describe the management procedures to be implemented, including sources of legal, regulatory, and expert advice, and essential traceability information; iii. Outline a communication plan to inform site personnel, customers, consumers, authorities, and other essential bodies in a timely manner appropriate about the nature of the incident; and iv. Ensure that SQFI, the certification body, and the appropriate regulatory authority are listed as essential organizations and notified in instances of a food safety incident of a public nature or product recall for any reason.	Compliant	The "Recall Action Plan" (GMP.018, revision 017, Revision Date 11/20/2020) defines the methods and responsibilities for tracing products to the customer, from raw materials and packaging. The plan includes: defined recall classification levels, the recall team members, regulatory contact information, the complaint process, and product disposition. Statements also included the requirement to notify SQF and the Certification Body within 24 hours, also FDA and the State of California Department of Public Health. A recall team has been designated and is led by the VP of sales and marketing and backed up by the Director of QA/FS. The withdrawal policy includes the requirement to investigate a recall and determine the root cause of a recall or withdrawal with corrective action. It includes a communication plan to notify customers, consumers, regulatory authorities, failure to meet customer specifications or corporate quality requirements, and other essential bodies. The recall team is comprised of the Recall Commander, Recall Coordinator, Technical Staff, Logistics Manager, Distribution Manager, and Legal Advisor. After the recall, an evaluation must be done to see where the strengths and weaknesses are. Strengths should be bolstered to eliminate the weaknesses while maintaining or improving the strengths. These procedures shall be tested twice annually via a mock recall. Notes need to be maintained regarding the meetings, and mock recall must be done, including finished product, ingredients, and primary packaging material. The Recall Coordinator is responsible for ensuring that the activities described in this procedure are carried out. Personnel will perform their duties as assigned. An Investigation into the root cause of any product recall, mock recall, or product withdrawal, with actions taken, is to be documented.
2.6.3.2	M	The product withdrawal and recall system shall be reviewed, tested, and verified as effective at least annually. Testing shall include incoming materials (minimum traceability one step back) and finished product (minimum traceability one step forward). Testing shall be carried out on products from different shifts and for materials (including bulk materials) that are used across a range of products and/or products that are shipped to a wide range of customers.	Compliant	
2.6.3.3	M	Records shall be maintained of withdrawal and recall tests, root cause investigations into actual withdrawals and recalls, and corrective and preventative actions applied.	Compliant	
2.6.3.4	M	SQFI and the certification body shall be notified in writing within twenty-four (24) hours upon identification of a food safety event that requires public notification. SQFI shall be notified at foodsafetycrisis@sqfi.com.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
				The recall team meets prior to the recall to discuss what is to be recalled and roles and responsibilities. If there are identified gaps from the recall, the team will meet again to discuss how to address the issues, then incorporate that into the next trace. Documents to be Included: FDA communication, contact information, reason for recall/mock recall (multiple customer complaints on allergen reaction). Product was held and quarantined with a red ribbon (disposition: will be destroyed), consignee lists, sales contacts, where it is in the distribution chin (i.e. wholesale/distributor or retailer, effectiveness check and recall notification for public. Mock trace exercises are completed three times a year, one step forward and one step back, to verify the system's effectiveness. Examples reviewed included: 1/13/2023 – Mock Recall 01-01-2040-03 Drunken Noodles with Chicken (customer 1 product) Use By 03/02/2023 AI. Pictures of cases and product. Recall template time begin 10:00 am. time finished 12:00 pm. 709 Cases made; 708 cases shipped and 1 case damaged (100% recovery).
			Summary	Supporting documentation was part of the mock recall packet, including: shipping; specification; production information; micro and chemical testing results (i.e. SPC 10 cfu/g; Coliform <10 cfu/g, E. coli <10 cfu/g, Yeast <10 cfu/g, mold <10 cfu/g); preop Inspection 11/02/2022 and 11/09/2022, raw material inspection, labels example; hand tool log 11/02/2022, 11/9/2022, 11/14-15/2022; positive release form 11/02/2022 (release 11/7/2022 – signed 11/08/2022). ***The customer 1 requirement of the site conducting two trace exercises annually, one using customer 1 product was satisfied.***

Module 2 Food Manufacturing - 2.6.4 - Crisis Management Planning

Name	Mandatory	Description	Primary Response	Evidence
2.6.4.1		A crisis management plan based on the understanding of known potential dangers (e.g., flood, drought, fire, tsunami, or other severe weather events, warfare or civil unrest, computer outage, pandemic, loss of electricity or refrigeration, ammonia leak, labor strike) that can impact the site's ability to deliver safe food shall be documented by senior management, outlining the methods and responsibility the site shall implement to cope with such a business crisis. The crisis management plan shall include at a minimum: i. A senior manager responsible for decision making, oversight, and initiating actions arising from a crisis management incident; ii. The nomination and training of a crisis management team; iii. The controls implemented to ensure any responses do not compromise product safety; iv. The measures to isolate and identify product affected by a response to a crisis; v. The measures taken to verify the acceptability of food prior to release; vi. The preparation and maintenance of a current crisis alert contact list, including supply chain customers; vii. Sources of legal and expert advice; and viii. The responsibility for internal communications and communicating with authorities, external organizations, and media.	Compliant	The site's written Crisis Management Plan is found in the "Crisis Management and Continuity Plan" (FS.003 Revision 013, Revision date 05/27/2022). The plan includes team and risk assessment for Earthquakes (scored as a "12" risk on a 0 to 16 scale), fire (12), flood (11), hurricane (0), tornado (0) power outage (12), snow (0), recall (9), pandemic/endemic (12). Risk considerations included: (People, Facility, Product, and Operation each scored on a 1 to 4 scale). The program include The plan has been implemented and addresses serious disaster threats to the extended interruption of the business. The Safety Manager has oversight of the plan, and a Crisis Management Team has been identified and trained, as evidenced by the training records completed on 02/08/2023 including the presentation deck. . The plan includes responses to a business interruption, isolating and identifying affected products, and a current crisis alert list. The Crisis Management Plan includes internal and external communications and legal and expert advice sources. The plan will address how the company will work to ensure food safety and quality and the continuity of business in a crisis. When responding to a crisis, or unforeseen event, controls implemented to ensure a response shall not compromise product safety. Maintaining this procedure will be assigned to the Safety Manager, who will act as Co-Crisis Management Team Leader with the President. The Crisis Management Team (CMT), as described below, will be trained as needed by the Food Safety Manager. The Director of QA/FS will maintain control over finished products and raw materials and be responsible for communicating with external authorities and organizations, including FDA and other governmental authorities. VP of Sales will be responsible for communicating with customers immediately when there is an event that may have a significant impact on food shortage, food safety, or quality of products. Depending upon their department, the other CMT members will be responsible for the internal communication with the JSL team, vendors, and governmental responders. The company President has been identified as the media spokesperson, legal advice, and decision- making person. The President will also be responsible for communicating with local media in a catastrophic event. In case of a catastrophic event, separate and discard food products that are in the process of being cooked but which have not yet reached the final temperature. Any finished product exposed to room temperature for more than two hours will be separated and placed on hold (following Hold Procedure: GMP.003). The product will be visually evaluated and organoleptically tested to make sure the product is safe for consumption. Any product not meeting proper quality requirements will be discarded immediately. The CMT will meet annually to review this Crisis/Catastrophic Event Plan and make any necessary changes. Any changes shall be documented and submitted to Management. Quality Liaisons are entrusted with overseeing the disposition of products. If it is determined that food must be discarded, document the type and amount of food and the reason for disposal for insurance and regulatory purposes. Take pictures if possible. To discard large volumes of food, contact your refuse disposal company. If the facility is voluntarily closed, the following conditions must be verified before resuming food manufacturing: The quality Liaison shall ensure that all unsafe materials have been discarded. Operations Liaison shall ensure that all utilities have been properly and safely restored. Operations and Production Liaisons shall ensure and test that all equipment within the facility is operating safely, including facility lighting, refrigeration, ventilation, and toilet facilities. If any governmental health agency approval is required to reopen the facility, Operations Liaison shall coordinate. The site also had an "Emergency Evacuation Plan" (SD.004, revision 001, Revision date 05/01/2021) which included the evacuation process, and pandemic plans.
2.6.4.2		The crisis management plan shall be reviewed, tested, and verified at least annually with gaps and appropriate corrective actions documented. Records of reviews of the crisis management plan shall be maintained.	Compliant	
			Summary	The site tested their Crisis Management plan with an earthquake drill on 11/15/22 at 10:10 am. This was an evacuation exercise. Team members were evacuated and attendance was taken. All team members were accounted for. Equipment had not been turned on and all gas lines were turned off. Gas lines were checked for leaks and electrical panels were checked for potential cable damage. Product left in process (in cases) were reviewed for temperature and were found to be acceptable for use. Product on the line was discarded. The exercise concluded at 10:25 am. No issues were noted. Pictures were taken of team members in the parking lot, product that was left, cased product in transit, etc. plus the attendance report. In addition an incident record was competed. No issues were noted. The record included a checklist with whether the structure/plant, raw material, equipment, product, were impacted by the event (they were not); whether product disposition was needed (it was not) and whether cleaning/sanitation was needed (yes, for product removal).

Name	Mandatory	Description	Primary Response	Evidence

Module 2 Food Manufacturing - 2.7.1 - Food Defense Plan (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
2.7.1.1	M	A food defense threat assessment shall be conducted to identify potential threats that can be caused by a deliberate act of sabotage or terrorist-like incident.	Compliant	
2.7.1.2	M	A food defense plan shall be documented, implemented, and maintained based on the threat assessment (refer to 2.7.1.1). The food defense plan shall meet legislative requirements as applicable and shall include at a minimum: i. The methods, responsibility, and criteria for preventing food adulteration caused by a deliberate act of sabotage or terrorist-like incident; ii. The name of the senior site management person responsible for food defense; iii. The methods implemented to ensure only authorized personnel have access to production equipment and vehicles, manufacturing, and storage areas through designated access points; iv. The methods implemented to protect sensitive processing points from intentional adulteration; v. The measures taken to ensure the secure receipt and storage of raw materials, ingredients, packaging, equipment, and hazardous chemicals to protect them from deliberate acts of sabotage or terrorist-like incidents; vi. The measures implemented to ensure raw materials, ingredients, packaging (including labels), work-in-progress, process inputs, and finished products are held under secure storage and transportation conditions; and vii. The methods implemented to record and control access to the premises by site personnel, contractors, and visitors.	Compliant	The site has a “food defense and plant security” policy (IFD.001, revision 004, revision date 03/09/2022). The procedures, responsibilities, and criteria for preventing deliberate food adulteration have been documented and implemented. A food defense protocol includes the name of the senior manager responsible for food defense, methods to allow access to the site only for authorized personnel, designated access points, the secured storage of materials and hazardous chemicals, and the control of access to contractors and visitors. The Food Defense Team is made up of a Safety Manager, Director of QA/QC, Plant Manager, and QC Supervisor. The Food Defense committee will meet at least once a year to review the program and make changes if necessary to comply with Food Defense requirement codes. Meeting minutes will be documented. Primary responsibility for security is assigned to the guards and all employees. An appropriate level of supervision of all employees, including cleaning and maintenance staff, contract workers, data entry and computer support staff, and especially new employees, will be provided to avoid intentional adulteration of in-process products and finished goods. Line supervisors receive a daily sign-in sheet from the temporary agency with the names of the employees scheduled to work. A representative of the temporary agency is on-site at the startup of the production day. A visitor GMP/Safety guideline is in place and should be enforced. They restricted access to food handling and storage areas (e.g., accompanying visitors, unless they are otherwise specifically authorized). Entry points are secure - All doors, windows, roof openings/hatches, vent openings, compressed gases, bulk flour entry points. There is a video surveillance system in place. Roof access is limited to authorized personnel only. Bulk flour silo, silo intake system, and CO2 intake system are locked, and only authorized employees are assigned keys. Upon dismissal or voluntary termination, an employee must surrender their key. The site uses security cameras throughout the facility. This is accessible by managers and can be reviewed at any time via a laptop. Metal doors are used throughout the plant's outer perimeter. Entry from the outside is always restricted. The doors are alarmed. All keys are accounted for to the premises. Risk considerations included: Supervision, Physical security of the plant, laboratory safety, employees, personal items, computer systems, suppliers, operations, security of plant air, finished products, security strategies and emergency contacts (including LA County Sheriff, FBI field office, LA county emergency management, non-emergency police dept, fire dept, FDA).
2.7.1.3	M	Instruction shall be provided to all relevant staff on the effective implementation of the food defense plan (refer to 2.9.2.1).	Compliant	
2.7.1.4	M	The food defense threat assessment and prevention plan shall be reviewed and tested at least annually or when the threat level, as defined in the threat assessment, changes. Records of reviews and tests of the food defense plan shall be maintained.	Compliant	
			Summary	Supervisors know who should and who should not be on-premises, via both a scanning system and by logs/sign in sheets on the production floor, and where they should be located. Background checks of temporary workers are the responsibility of the temporary agency. The site uses only known, appropriately licensed sources for all ingredients, compressed gas, packaging, and labels, inspecting incoming ingredients, recording if the trucks are locked or unlocked, seal numbers, checking compressed gas, packaging, labels, and product returns for signs of tampering (e.g., abnormal powders, liquids, or odors) or counterfeiting (inappropriate product identity, labeling, product lot coding or specifications), where appropriate. Every incoming shipment of raw materials is inspected by JSL QC personnel. A site assessment was conducted 02/03/2023 (Based on USDA/FSIS guidance). No issue were noted. Annual review – There was a challenge on 4/28/2022 wherein a suspicious package was delivered by an unknown person to a person who was not a site employee. Neither the security guard nor the warehouse team reacted to the person dropping the package off and no one was notified about the package. Based on this gap, training was conducted and a corrective action report was issued (on 4/30/2022). The last challenge was conducted 02/06/2023 (as a follow up to the failed challenge of 04/28/2022) where a package labeled “hazardous waste” and “explosive” with a fictitious name was placed on the warehouse receiving table The production manager noticed the package and notified HR/Safety who, in turn notified the plant manager and the QA Manager. At that point, the challenge was concluded, and it was deemed that the team understood the process correctly, as outlined in “Mail Handling” (D.007, revision 001, date of origin 11/19/2021). At no point was the box opened or exposed and the team notified management in timely fashion.

Module 2 Food Manufacturing - 2.7.2 - Food Fraud (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence
Name	Mandatory	Description	Primary Response	Evidence
2.7.2.1	M	The methods, responsibility, and criteria for identifying the site's vulnerability to food fraud, including susceptibility to raw material or ingredient substitution, finished product mislabeling, dilution, or counterfeiting, shall be documented, implemented, and maintained.	Compliant	The site has developed a Food Fraud Mitigation Plan to address the control of the identified food fraud vulnerabilities. The Director of QA/QC will be responsible for ensuring this plan is being followed and that it is being reviewed, at least annually. The SQF Practitioner is responsible for identifying, documenting, implementing, and maintaining food safety vulnerabilities and food fraud mitigation plans for ingredients and packaging materials. The food fraud mitigation plan consists of five stages. Identify the vulnerabilities and criteria based on experts' opinions, universities, regulatory bodies' research, and food fraud databases from prestigious national or international organizations that provide incident and inference reports, surveillance records, and analytical methods that can support the vulnerability assessment of the plant ingredients. The food fraud vulnerability assessment is developed using online tools standards like PWC food Fraud, Food Fraud Database, or appropriate checklists. Determine corrective and preventive actions (mitigation strategies) based on the identified vulnerabilities, constantly aware of new suppliers, ingredients or materials history, and changes in the supply chain that could impact the vulnerabilities. Maintain records: Any food fraud vulnerability assessment and mitigation plan record will be maintained under the Quality and HACCP Coordinator. Training: Quality management or HACCP Coordinator will have training or retraining every two years or based on customer requirements.
2.7.2.2	M	A food fraud mitigation plan shall be developed and implemented that specifies the methods by which the identified food fraud vulnerabilities shall be controlled, including identified food safety vulnerabilities of ingredients and materials.	Compliant	
2.7.2.3	M	Instruction shall be provided to all relevant staff on the effective implementation of the food fraud mitigation plan (refer to 2.9.2.1).	Compliant	
2.7.2.4	M	The food fraud vulnerability assessment and mitigation plan shall be reviewed and verified at least annually with gaps and corrective actions documented. Records of reviews shall be maintained.	Compliant	
			Summary	The site has conducted a food fraud risk assessment for raw materials (last conducted 11/24/2023) which includes the site's susceptibility to fraudulent economic gain, including product substitution and mislabeling counterfeiting, and dilution could impact food safety. An example of the ingredient assessment: Whole Rice (this is the only product that comes from international overseas sources – all other supplies come from the US and are deemed to be low risk): assessment included: Historic incidents, emerging concerns, size of market, price, price fluctuations, trading properties, geographic origin, seasonal availability, number of suppliers, direct sourcing, complexity of supply chain, ease of access to material, availability of adulterants or substitutes, etc.. Based on the assessment, the likelihood of fraud was deemed "unlikely" and the consequences were deemed to be "moderate: The overall indication was a medium risk (i.e. "action is needed with occasional monitoring to mitigate the risk."). The site also has conducted food fraud risk assessments on all the process flows. The vulnerability matrix used categorized threat levels into 5 categories: Threat A= very high risk. Threat B=high Risk; Threat C=Moderate Risk, Threat D=Low risk; Threat E= negligible risk. Each step of the process was reviewed and most steps were deemed to be negligible risk. Low risk areas included: warehouse storage of flour, warehouse storge of dry ingredients, and freezer. Moderate risk areas were mixer, chill submersion, and bagging. For each of these, the site completed a prevention, detection, and mitigation sheet. As an example: for storge ingredients there were 4 items identified: 1) Ingredients are bagged and film wrapped upon arrival. Open or damaged bags are discarded. 2) The operation is visible and cameras are monitored. 3) Buddy system is in place. 4) Glass & Brittle Plastic, knife program, and metal detection were in place.

Module 2 Food Manufacturing - 2.8.1 - Allergen Management (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
2.8.1.1	M	The responsibility and methods used to control allergens and to prevent sources of allergens from contaminating product shall be documented and implemented. The allergen management program shall include: i. A risk analysis of those raw materials, ingredients, and processing aids, including food grade lubricants, that contain food allergens; ii. An assessment of workplace-related food allergens that may originate from locker rooms, vending machines, lunchrooms, and visitors; iii. A list of allergens that is applicable in the country of manufacture and the country(ies) of destination, if known; iv. A list of allergens that is accessible to relevant staff; v. The control of hazards associated with allergens and incorporated into the food safety plan, and vi. Management plans for control of the identified allergens.	Compliant	The site's Allergen Management Policy to control allergens and prevent contamination of other products is found in the "Allergen Control Program" (WH.002, Revision 016, Revision Date 12/13/2022). Allergens on site included wheat, egg, soy, fish (anchovy), sesame, and milk). The only allergen on site at the time of the audit was wheat. The site designates allergen and non-allergen areas and It is the responsibility of the QC Manager and Warehouse Manager. Policies related to allergen control were documented and included: - Only like to like product rework is allowed. - Scheduling is from no allergens to allergen, and within allergens from simpler to more complex products (as an example, product containing wheat will be run before products containing wheat and soy) and all efforts are made to only run one product each day; - Confirming that labels correctly identify allergens in the product; - Labeling all WIP; - Lot codes will be assigned to all raw materials to ensure traceability The site had a listing of allergens that were identified internationally including allergen name and which country it was considered to be an allergen in (Form QA-033 revision 002, last updated 03/13/2022). The allergen control program included all procedures to follow to minimize possible allergen cross contamination in areas such as: Sanitation, Storage/incoming ingredients, processing, finished product, packaging, rework control, new packaging, spill control.
2.8.1.2	M	Instructions shall be provided to all relevant staff involved in the receipt or handling of raw materials, work-in-progress, rework, or finished product on how to identify, handle, store, and segregate raw materials and products containing allergens.	Compliant	
2.8.1.3	M	Provisions shall be made to clearly identify and segregate foods that contain allergens. Segregation procedures shall be implemented and continually monitored.	Compliant	Allergenic products in storage were observed during the audit to be appropriately labeled and stored separately to prevent cross-contamination. The operation was found to have a product identification system that includes clear identification and labeling of products to meet regulatory requirements when made on production lines used for allergenic products. Production must properly label containers used in the mixing area to prevent the spread of ingredients identified as "Allergic Ingredients," such as egg whites, whole eggs, etc. A color-coding system is employed to identify allergens.
2.8.1.4	M	Where allergenic material may be intentionally or unintentionally present cleaning and sanitation of product contact surfaces between line changeovers shall be effective, appropriate to the risk and legal requirements, and sufficient to remove all potential target allergens from product contact surfaces, including aerosols as appropriate, to prevent cross-contact. Separate handling and production equipment shall be provided, where satisfactory line hygiene and clean-up or segregation are not possible.	Compliant	
2.8.1.5	M	Based on risk assessment, procedures for validation and verification of the effectiveness of the cleaning and sanitation of areas and equipment in which allergens are used shall be documented and effectively implemented.	Compliant	
2.8.1.6	M	Where allergenic material may be present, product changeover procedures shall be documented and implemented to eliminate the risk of cross-contact.	Compliant	
2.8.1.7	M	The product identification system (refer to 2.6.1.1) shall make provision for clear identification and labeling, in accordance with the regulatory requirements of those products produced on production lines and equipment on which foods containing allergens are manufactured.	Compliant	
2.8.1.8	M	The product trace system (refer to 2.6.2) shall take into consideration the conditions under which allergen-containing foods are manufactured and ensure full traceback of all ingredients and processing aids used.	Compliant	
2.8.1.9	M	The site shall document and implement methods to control the accuracy of finished product labels (or consumer information where applicable) and assure work-in progress and finished product are true to label with regard to allergens. Measures may include label approvals at receipt, label reconciliations during production, destruction of obsolete labels, verification of labels on finished product as appropriate, and product change over procedures.	Compliant	Measures are documented in the labeling procedure for the label approvals at the receipt, label reconciliation during production, destruction of obsolete labels, and verification of labels during the startup. Finished products identify all allergens on the labels. The ingredient statements are confirmed to be accurate at multiple stages of the process. Labels are reviewed and signed off by QA. R&D and Sales & Marketing may be involved in some cases.
2.8.1.10	M	Re-working of product (refer to 2.4.6) containing food allergens shall be conducted under conditions that ensure product safety and integrity are maintained. Re-worked product containing allergens shall be clearly identified and traceable.	Compliant	
2.8.1.11	M	Sites that do not handle allergenic materials or produce allergenic products shall document, implement and maintain an allergen management program addressing at a minimum the mitigation of introduced or unintended allergens through supplier, contract manufacturer, site personnel, and visitor activities.	Compliant	N/A. The site has multiple allergens (eggs, soy, sesame, fish, and wheat).

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The site had "Gluten Testing of Product and Surfaces" (TM.024, Revision 008, last revision 3/10/2022) to confirm that wheat allergen has been removed before transitioning to a gluten free product. Reviewed testing conducted prior to transition from wheat containing product to gluten free product 03/09/2023 – all areas where product containing wheat had been, were checked (after sanitation) of the 21 areas tested, three still had traces of wheat. These area were recleaned and all three passed reinspection. Also reviewed - 4/12/2023 – Egg testing 14 locations – all results were non detected (i.e. <2.4 ppm for egg protein). A risk analysis was observed to be in place for allergens, including raw materials, ingredients, work-in-process, rework, or finished product and processing aids such as food-grade lubricants. Workplace allergens from locations such as lunchrooms, locker rooms, and vending machines were part of the allergen program. Proper procedures for cleaning food contact surfaces, including periodic validation of cleaning methods by protein-specific testing, were in place. The HACCP risk analysis includes and evaluates raw materials, ingredients, and processing aids, including food grade lubricants as chemical hazards, containing food allergens. Food-grade lubricants with organic elements from vegetable (soy) or animal origins are not permitted. A register of allergens is indicated in the finished goods list (QA 056) for each line in the HACCP plans. In case of an allergen spill, the product will be placed on hold and removed from the facility to properly clean the area/areas. When possible, store allergens on the bottom rack only. Store like allergens together. Store allergens in racks identified as for food allergens only, Allergens used in the same formula can be stored together. Allergens not used in the same formula must be properly segregated. Any spills occurring during this time must be cleaned up immediately. All allergens received must be labeled using Allergen Control Label. Allergens may be stored close to non-allergen items with a minimum distance of 12". If necessary. Personnel stay in their assigned places. If their job assignment changes, they may need to change coats and gloves. Team members interviewed had an understanding of which allergens were stored and used on site and the importance of segregating allergens from non-allergen materials.

Module 2 Food Manufacturing - 2.9.1 - Training Requirements

Name	Mandatory	Description	Primary Response	Evidence
2.9.1.1		The responsibility for establishing and implementing the training needs of the organization's personnel to ensure they have the required competencies to carry out those functions affecting products, legality, and safety shall be defined and documented (refer to 2.1.1.6).	Compliant	
2.9.1.2		Appropriate training shall be provided for personnel carrying out the tasks essential to the effective implementation of the SQF System and the maintenance of food safety and regulatory requirements.	Compliant	
			Summary	Appropriate training is provided for all plant personnel for all tasks to ensure the effective implementation and improvement of the SQF system. Training programs are the assigned responsibility the HR Manager. Initial training will be completed for any new hires and new agency employees (temporary team members) assigned to the site. Initial training will apply to middle and upper management employees. New hires will be tested with a minimum passing score of 90% on the test to be assigned to a production area. Refresher training is conducted annually. Additional training sessions will be offered to employees who cannot attend quarterly training due to sickness, vacation, or schedule conflicts. HACCP training for personnel developing and maintaining the food safety plan is administered. Periodic refresher training needs have been identified in the Training Program. From a review of refresher training records covering CCPs and HACCP for staff involved in food safety and monitoring of the CCPs, Hygiene, GMPs, sampling and test methods for staff involved with sampling and testing, environmental monitoring, SQF and allergen management, and interviews with team members form various departments (Production, quality, sanitation, warehouse, maintenance, etc.) showed knowledge of site food safety practices and principles.

Module 2 Food Manufacturing - 2.9.2 - Training Program (Mandatory)

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
2.9.2.1	M	A training program shall be documented and implemented that at a minimum outlines the necessary competencies for specific duties and the training methods to be applied to personnel carrying out tasks associated with: i. Implementing HACCP for staff involved in developing and maintaining food safety plans; ii. Monitoring and corrective action procedures for all staff engaged in monitoring critical control points (CCPs); iii. Personal hygiene for all staff involved in the handling of food products and food contact surfaces; iv. Good Manufacturing Practices and work instructions for all staff engaged in food handling, food processing, and equipment; v. Sampling and test methods for all staff involved in sampling and testing of raw materials, packaging, work-in-progress, and finished products; vi. Environmental monitoring for relevant staff; vii. Allergen management, food defense, and food fraud for all relevant staff; and viii. Tasks identified as critical to meeting the effective implementation and maintenance of the SQF code. The training program shall include provisions for identifying and implementing the refresher training needs of the organization.	Compliant	The site has implemented an "Employee Training Program" (last revised dated 03/16/2020), which covers the necessary competencies for plant personnel. This program requires training to be conducted in implementing HACCP, CCP Monitoring, Personal Hygiene, Non-GMO Procedures, GMPs, Sampling and Test Methods, Basic Microbiological Standards, Environmental Monitoring, Allergen Management, and other tasks identified as critical to meeting the effective implementation of the SQF code. Periodic refresher training is conducted annually, or when needed. From a review of refresher training records covering HACCP, GMP, Allergen, Sanitation Procedures, Food Safety and Defense, Food Quality, SQF, Employee Safety, IIPP, and interviews with Light Employee, Laborer, Lab Technician, and QC Technician it was evident the proper refresher training has been conducted to ensure food safety and the SQF system are maintained. Specific refresher training topics are covered on an annual basis which were last given on 10/11/2022. The training language and materials are in English and Spanish (the languages used in the operation and understood by all plant personnel). Training records reviewed included the participant's name, skills description, description of training, date of training, trainer, and training verification. The site has task descriptions that are used for team member training on specific positions and job tasks. Examples reviewed included: Product weigher (PDC.JD.009 Revisions 01/13/2020, revision #1) Case movement (PDC.JD.0010 Revisions 01.13.20202 Revision 001) These are also instructions for positions activities and are required to be signed by the team member taking the training, the supervisor conducting the training and the plant manager who confirms the team member understands the training.
2.9.2.2	M	Training materials, the delivery of training, and procedures on all tasks critical to meeting regulatory compliance and the maintenance of food safety shall be provided in language(s) understood by staff.	Compliant	
2.9.2.3	M	Training records shall be maintained and include: i. Participant name; ii. Skills description; iii. Description of the training provided; iv. Date training completed; v. Trainer or training provider; and vi. Verification that the trainee is competent to complete the required tasks.	Compliant	
			Summary	Examples of training reviewed included: Production team member: General Training: Company Food Safety and Quality Policy; Allergen Control; Food Safety and Quality; GMP; Bio Security; Food Defense; 3/20/2023 Mixer: General Training: Company Food Safety and Quality Policy; Allergen Control; Food Safety and Quality; GMP; Bio Security; Food Defense; 3/20/2023. Job Specific training: Total liquid mixer training (using PD.WI.003 Work Instruction, Rev 000, 04/25/2019) Trained on 01/19/2023. Observed by department trainer and verified by the department supervisor on 01/19/2023; Packing room training (PD.WI.006, rev 000, 05/01/2019); Product Mixer operation (PD.WI.005 Rev 000, 04/23/2019) QC (Metal Detection) General Training: Company Food Safety and Quality Policy; Allergen Control; Food Safety and Quality; GMP; Bio Security; Food Defense; 3/20/2023. Job specific training: Metal detector Training 03/23/2023 (this is from TN.008 revision 012, rev date 03/16/2021); Preprinted labels on cases 03/27/2023; Opening Bags with direct food contact 3/24/2023 QC (PreOp) General training: Company Food Safety and Quality Policy; Allergen Control; Food Safety and Quality; GMP; Bio Security; Food Defense; 3/20/2023. Job Specific training: Metal detector Training 01/23/2023; Preprinted labels on cases (03/27/2023); Opening Bags with direct food contact 3/24/2023; PreOperation Inspection 03/21/2023. Warehouse (forklift driver): General training: Company Food Safety and Quality Policy; Allergen Control; Food Safety and Quality; GMP; Bio Security; Food Defense; 3/18/2023 Job Specific training: Forklift Driver training 03/29/2021 (valid until 03/29/2024) Sanitation team member: General training: Company Food Safety and Quality Policy; Allergen Control; Food Safety and Quality; GMP; Bio Security; Food Defense; 03/18/2023 Job specific training: How to Clean Equipment (SSOP 004, revision 4) 02/10/2023; Step By Step Instructions for Cleaning (SSOP 002, revision 9, last revised 02/22/2023) 02/10/2023; Chemical Handling and Sanitation training 04/10/2022. The site training register was reviewed and matched the training documentation in terms of team members trained, dates of training and training type and

Module 11 - 11.1.1 - Premises Location and Approval

Name	Mandatory	Description	Primary Response	Evidence
11.1.1.1		The site shall assess local activities and the site environment to identify any risks that may have an adverse impact on product safety and implement controls for any identified risks. The assessment shall be reviewed in response to any changes in the local environment or activities. The construction and ongoing operation of the premises on the site shall be approved by the relevant authority.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	During the audit, the site's buildings, property, and surroundings were observed not to pose a food safety risk to products. Measures have been established to maintain a suitable external environment, and the facility performs external inspections as part of its internal audit program. The site had several licenses permitting them to operate, including: Food Facility Registration RFR – xxxxxx1366 – renewed 10/31/2022; Expires 12/31/2024. Los Angeles County Public Health License (PR0173257). Expires 06/30/2023 Los Angeles County Permit to Operate (Business license): Valid until 06/30/2023 California Department of Public Health, Food, and Drugs Processed Foods Registration #48057 Valid until 03/29/2024 California Department of Public Health, Food, and Drugs Organic Foods Registration #48057 Valid until 03/29/2024 USDA Grant of Inspection Establishment #M47237/P47237 Initial approval 04/14/2021. ***The site business license was current and compliant with customer 1 requirements.***

Module 11 - 11.1.2 - Building Materials

Name	Mandatory	Description	Primary Response	Evidence
11.1.2.1		Floors shall be constructed of smooth, dense, impact-resistant material that can be effectively graded, drained, impervious to liquid, and easily cleaned. Floors shall be sloped to floor drains at gradients suitable to allow the effective removal of all overflow or wastewater under normal working conditions. Where floor drainage is not available, plumbed options to handle overflow or wastewater shall be in place.	Compliant	
11.1.2.2		Drains shall be constructed and located so they can be easily cleaned and not present a hazard.	Compliant	
11.1.2.3		Waste trap system shall be located away from any food handling areas or entrances to the premises.	Compliant	
11.1.2.4		Walls, partitions, ceilings, and doors shall be of durable construction. Internal surfaces shall have an even and regular surface and be impervious with a light-colored finish and shall be kept clean (refer to 11.2.5). Wall-to-wall and wall-to-floor junctions shall be designed to be easily cleaned and sealed to prevent the accumulation of food debris.	Compliant	
11.1.2.5		Ducting, conduit, and pipes that convey ingredients, products, or services, such as steam or water, shall be designed and constructed to prevent the contamination of food, ingredients, and food contact surfaces and allow ease of cleaning. A risk analysis shall be conducted to ensure food contamination risks are mitigated.	Compliant	
11.1.2.6		Pipes carrying sanitary waste or wastewater that are located directly over product lines or storage areas shall be designed and constructed to prevent the contamination of food, materials, ingredients, and food contact surfaces and shall allow ease of cleaning. A risk analysis shall be conducted to ensure food contamination risks are mitigated.	Compliant	
11.1.2.7		Doors, hatches, and windows and their frames in food processing, handling, or storage areas shall be of a material and construction that meets the same functional requirements as for internal walls and partitions. Doors and hatches shall be of solid construction, and windows shall be made of shatterproof glass or similar material.	Compliant	
11.1.2.8		Product shall be processed and handled in areas that are fitted with a ceiling or other acceptable structure that is constructed and maintained to prevent the contamination of products. Drop ceilings, where present, shall be constructed to enable monitoring for pest activity, facilitate cleaning, and provide access to utilities.	Compliant	
11.1.2.9		Stairs, catwalks, and platforms in food processing and handling areas shall be designed and constructed so they do not present a product-contamination risk and with no open grates directly above exposed food product surfaces. They shall be kept clean (refer to 11.2.5).	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	Floors are constructed of smooth and dense impact-resistant material (i.e. sealed concrete) and are graded adequately for adequate drainage of overflow or wastewater. The waste trap (clarifier) is located outside the parking lot. Wastewater during the audit was observed to be adequately discharged. Drains were observed to be located and constructed (either stainless steel or painted metal) for ease of cleaning and inspection. Walls, ceilings, and doors have a durable construction with smooth and light-colored surfaces. Walls were either constructed FRP covered sheet rock or of insulated panels with washable surfaces. There were no drop ceilings in the food manufacturing areas. These areas were observed to be clean during the audit tours. Wall to wall and wall to floor junctures were sealed and free of debris. Ducting, piping, and conduit conveying services were appropriately designed and installed to prevent contamination and for ease of cleaning. Overhead cleaning was part of the master cleaning schedule or cleaned every day during the overnight sanitation. Overhead wastewater pipe installations did not pose a contamination hazard to food, materials, or contact surfaces. Doors, windows, and frames in product areas were appropriately constructed of materials with the same functional requirements as internal walls and partitions. The ceilings in all food processing and handling areas are constructed of corrugated metal (insulated freezer panels), steel, and concrete, which are easily cleaned and prevent product contamination. Stairs, catwalks, and platforms were observed during facility tours to be constructed and designed to avoid food contamination and avoid open grates above exposed product surfaces. Product contact surfaces not in contact with food and storage areas are constructed of suitable materials, including stainless steel, carbon steel, and food-grade plastic. They were observed during the audit to be adequately maintained so that food safety is not compromised.

Module 11 - 11.1.3 - Lightings and Light Fittings

Name	Mandatory	Description	Primary Response	Evidence
11.1.3.1		Lighting in food processing and handling areas and at inspection stations shall be of appropriate intensity to enable the staff to carry out their tasks efficiently and effectively and shall comply with local light-intensity regulations or industry standards.	Compliant	
11.1.3.2		Light fixtures in processing areas, inspection stations, ingredient and packaging storage areas, and all areas where the product is exposed shall be shatterproof, manufactured with a shatterproof covering or fitted with protective covers, and recessed into or fitted flush with the ceiling. Where fixtures cannot be recessed, structures must be protected from accidental breakage, manufactured from cleanable materials, and addressed in the cleaning and sanitation program.	Compliant	
11.1.3.3		Light fixtures in the warehouse or other areas where product is covered or otherwise protected shall be designed to prevent breakage and product contamination.	Compliant	
			Summary	Lighting was appropriate for employees to carry out their tasks efficiently. All lighting in the warehouse, processing area, and any area where the product is exposed is covered or shatter-proof. Lights and fittings are manufactured from cleanable materials. Light fittings in processing areas are shatterproof and fitted to the ceiling to mitigate the possibility of contamination. Light fittings in warehouses and other areas where the product is protected are designed to prevent breakage and product contamination.

Module 11 - 11.1.4 - Inspection/ Quality Control Area

Name	Mandatory	Description	Primary Response	Evidence
11.1.4.1		If online inspection is required, a suitable area close to the processing line shall be provided for the inspection of product (refer to 2.4.4). The inspection/quality control area shall be provided with facilities that are suitable for examination and testing of the type of product being handled/processed. The inspection area shall: i. Have easy access to handwashing facilities; ii. Have appropriate waste handling and removal; and iii. Be kept clean to prevent product contamination.	Not Applicable	N/A: There is no inspection or quality control area in the production rooms or near processing lines.

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The site has a laboratory (located in a room separate from production) where products are checked by trained personnel. The laboratory is equipped with handwash sinks and refuse receptacles, and the area is maintained in good condition. There is no inspection or quality control area where the product is handled or exposed. The site microbiological testing area was located away from processing and warehouse (separated by two doors from processing activities) and the site does not test for pathogens.

Module 11 - 11.1.5 - Dust, Insect, and Pest Proofing

Name	Mandatory	Description	Primary Response	Evidence
11.1.5.1		All external windows, ventilation openings, doors, and other openings shall be effectively sealed when closed, and proofed against dust, vermin, and other pests. External personnel access doors shall be effectively insect-proofed and fitted with a self-closing device and proper seals to protect against entry of dust, vermin, and other pests.	Compliant	
11.1.5.2		External doors, including overhead dock doors in food handling areas used for product, pedestrian, or truck access, shall be designed and maintained to prevent pest ingress by at least one or a combination of the following methods: i. A self-closing device; ii. An effective air curtain; iii. A pest-proof screen; iv. A pest-proof annex; and v. Adequate sealing around trucks in docking areas.	Compliant	
11.1.5.3		Electric insect control devices, pheromone, or other traps and baits shall be located and operated so they do not present a contamination risk to the product, packaging, containers, or processing equipment. Poison rodenticide bait shall not be used inside ingredients or product storage areas or processing areas where ingredients, packaging, and products are handled, processed, or exposed.	Compliant	
			Summary	External windows, doors, and other openings were observed during facility tours to be adequately sealed to prevent any pest infestation or dust coming into the facility. External personnel doors were self-closing and sealed to prevent dust and pest ingress. All external doors and dock doors were sealed to prevent infestation. Electric insect devices and interior and exterior rodent stations are located so that product is not at risk for contamination. Rodenticide bait is only used on the outside of the facility. The site does not have any windows in production areas.

Module 11 - 11.1.6 - Ventilation

Name	Mandatory	Description	Primary Response	Evidence
11.1.6.1		Adequate ventilation shall be provided in enclosed processing and food handling areas. Where appropriate, positive air-pressure systems shall be installed to prevent airborne contamination.	Compliant	
11.1.6.2		All ventilation equipment and devices in product storage and handling areas shall be adequately cleaned as per 11.2.5 to prevent unsanitary conditions.	Compliant	
11.1.6.3		Extractor fans and canopies shall be provided in areas where open cooking operations are carried out or a large amount of steam is generated. Capture velocities shall be sufficient to prevent condensation build-up and to evacuate all heat, fumes, and other aerosols to the exterior via an exhaust hood positioned over the cooker(s).	Compliant	
11.1.6.4		Fans and exhaust vents shall be insect-proofed and located so they do not pose a contamination risk and shall be kept clean.	Compliant	
			Summary	The site had a "Proofing and Ventilation Program" (MD.024 revision 003, last revised 10/03/2021), which outlines the criteria for how ventilation is defined and protected at the site Adequate ventilation was available, where needed, in enclosed processing and food areas. Ventilation equipment was seen to be adequately cleaned, insect-proofed, and located to not pose a risk of contamination. Ventilation and heat extraction above the pasteurizers, tunnels and other heat-generating operations were adequate, and no condensation was noted. The finished product packaging room has positive air pressure forcing air from production into hallways.

Module 11 - 11.1.7 - Equipment and Utensils

Name	Mandatory	Description	Primary Response	Evidence
Name	Mandatory	Description	Primary Response	Evidence
11.1.7.1		Specifications for equipment and utensils and procedures for purchasing equipment shall be documented and implemented.	Compliant	
11.1.7.2		Equipment and utensils shall be designed, constructed, installed, operated, and maintained to meet any applicable regulatory requirements and to not pose a contamination threat to products.	Compliant	
11.1.7.3		Equipment storage rooms shall be designed and constructed to allow for the hygienic and efficient storage of equipment and containers. Where possible, food contact equipment shall be segregated from non-food contact equipment.	Compliant	
11.1.7.4		Product contact surfaces and those surfaces not in direct contact with food in food handling areas, raw material storage, packaging storage, and cold storage areas shall be constructed of materials that will not contribute to a food safety risk.	Compliant	
11.1.7.5		Benches, tables, conveyors, mixers, mincers, graders, and other mechanical processing equipment shall be hygienically designed and located for appropriate cleaning. Equipment surfaces shall be smooth, impervious, and free from cracks or crevices.	Compliant	
11.1.7.6		Product containers, tubs, and bins used for edible and inedible material shall be constructed of materials that are non-toxic, smooth, impervious, and readily cleaned as per 11.2.5.1. Bins used for inedible material shall be clearly identified.	Compliant	
11.1.7.7		All equipment and utensils shall be cleaned after use (refer to 11.2.5.1) or at a set and validated frequency to control contamination and be stored in a clean and serviceable condition to prevent microbiological or cross-contact allergen contamination.	Compliant	
11.1.7.8		Vehicles used in food contact, handling, or processing zones or cold storage rooms shall be designed and operated so as not to present a food safety hazard.	Compliant	
11.1.7.9		Non-conforming equipment shall be identified, tagged, and/or segregated for repair or disposal in a manner that minimizes the risk of inadvertent use, improper use, or risk to the integrity of finished product. Records of the handling, corrective action, and/or disposal of non-conforming equipment shall be maintained.	Compliant	
			Summary	Specifications for the site's equipment, utensils, and purchase procedures for equipment are documented in the GMP program and in the "Hygienic Design Program" (MD.002, Revision 009, last revised 09/28/2021) and guidelines appeared to be followed. Equipment and utensils, including tables, graders, packers, conveyors, tubs, bins, and containers, are designed, constructed, and installed to meet regulatory requirements and prevent product contamination risks. These items were clean and stored properly after use to prevent cross-contamination. Equipment not in use was tagged and covered to prevent accidental use. Product contact surfaces, storage areas, and surfaces not in contact with food are constructed of suitable materials, including stainless steel, carbon steel, and food-grade plastic. They were observed during the audit to be adequately maintained so that food safety is not compromised. Equipment surfaces were smooth, impervious and free from cracks and crevices. Containers and bins are made of non-toxic materials labeled or color-coded for appropriate use with either edible or non-edible materials. Wastewater from tanks, tubs, and other equipment is discharged to the floor drainage system. Equipment and utensils are cleaned according to the Master Sanitation Schedule and validated visually, and via ATP swabs during the pre-operational inspection to prevent microbiological or cross allergen contamination. Vehicles used for food contact, handling, processing area, and cold storage were clean and free of peeling paint. Records of handling, corrective actions, or disposal of non-conforming equipment are recorded in the hold log.

Module 11 - 11.1.8 - Grounds and Roadways

Name	Mandatory	Description	Primary Response	Evidence
11.1.8.1		A suitable external environment shall be established, and the effectiveness of the measures shall be monitored and periodically reviewed. The premises, its surrounding areas, storage facilities, machinery, and equipment shall be kept free of waste or accumulated debris, and vegetation shall be controlled so as not to attract pests and vermin or present a food safety hazard to the sanitary operation of the site.	Compliant	
11.1.8.2		Paths, roadways, and loading and unloading areas shall be maintained so as not to present a hazard to the food safety operations of the premises. They shall be adequately drained to prevent the pooling of water. Drains shall be separate from the site drainage system and regularly cleared of debris.	Compliant	
11.1.8.3		Paths from amenities leading to site entrances shall be effectively sealed.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	The grounds and surrounding areas were observed to minimize dust and be free of waste, so pests are not attracted. Paths, roadways, and dock areas were seen to be adequately and adequately drained and were generally well maintained (with a few areas of cracked asphalt), so they do not present a hazard. No ponding of water was observed. Walkways from the parking lot and other employee amenities were paved or effectively sealed. The site conducts a minimum of monthly inspections for the outside area of the building.

Module 11 - 11.2.1 - Repairs and Maintenance

Name	Mandatory	Description	Primary Response	Evidence
11.2.1.1		The methods and responsibility for the maintenance and repair of plant, equipment, and buildings shall be documented, planned, and implemented in a manner that minimizes the risk of product, packaging, or equipment contamination.	Compliant	The site has a program that defines the responsibilities for the maintenance and repair of all plant equipment and buildings. There is a schedule of planned Preventive Maintenance, and PM tasks are documented in the "PM Program" (MD.019, revision 3, last revised 10/03/2021)
11.2.1.2		Routine maintenance of plant and equipment in any food processing, handling, or storage areas shall be performed according to a maintenance control schedule and recorded. The maintenance schedule shall be prepared to include buildings, equipment, and other areas of the premises critical to the maintenance of product safety.	Compliant	Routine maintenance of plant and equipment is documented according to the site Master Maintenance Schedule. The schedule has the equipment name and frequency of service (for example, silo weekly, air compressors weekly, freezer quarterly, and pan trays weekly). Examples reviewed included: - Weekly PM checklist for the Boiler included: Check burners and clean them, check pump and its pressure. Check coils, check for leaks, etc. Completed 4/23/2023. - Emergency Exits – 4/2/2023 – Check and clean electrical system, follow safety measures
11.2.1.3		Failures of plant and equipment in any food processing, handling, or storage areas shall be documented and reviewed, and their repair(s) incorporated into the maintenance control schedule.	Compliant	
11.2.1.4		Site supervisors shall be notified when maintenance or repairs are to be undertaken in any processing, handling, or storage areas.	Compliant	Maintenance personnel are trained in good manufacturing practices and food safety during the annual training refreshment. Maintenance and repairs to be undertaken in any processing, food handling, or storage area are communicated to site supervisors, including potential hazards such as loose wires, damaged lighting, and loose overhead objects that threaten product safety.
11.2.1.5		The maintenance supervisor and the site supervisor shall be informed if any repairs or maintenance activities pose a potential threat to product safety (e.g., pieces of electrical wire, damaged light fittings, and loose overhead fittings). When possible, maintenance is to be conducted outside operating times.	Compliant	
11.2.1.6		Temporary repairs, where required, shall not pose a food safety risk and shall be included in routine inspections (refer to 2.5.4.3) and the cleaning program. There shall be a plan in place to address the completion of temporary repairs to ensure they do not become permanent solutions.	Compliant	Temporary repairs are not allowed. Equipment that needs fixing is taken out of service until the correct part arrives (as an example, a metal belt in room P2 was torn and was observed to be tagged as out of service). The site has redundant systems and, generally, equipment can be taken offline in the event a repair is needed, that cannot immediately be completed. No temporary repairs were observed during the site tours.
11.2.1.7		Food contact equipment and equipment located over food contact equipment shall be lubricated with food-grade lubricant, and its use shall be controlled to minimize the contamination of the product.	Compliant	Food grade and non-food grade chemicals were stored in separate, locked, cabinets. No commingling of food grade and nonfood grade materials was observed during the site tours.
11.2.1.8		Paint used in a food handling or processing area shall be suitable for use, in good condition, and not be used on any product contact surfaces.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	Machinery, conveyors, and other equipment over or near food or food contact surfaces are lubricated with food-grade materials. The food-grade lubricants were appropriately labeled and stored separately in the food-grade cabinet. Paint is not used on food contact surfaces, and any paint in processing areas was noted to be in good condition with no observed flaking. The Maintenance Coordinator is responsible for the Preventive Maintenance program and ensuring food safety is maintained during repairs. The QC Manager is responsible for equipment release after repair. The site uses work orders when nonscheduled repairs are needed, and follow the "Work Order Program" (MD.009, revision 004, last revied 10/03/2021) guidance. Work order records completed from 01/17/2023 to 04/19/2023 were reviewed and found complete. An example reviewed: Work order #047 created 4/19/2023 09:25 am. Damaged acrylic door window in room P3 (this is from a finding during the glass and brittle plastic audit of 04/18/2023). The priority was noted as "High" and it is still in "open" status (the crack was observed by the auditor during a site tour). Questions on the work order included: -Did you follow GMP's? -Did you follow safety and LOTO procedures? -Did all tools and parts used were retrieved and returned? Per the program, The QC Manager and Production Manager are notified if any breakage or damage that could cause a food safety risk has occurred. The QC Manager and Production Manager shall be notified when work has been completed to enable appropriate and effective clean-up measures before facility operations. When product contact surface work is completed, Maintenance advise sanitation and tags the equipment, sanitation is completed and the once the equipment is sanitized the tag is returned to maintenance. No maintenance work was observed during the site tours.

Module 11 - 11.2.2 - Maintenance Staff and Contractors

Name	Mandatory	Description	Primary Response	Evidence
11.2.2.1		Maintenance staff and contractors shall comply with the site's personnel and process hygiene requirements (refer to 11.3).	Compliant	
11.2.2.2		All maintenance and other engineering contractors required to work on-site shall be trained in the site's food safety and hygiene procedures or shall be escorted at all times until their work is completed.	Compliant	
11.2.2.3		Maintenance staff and contractors shall remove all tools and debris from any maintenance activity once it has been completed, and inform the area supervisor and maintenance supervisor, so appropriate hygiene and sanitation can be conducted and a pre-operational inspection completed prior to the restarting of site operations.	Compliant	
			Summary	Maintenance and engineering contractors are trained in the site's food safety and hygiene procedures during the annual training refreshment (see 2.9.2 for details). New maintenance team members will observe experienced team members performing task or repair and then re observed performing the task before being allowed to work on a piece of equipment. When repairs and maintenance are complete, maintenance personnel remove all tools and debris and notify a supervisor. Although there is a policy to control the GMPs of incoming contractors, the site does not currently have contracted maintenance. The Maintenance Manager is responsible for the maintenance of this policy. Contractors must follow the site GMP policy (and must sign an acknowledgement of the GMP policy prior to being allowed to enter the plant. Contractors must be accompanied at all times when on site. No contractors were observed to be on site during the audit.

Module 11 - 11.2.3 - Calibration

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
11.2.3.1		The methods and responsibility for calibration and re-calibration of measuring, testing, and inspection equipment used for monitoring activities outlined in prerequisite programs, food safety plans, and other process controls, or to demonstrate compliance with customer specifications, shall be documented and implemented. Software used for such activities shall be validated as appropriate.	Compliant	The "Calibration Program" (MD.005 revision 5, last revised 09/29/2021) defines the methods and responsibilities for calibrating measuring, testing, and inspection equipment and has been implemented. The program included a calibration schedule for all devices listed. Most calibration frequencies are annual and frequencies are based on the manufacturer's recommendations. Equipment is calibrated against national or international reference standards and methods or to accuracy appropriate to its use. Routine calibration and equipment validation shall be performed according to regulatory requirements, equipment manufacturers' recommendations, and site-specific requirements. Test standards used to perform internal calibration or validation must be replaced if damaged. Calibration procedures are reviewed annually or after any calibration-related incident to ensure the procedure is appropriate to its intention. Equipment that requires validation will be validated at its proper frequency. The program includes the procedures to address the disposition of any affected product should inspection equipment be found to be out of calibration. Inspection and testing equipment is protected from damage or unauthorized use by maintaining equipment in a secure location when not in use.
11.2.3.2		Equipment shall be calibrated against national or international reference standards and methods or to an accuracy appropriate to its use. In cases where standards are not available, the site shall provide evidence to support the calibration reference method applied.	Compliant	
11.2.3.3		Calibration shall be performed according to regulatory requirements and/or to the equipment manufacturers' recommended schedule.	Compliant	
11.2.3.4		Procedures shall be documented and implemented to address the resolution of potentially affected products when measuring, testing, or inspection equipment is found to be out of calibration.	Compliant	
11.2.3.5		Calibrated measuring, testing, and inspection equipment shall be protected from damage and unauthorized adjustment or use.	Compliant	
11.2.3.6		A directory of measuring, testing, and inspection equipment that require calibration and records of the calibration tests shall be maintained.	Compliant	
			Summary	Examples of calibrations reviewed included: Metal detection devices – Last calibration test was conducted 02/25/2023 (next date of calibration: 02/25/2024). Calibration records includes the size of the test pieces used (i.e. 2.5 mm Fe, 3.5 mm NonFe, 3.5 mm SS), machine serial number, model, line number, aperture size, sensitivity, phase, frequency, reject delay, reject duration, belt peed. All five Metal detectors listed passed testing. The wands used were site wands. The site had Certificates of Conformity (CoC) for each wand used. The CoC indicated that the wand was traceable to NIST ID#685-O-0000000362-19 and in accordance with ANSI, ANFBMA, ISO3290 standards (Fe Cert # C/S11.4338; NonFe #BR4469.1; SS #4648.1). Thermometer – The calibration company had a certificate of compliance to ISO 9001:2015 standards (Cert #10131 valid until 06/05/2023). Calibration was conducted 10/14/2022. All the thermometers tested were in tolerance, did not need adjustment and were fully calibrated as left. Thermometers were calibrated in compliance with ISO/IEC 17025, ANSI Z540-1-1994, ISO 10012, and/ or MIL-STD-45662A standard and included traceability numbers. Scales - Calibrated to NIST Handbook 44 standards in compliance with IO 17025 and ANSI/NCSl Z540-1 – Included NIST traceable weights. Hopper scales are calibrated every two months. Small scales are calibrated every 6 months. Last conducted 4/12/2023 – 33 scales – 29 did not need adjustment (exact matches). Four were within tolerance but were adjusted to make a 100% match.

Module 11 - 11.2.4 - Pest Prevention

Name	Mandatory	Description	Primary Response	Evidence
11.2.4.1		A documented pest prevention program shall be effectively implemented. It shall: i. Describe the methods and responsibility for the development, implementation, and maintenance of the pest prevention program; ii. Record pest sightings and trend the frequency of pest activity to target pesticide applications; iii. Outline the methods used to prevent pest problems; iv. Outline the pest elimination methods and the appropriate documentation for each inspection; v. Outline the frequency with which pest status is to be checked; vi. Include the identification, location, number, and type of applied pest control/monitoring devices on a site map; vii. List the chemicals used. The chemicals are required to be approved by the relevant authority and their Safety Data Sheets (SDS) made available; viii. Outline the methods used to make staff aware of the bait control program and the measures to take when they come into contact with a bait station; ix. Outline the requirements for staff awareness and training in the use of pest and vermin control chemicals and baits; and x. Measure the effectiveness of the program to verify the elimination of applicable pests and to identify trends.	Compliant	The site "Pest Prevention Policy" (GMP.024, revision 10, last revised 06/25/2021) defines the site's program for pest prevention and the appropriate follow-up to pest issues that may occur. A Third Party Pest Contractor has been contracted for pest prevention. An updated scope of service is detailed in the pest provider portal. The agreement signed on 1/31/22 defines pest prevention methods, the frequency of interior and exterior inspections, and targeted pests A current site, pest device map, approved by the site QA Manager 01/03/2023 shows the location of 57 mechanical rodent traps, 16 bait stations, 6 external mechanical traps, 6 ILT, 6 pheromone traps, and 4 glue boards. A spot check of pest devices match the locations shown on the map.

Name	Mandatory	Description	Primary Response	Evidence
11.2.4.2		Pest contractors and/or internal pest controllers shall: i. Be licensed and approved by the local relevant authority; ii. Use only trained and qualified operators, who comply with regulatory requirements; iii. Use only approved chemicals; iv. Provide a pest prevention plan (refer to 2.3.2.8), which includes a site map, indicating the location of bait stations traps and other applicable pest control/monitoring devices; v. Report to a responsible authorized person on entering the premises and after the completion of inspections or treatments; vi. Provide regular inspections for pest activity with appropriate action taken if pests are present, and vii. Provide a written report of their findings and the inspections and treatments applied.	Compliant	The pest control portal included: - Cert of liability insurance (expires 07/22/2023) - Structural pest board license issued 4/12/2012 - Business license (#39365) valid through 12/31/2024 - PCO applicators licenses (PCO #1 License #12325 0 exp 6/30/2023. PCO #2 License #12534 exp 06/30/2023) The portal also contained a list of insecticides used for site treatment (SDS were reviewed on the Pest control portal) including details and dates of all chemical usage. Inspection activity reports are reviewed with, and signed by a management representative (typically the QA Manger) after visits and are reviewed and found to be completed as scheduled. Any observations or issues noted by the Pest Contractor are addressed and documented by the site.
11.2.4.3		Pest activity risks shall be analyzed and recorded. Inspections for pest activity shall be conducted on a regular basis by trained site personnel and the appropriate action taken if pests are present. Identified pest activity shall not present a risk of contamination to food products, raw materials, or packaging. Records of all pest control inspections and applications shall be maintained.	Compliant	
11.2.4.4		Food products, raw materials, or packaging that are found to be contaminated by pest activity shall be effectively disposed of, and the source of pest infestation shall be investigated and resolved. Records shall be kept of the disposal, investigation, and resolution.	Compliant	
11.2.4.5		Pesticides shall be clearly labeled and stored per 11.6.4 if kept on-site.	Compliant	
11.2.4.6		No animals shall be permitted on-site in food handling and storage areas.	Compliant	Although the facility allows service dogs in the office, the dogs are not allowed in the processing, handling, or storage areas.
			Summary	The plant is serviced weekly. All internal traps are inspected every week and the external traps every month. Service records reviewed found to be complete, legible, have the inspection and activity details, and were signed by the PCO and the QC manager. The real-time trending of the pest activity frequency is documented in the cloud-based system provided by the PCO. Quarterly assessment are conducted by the pet control company regional manager. The last assessment was conducted 11/29/2022 – All issues noted in the prior assessment were addressed. No new issue were raised. Two air curtains were added since the last assessments and the number of flying insects were reduced. No other issues were raised. Service Reports reviewed, including: 06/27/2022 – Some activity on all ILTs (House flies, Occasional Invaders, small fly); No activity noted on any rodent traps; All traps were accessible. No additional notes for site condition. 09/05/2022 – Light activity on all ILTs (House flies, Occasional Invaders, small fly); No activity on any rodent trap. All traps were accessible. No additional notes for site conditions, 04/11/2023 – Reduced number, but the same findings on all ILT's (i.e. House flies, Occasional Invaders, small flies); No activity on any rodent trap. All traps were accessible. No additional notes for site conditions, The program was observed during the audit to be effectively implemented. The premises were free of waste and debris, as observed during the interior and exterior tours. No pest activity was identified or noted during tours that presented a risk for product contamination, and corrective action and record-keeping procedures are in place should this occur.

Module 11 - 11.2.5 - Cleaning and Sanitation

Name	Mandatory	Description	Primary Response	Evidence
11.2.5.1		The methods and responsibility for the effective cleaning of the food handling and processing equipment and environment and storage areas shall be documented and implemented. Consideration shall be given to: i. What is to be cleaned; ii. How it is to be cleaned; iii. When it is to be cleaned; iv. Who is responsible for the cleaning; v. Validation of the cleaning procedures for food contact surfaces (including CIP); vi. Methods used to confirm the correct concentrations of detergents and sanitizers; and vii. The responsibility and methods used to verify the effectiveness of the cleaning and sanitation program.	Compliant	The site has a documented "Cleaning and Sanitation Program" (SSOP.01, revision 004, last revised 03/28/2023) which outlines general roles and responsibilities for cleaning and sanitation and the methods, frequencies, and responsibilities for verifying the effectiveness of cleaning methods. "Step by Step Cleaning Instructions" (SSOP.002 revision 009, last revised 02/22/2022) and "General How to Clean Equipment" (SSOP.004, revision 004, last revised 02/10/2022) describes the methods and responsibilities of cleaning processing equipment, floor, drains, carts, metal detectors, the environment, storage areas, bathrooms, and break rooms. The supplier has separate procedures for blood, glass breakage, and chemical handling procedures and has documented training records completed within the last twelve months for each sanitation employee. Sanitation training on these processes was last conducted 02/10/2023 and 03/27/2023 and training for chemical handling and sanitation w slat conducted 04/10/2022. Sanitation Standard Operating Procedures are written and include what is cleaned, chemical usage, concentrations, cleaning methods, and who is responsible.

Name	Mandatory	Description	Primary Response	Evidence
11.2.5.2		Detergents and sanitizers shall be suitable for use in a food manufacturing environment, labeled according to regulatory requirements, and purchased in accordance with applicable legislation. The organization shall ensure: i. The site maintains a list of chemicals approved for use; ii. An inventory of all purchased and used chemicals is maintained; iii. Detergents and sanitizers are stored as outlined in element 11.6.4; iv. Safety Data Sheets (SDS) are provided for all detergents and sanitizers purchased; and v. Only trained staff handle sanitizers and detergents.	Compliant	Sanitation chemicals were observed to be stored in a locked cage way from production activities. Bulk chemical were stored in containment systems and all chemicals and containers used for chemical transfer and use were labeled. SDS were reviewed for: Enzymatic Drain Cleaner (No date was found but all sections were included) – Causes serious eye damage; Oral acute toxicity. Pine odor cleaner 05/27/2015 - Causes eye irritation – documentation for this cleaner included a letter of guarantee. Caustic cleaner 01/03/2023 – May be corrosive to metals; harmful if swallowed; causes severe burn and eye damage.
11.2.5.3		Detergents and sanitizers that have been mixed for use shall be correctly mixed according to the manufacturers' instructions, stored in containers that are suitable for use, and clearly identified. Mix concentrations shall be verified and records maintained.	Compliant	Chemical concentrations are tested weekly by the sanitation supervisor. A review of the checks for 01/02/2023, 01/08/2023, 01/15/2023, 01/21/2023, and 01/27/2023 showed the following results: Chlorine sanitizer – Standard = 3,650 to 4,800 ppm. Results = 4,160 to 4,640 ppm Caustic cleaner – Standard = 1 to 5%. Results = 2 to 4% Acid Wash – Standard = 2 to 3 pH. Results = 3 pH Peracetic Acid – Standard = 82 to 500 ppm. Results = 250 to 300 ppm Test strips and titration chemical were all within the expiration date. NOTE: The nonconformity identified in the prior audit was addressed, and was confirmed, during this audit, to be corrected.
11.2.5.4		Cleaning-in-place (CIP) systems, where used, shall not pose a chemical contamination risk to raw materials, ingredients, or product. CIP parameters critical to assuring effective cleaning shall be defined, monitored, and recorded (e.g., chemical and concentration used, contact time, and temperature). CIP equipment, including spray balls, shall be maintained, and any modifications to CIP equipment shall be validated. Personnel engaged in CIP activities shall be effectively trained.	Not Applicable	N/A - Clean-In-Place procedures are not carried out at the site.
11.2.5.5		Cleaning equipment, tools, racks, and other items used in support of the cleaning and sanitizing program shall be clearly identified, stored, and maintained in a manner that prevents contamination of processing areas, product handling equipment, and storage areas as well as the tools themselves.	Compliant	
11.2.5.6		Suitably equipped areas shall be designated for cleaning product containers, knives, cutting boards, and other utensils used by staff. The areas for these cleaning operations shall be controlled so they do not interfere with manufacturing operations, equipment, or product. Racks and containers for storing cleaned utensils shall be provided as required.	Compliant	
11.2.5.7		Pre-operational inspections shall be conducted following cleaning and sanitation operations to ensure food processing areas, product contact surfaces, equipment, staff amenities, sanitary facilities, and other essential areas are clean before the start of production. Pre-operational inspections shall be conducted by qualified personnel.	Compliant	Product: FF1239D Chow Mein Noodles 10 x 3 lbs. Produced 5,708 cs. On 01/17/2023 - Beaker test log - 01/17/2023 (no leaks noted) - Scale verification - 01/17/2023 - Baked Chow Mein Wok test (includes size, favor, odor, appearance, and texture 01/17/2023, reviewed 01/18/2023 - Baked Chow Mein evaluation form (color, aroma, appearance, texture, flavor, sizing, length width, thickness, overall) - Packaging Material Review/(Film, C396 Case) - Swab testing 01/16/2023 and 01/17/2023 – All results were 0 to 16 RLU (limit 150 RLU maximum). - PreOperation 01/17/2023 – Issues identified Trash cans were full (Corrective Action: emptied); standing water (removed); Mixer 7 residues of liquid (cleaned, sanitized and reinspected); Chilling baskets and Tanks with hanging noodles (cleaned, sanitized and reinspected). - Hand tool in/out Log – 01/17/2023 – Hand tool #; Department, Return time, condition (supervisor initials).
11.2.5.8		Staff amenities, sanitary facilities, and other essential areas shall be inspected by qualified personnel at a defined frequency to ensure the areas are clean.	Compliant	
11.2.5.9		The responsibility and methods used to verify the effectiveness of the cleaning procedures shall be documented and implemented. A verification schedule shall be prepared. A record of pre-operational hygiene inspections, cleaning and sanitation activities, and verification activities shall be maintained.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
			Summary	A master sanitation plan includes all facility areas with frequencies and responsibilities for deep cleaning. A review of the plan for May 2022 to April 2023 showed that cleaning tasks were completed as scheduled. There is a suitable area for cleaning containers, knives, cutting boards, and other utensils that do not cause food product contamination. Sanitation tasks and pre-operational inspections by qualified personnel are documented. QC conducts Pre-operational hygiene and sanitation inspections to ensure food processing areas, product contact surfaces, equipment, staff amenities, and sanitary facilities are clean before production. The pre-operational inspection was witnessed during the audit. The staff performing the inspection demonstrated training effectiveness, using an iPad to document the findings, a flashlight and mirror to aid in finding non-conformities, and escorted by a sanitation employee to correct deficiencies before starting production. Pre-operational inspection documentation for 01/01-31/2023 and 03/01-31/2023 for line #7 and rooms P1-P3; were reviewed and had proper corrective actions documented as required (i.e. any initial failures were noted and subsequent rechecks were noted as acceptable). The verification of allergen removal is conducted following 2.8.1 Allergen Management as needed. Interviews with team members indicated an understanding that no unknown chemicals were to be used, where SDS were located, and what GMPs needed to be followed. Other records reviewed included: ATP Swab testing 01/16/2023 and 01/17/2023 – All results were 0 to 16 RLU (limit 150 RLU maximum). -PreOperation 01/17/2023 – Issues identified Trash cans were full (Corrective Action: emptied); standing water (removed); Mixer 7 residues of liquid (cleaned, sanitized and reinspected); Chilling baskets and Tanks with hanging noodles (cleaned, sanitized and reinspected).

Module 11 - 11.3.1 - Personnel Welfare

Name	Mandatory	Description	Primary Response	Evidence
11.3.1.1		Personnel who are known to be carriers of infectious diseases that present a health risk to others through the packing or storage processes shall not engage in the processing or packing of food or enter storage areas where food is exposed. Code Amendment #1 A medical screening procedure shall be in place for all employees, visitors and contractors who handle exposed product or food contact surfaces.	Compliant	
11.3.1.2		The site shall have measures in place to prevent contact of materials, ingredients, food packaging, food, or food contact surfaces from any bodily fluids, open wounds, coughing, sneezing, spitting, or any other means. In the event of an injury that causes the spillage of bodily fluid, a properly trained staff member shall ensure that all affected areas, including handling and processing areas, have been adequately cleaned, and that all materials and products have been quarantined and/or disposed of.	Compliant	
11.3.1.3		Personnel with exposed cuts, sores, or lesions shall not engage in handling or processing exposed products or handling primary (food contact) packaging or touching food contact surfaces. Minor cuts or abrasions on exposed parts of the body shall be covered with a colored, metal-detectable bandage or an alternative suitable waterproof and colored dressing.	Compliant	
			Summary	A Good Manufacturing Practice policy (GMP.001, Revision 022, last revised 01/20/2023) for all employees has been documented and implemented, which included sections on team member health and welfare. Employees are prohibited from working in food handling or open food storage areas who are suffering from, or who are or were carriers of, an infectious disease that may be passed through food. The site has documented measures to prevent contact of product materials with bodily fluids and respond appropriately to any bodily fluid spillage. The policy prohibits any food handling activity for persons with exposed cuts, sores, or lesions. It requires that minor cuts or abrasions be covered with a waterproof, metal detectable, colored bandage or dressing. Employee interviews Receiving, Quality Control, Maintenance, Operators, Sanitation, Sanitation supervisor, and QC preop confirmed that employees are trained in good manufacturing practices and know the requirements. No team members were observed to be ill or to have open wounds or sores. The site use blue metal detectable bandages (seen in first aid kits but not on team members).

Name	Mandatory	Description	Primary Response	Evidence
Module 11 - 11.3.2 - Handwashing				
Name	Mandatory	Description	Primary Response	Evidence
11.3.2.1		All personnel shall have clean hands, and hands shall be washed by all staff, contractors, and visitors: i. On entering food handling or processing areas; ii. After each visit to a toilet; iii. After using a handkerchief; iv. After smoking, eating, or drinking; and v. After handling wash down hoses, cleaning materials, dropped product, or contaminated material.	Compliant	
11.3.2.2		Handwashing stations shall be provided adjacent to all personnel access points and in accessible locations throughout food handling and processing areas as required.	Compliant	
11.3.2.3		Handwashing stations shall be constructed of stainless steel or similar non-corrosive material and at a minimum supplied with: i. A potable water supply at an appropriate temperature; ii. Liquid soap contained within a fixed dispenser; iii. Paper towels in a hands-free cleanable dispenser; and iv. A means of containing used paper towels.	Compliant	
11.3.2.4		The following additional facilities shall be provided in high-risk areas: i. Hands-free operated taps; and ii. Hand sanitizers.	Not Applicable	N/A - There are no high-risk areas in the facility.
11.3.2.5		Signage in appropriate languages instructing people to wash their hands before entering the food processing areas shall be provided in a prominent position in break rooms, at break room exits, toilet rooms, and in outside eating areas, as applicable.	Compliant	
11.3.2.6		When gloves are used, personnel shall maintain the handwashing practices outlined above.	Compliant	
			Summary	A policy covering hand washing requirements has been documented and implemented. Hand washbasins are located at appropriate employee access points to processing areas. Handwash sinks are made of non-corrosive materials and supplied with tempered potable water. Liquid soap, paper towels, and waste containers are available. There are no high-risk areas in the facility. Signs are posted reminding employees to wash their hands before returning to work and were posted at handwash stations and in bathrooms. Employees are required to wash their hands when wearing gloves. During the audit, interviews conducted with Employee interviews Receiving, Quality Control, Maintenance, Operators, Sanitation, Sanitation supervisor, and QC preop demonstrated that employees understand the hand washing requirements. Employees were observed to wash their hands properly during the audit and use proper glove procedures. ***Observed hand washing and glove use were compliant with customer 1 requirements.***

Name	Mandatory	Description	Primary Response	Evidence
Module 11 - 11.3.3 - Clothing and Personal Effects				
Name	Mandatory	Description	Primary Response	Evidence
11.3.3.1		The site shall undertake a risk analysis to ensure that the clothing and hair policy protects materials, food, and food contact surfaces from unintentional microbiological or physical contamination.	Compliant	
11.3.3.2		Clothing worn by staff engaged in handling food shall be maintained, stored, laundered, and worn so it does not present a contamination risk to products.	Compliant	
11.3.3.3		Clothing, including shoes, shall be clean at the start of each shift and maintained in a serviceable condition.	Compliant	
11.3.3.4		Excessively soiled uniforms shall be changed or replaced when they present a product contamination risk.	Compliant	
11.3.3.5		Disposable gloves and aprons shall be changed after each break, upon re-entry into the processing area, and when damaged. Non-disposable aprons and gloves shall be cleaned and sanitized as required and when not in use stored on racks provided in the processing area or in designated sealed containers in personnel lockers. They should not be placed or stored on packaging, ingredients, product, or equipment.	Compliant	
11.3.3.6		Protective clothing shall be manufactured from material that will not pose a food safety threat and is easily cleaned. All protective clothing shall be cleaned after use, or at a frequency to control contamination, and stored in a clean and serviceable condition to prevent microbiological or cross-contact allergen contamination.	Compliant	
11.3.3.7		Racks shall be provided for the temporary storage of protective clothing when staff leave the processing area and shall be provided nearby or adjacent to the personnel access doorways and handwashing facilities.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
11.3.3.8		Jewelry and other loose objects shall not be worn or taken into a food handling or processing operation or into any area where food is exposed. Wearing plain bands with no stones, prescribed medical alert bracelets, or jewelry accepted for religious or cultural reasons can be permitted, provided these items are properly covered and do not pose a food safety risk. All exceptions shall meet regulatory and customer requirements and shall be subject to a risk assessment and evidence of ongoing risk management.	Compliant	
			Summary	The site's clothing requirements have been implemented based on a documented risk assessment found in the GMP policy. Protective clothing (i.e. smocks) meets documented specifications, is easily cleaned, and is made of material that will not contaminate food. Employees store clothing on racks adjacent to access points when going on breaks and using the restroom. Clothing, including shoes, was observed clean at the commencement of the shift. Interviews conducted with team members during the site tours demonstrated that employees understood to change uniforms when excessively soiled, and disposable gloves and uniforms aprons are changed when soiled or damaged. Employees were observed to comply with the clothing requirements of the facility. Jewelry and other loose objects are prohibited in food processing and handling areas. Plain bands are allowed by the facility's policy. When approved by management, prescription Medical Alert bracelets or jewelry for religious or cultural reasons can be allowed by policy. Employees were observed to comply with the clothing and jewelry policy during the audit tours.

Module 11 - 11.3.4 - Visitors

Name	Mandatory	Description	Primary Response	Evidence
11.3.4.1		All visitors shall be trained in the site's food safety and hygiene procedures before entering any food processing and handling areas or shall be escorted at all times in food processing, handling, and storage areas.	Compliant	
11.3.4.2		All visitors, including management staff, shall be required to remove jewelry and other loose objects in accordance with the facilities Good Manufacturing Practices and 11.3.3.8. All visitors shall wear suitable clothing and footwear when entering any food processing and handling area.	Compliant	
11.3.4.3		Visitors exhibiting visible signs of illness shall be prevented from entering areas in which food is handled and processed.	Compliant	
11.3.4.4		Visitors shall enter and exit food handling areas through the proper staff entrance points and comply with all handwashing and personnel practice requirements.	Compliant	
			Summary	The site "Visitor Policy (GMP.032 Version 000, last revised 03/09/2020) has documented and implemented a policy defining visitor and contractor requirements. The policy requires that visitors be trained in hygiene and food safety requirements before entering food processing or handling areas or be continually escorted while in those locations. Visitors sign in and sign out and must state symptoms of illness or injury. Access to the building is restricted by locked doors and security cameras are placed in strategic positions. All visitors enter and exit food handling areas through the proper staff entrance points and comply with all hand washing and personnel practice requirements. Visitors in those areas include the proper use of access points, hand wash requirements, suitable protective clothing and footwear, removal of jewelry or other loose objects, and an absence of visible signs of illness. The auditor was required to check in at the guard station each day, and review and sign GMP acknowledgement prior to entry into the site. The auditor was accompanied at all times during the audit and was required to wash hands prior to entering the production areas during each site tour.

Module 11 - 11.3.5 - Staff Amenities (change rooms, toilet, break rooms)

Name	Mandatory	Description	Primary Response	Evidence
11.3.5.1		Staff amenities shall have documented cleaning procedures, be supplied with appropriate lighting and ventilation, and shall be made available for use by all persons engaged in the handling and processing of product.	Compliant	
11.3.5.2		Change rooms shall be provided to enable staff and visitors to change into and out of protective clothing as required. Change rooms shall be kept clean.	Not Applicable	N/A Change rooms are not required at this facility.
11.3.5.3		High-risk change areas shall be provided for staff engaged in the processing of high-risk foods or processing operations in which clothing can be soiled.	Not Applicable	N/A There are no high-risk areas on-site.
11.3.5.4		Provision shall be made for staff to store their street clothing and personal items separate from clean uniforms, food contact zones, food, and packaging storage areas.	Compliant	
11.3.5.5		Where required, a sufficient number of showers shall be provided for use by staff.	Not Applicable	N/A Showers are not required at this facility.

Name	Mandatory	Description	Primary Response	Evidence
11.3.5.6		Toilet rooms shall be: i. Designed and constructed so that they are accessible to staff and separate from any processing and food handling operations; ii. Accessed from the processing area via an airlock vented to the exterior or through an adjoining room; iii. Sufficient in number for the maximum number of staff; iv. Constructed so that they can be easily cleaned and maintained; v. Located inside or nearby areas for storing protective clothing, outer garments, and other items while using the facilities; and vi. Kept clean and tidy. Tools/equipment used for cleaning toilet rooms shall not be used to clean processing areas.	Compliant	
11.3.5.7		Sanitary drainage shall not be connected to any other drains within the premises and shall be directed to a septic tank or a sewerage system in accordance with regulations.	Compliant	
11.3.5.8		Handwashing basins shall be provided immediately outside or inside the toilet room and designed as outlined in 11.3.2.3.	Compliant	
11.3.5.9		Separate break rooms shall be provided away from food contact/handling zones. Break rooms shall be: i. Ventilated and well lit; ii. Provided with adequate tables and seating to cater for the maximum number of staff at one sitting; iii. Equipped with a sink serviced with hot and cold potable water for washing utensils; iv. Equipped with refrigeration and heating facilities, enabling staff to store or heat food and to prepare non-alcoholic beverages if required; and v. Kept clean and free from waste materials and pests.	Compliant	
11.3.5.10		Where outside eating areas are provided, they should be kept clean and free from waste materials and maintained in a manner that minimizes the potential for the introduction of contamination, including pests to the site.	Not Applicable	N/A Outside eating areas are not used at this site.
			Summary	Employee bathrooms and break rooms were observed to be appropriately lit, clean, ventilated, and available for all personnel at the facility. Restrooms and washrooms were observed to be separate from food processing and handling areas and accessed via a separate room or airlock. There are facilities for employees to change into and out of protective clothing. Provisions have been made to store street clothing and personal items separate from processing and storage areas. An area has been provided to store outer garments and other items while using the facilities. Sanitary facilities were sufficient for all employees and were cleaned and maintained regularly. The city approved the plumbing floor plan on 6/30/14, combined with on-site observations, which provided satisfactory evidence that sanitary drainage is separated from plant drainage and disposed of following regulations. The sanitary facilities have handwash sinks that comply with the requirements of the SQF Code. The Lunchroom was adequately separated from production, well-lit, adequately ventilated, and appropriately sized for facility employees. Lunchrooms include hot and cold potable water, food storage areas, and refrigerators with hand and utensil washing capabilities. Signs reminding employees to wash their hands before returning to work were observed at the exit to lunchrooms. Lunchrooms were observed to be clean and well-maintained during the audit tours.

Module 11 - 11.4.1 - Staff Engaged in Food Handling and Processing Operations

Name	Mandatory	Description	Primary Response	Evidence
11.4.1.1		All personnel engaged in any food handling, preparation, or processing operations shall ensure that products and materials are handled and stored in such a way as to prevent damage or product contamination. They shall comply with the following processing practices: i. Personnel entry to processing areas shall be through the personnel access doors only; ii. All doors are to be kept closed. Doors shall not be open for extended periods when access is required for waste removal or receiving of product/ingredient/packaging; iii. Packaging, product, and ingredients shall be kept in appropriate containers as required and off the floor; iv. Waste shall be contained in the bins identified for this purpose and removed from the processing area on a regular basis and not left to accumulate; and v. All wash down and compressed air hoses shall be stored on hose racks after use and not left on the floor.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
11.4.1.2		Personnel working in or visiting food handling or processing operations shall ensure that: i. Staff shall not eat or taste any product being processed in the food handling/contact zones, except as noted in element 11.4.1.4; ii. The wearing of false fingernails, false eyelashes, eyelash extensions, long nails, or fingernail polish is not permitted when handling exposed food; iii. Hair restraints and beard covers, where applicable, shall be used in areas where product is exposed. iv. Smoking, chewing, eating, or spitting is not permitted in areas where product is produced, stored, or otherwise exposed. v. Drinking water is permissible only under conditions that prevent contamination or other food safety risks from occurring. Drinking water containers in production and storage areas shall be stored in clear, covered containers, and in designated areas away from raw materials, packaging, tools, or equipment storage.	Compliant	
11.4.1.3		The flow of personnel in food processing and handling areas shall be managed such that the potential for contamination is minimized.	Compliant	
11.4.1.4		In circumstances where it is necessary to undertake sensory evaluations in a food handling/contact zone, the site shall implement controls and procedures to ensure: i. Food safety is not compromised; ii. Sensory evaluations are conducted by authorized personnel only; iii. A high standard of personal hygiene is practiced by personnel conducting sensory evaluations; iv. Sensory evaluations are conducted in areas equipped for the purpose; and v. Equipment used for sensory evaluations is sanitized, maintained, and stored separately from processing equipment.	Not Applicable	N/A - Sensory evaluations are not conducted in the food handling/processing areas.
			Summary	Food handling procedures for all employees are documented and implemented. Personnel must access the processing areas through personnel doors only, and doors were observed closed when not in use. Waste was contained and disposed of per-site policy and cleaning practices. False fingernails or fingernail polish, long nails, and false or extended eyelashes are prohibited, and no violations were noted. Hair restraints and beard nets were worn where the product was exposed. Packaging Materials, products, and ingredients were in appropriate, covered, labeled containers, and kept off the floor. Container labels had product names and lot numbers which matched the production documentation that captured raw material and lot numbers (in the mixing area were the raw materials were used). The GMP policy prohibits smoking, eating, drinking, or spitting in the facility. Smoking is permitted only in the designated areas in the parking lot. The process was logical, with a continuous flow designed to prevent cross-contamination. It was observed during audit tours that the flow of employees is such that any cross-contamination is minimal. Wash-down hoses were stored adequately on racks when not in use.

Module 11 - 11.5.1 - Water Supply

Name	Mandatory	Description	Primary Response	Evidence
11.5.1.1		Adequate supplies of potable water drawn from a known clean source shall be provided for water used as an ingredient during processing operations and for cleaning the premises and equipment. The source of potable water shall be identified as well as on-site storage (if applicable) and reticulation within the facility.	Compliant	
11.5.1.2		Contingency plans shall be in place for instances when the potable water supply is deemed to be contaminated or otherwise inappropriate for use.	Compliant	
11.5.1.3		Supplies of hot and cold water shall be provided, as required, to enable the effective cleaning of the premises and equipment.	Compliant	
11.5.1.4		The delivery of water within the premises shall ensure potable water is not contaminated. Testing of the backflow system, where possible, shall be conducted at least annually and records shall be maintained.	Compliant	
11.5.1.5		The use of non-potable water shall be controlled such that: i. There is no cross-contamination between potable and non-potable water lines; ii. Non-potable water piping and outlets are clearly identified; and iii. Hoses, taps, and other similar sources of possible contamination are designed to prevent backflow or back-siphonage.	Not Applicable	N/A - Non-potable water is not used at this site.
11.5.1.6		Where water is stored on-site, storage facilities shall be adequately designed, constructed, and routinely cleaned to prevent contamination.	Not Applicable	N/A - Water is not stored on-site.

Name	Mandatory	Description	Primary Response	Evidence
			Summary	Potable water is sourced for use in the facility for processing and cleaning the premises and equipment. Potable water is supplied from the city of Los Angeles. The site had the City of Los Angeles (LADWP) 2021 water report on file. The report indicated that the water provided complies with all primary and secondary requirements for water use by the general public. It was determined that there was adequate hot and cold water for cleaning and processing. Delivery of water within the premises complies with site policy. Two back flow devices are installed on water lines. Backflow devices are tested annually. Back flow device testing was last conducted 04/20/2022 1 - Initial test at line Pressure 110 PsiD (pass). Check valve 1 held at 7.2 PsiD. Closed tight, Relief valve open at 2.2 PsiD (all acceptable). 2 – Check Valve 1 held at 7.2 PsiD (pass). Closed tight. Relief valve open at 2.0 PsiD (all acceptable). The site contingency plan outlines water needs to be sampled and tested to ensure quality is deemed to be potable. If potable water is not available, site production would be discontinued and production would be taken on by one of the site sister plants until potable water was available.

Module 11 - 11.5.2 - Water Treatment

Name	Mandatory	Description	Primary Response	Evidence
11.5.2.1		Water treatment methods, equipment, and materials, if required, shall be designed, installed, and operated to ensure water receives effective treatment. Water treatment equipment shall be monitored regularly to ensure it remains serviceable.	Not Applicable	N/A - Water is not treated at the facility.
11.5.2.2		Water used as an ingredient in processing or for cleaning and sanitizing equipment shall be tested and, if required, treated to maintain potability (refer to 11.5.2.1). Treated water shall be regularly monitored to ensure it meets the specified indicators.	Not Applicable	N/A - Water is not treated at the facility.
11.5.2.3		Water treatment chemicals usage shall be monitored to ensure chemical residues are within acceptable limits. Records of testing results shall be kept.	Not Applicable	N/A - Water is not treated at the facility.
			Summary	N/A - Water is not treated at the facility.

Module 11 - 11.5.3 - Water Quality

Name	Mandatory	Description	Primary Response	Evidence
11.5.3.1		Water shall comply with local, national, or internationally recognized potable water microbiological and quality standards, as required when used for: i. Washing, thawing, and treating food; ii. Handwashing; iii. Conveying food; iv. An ingredient or food processing aid; v. Cleaning food contact surfaces and equipment; vi. The manufacture of ice; or vii. The manufacture of steam that will come into contact with food or be used to heat water that will come into contact with food.	Compliant	
11.5.3.2		Microbiological analysis of the water and ice supply shall be conducted to verify the cleanliness of the supply, the monitoring activities, and the effectiveness of the treatment measures implemented. Samples for analysis shall be taken at sources supplying water for the process or cleaning or from within the site. The frequency of analysis shall be risk-based and at a minimum annually.	Compliant	
11.5.3.3		Water and ice shall be analyzed using reference standards and methods.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
				Water used in processing, thawing, treating, conveying food, cleaning, or handwashing is monitored periodically for potability by the site. The manufacture of steam with potable water complies with potable water microbiological and quality standards. Samples from inside the facility are sent to an accredited third party lab for analysis. The external laboratories have an ISO 17025:2017 accreditation issued by IAS (Certificate #TL-403 – microbiology Effective date 09/27/2022; valid until 09/27/2025). The site uses a backup lab as well, and their 17025:2017 certification (A2LA) is valid until 4/30/23 and are included on the site's contract service specifications list. Municipal City is used as an ingredient, and sanitation of food contact surfaces will comply with national and internationally recognized microbiological and quality standards. All water used in the facility is potable. Water is analyzed using EPA reference standards and methods following State and Federal standards. If water results indicate high microbial values, the involved piping is held, cleaned, and retested. If it is again high, an investigation will commence into the potential source of the elevated values.
			Summary	Water testing was last conducted 06/14/2022 (20 samples) and tested for HPC, Coliforms, and E. coli. The HPC maximum value 7,100 cfu/ml (NOTE: though 2022 allowable values were up to 10,000 cfu/ml. Beginning in 2023 the max HPC value is 500 cfu/ml). Coliform and E. coli results were all <1.1 MPN/100 ml. ***The use and testing of potable water and backflow prevention devices was compliant with customer 1 requirements.***

Module 11 - 11.5.4 - Ice Supply

Name	Mandatory	Description	Primary Response	Evidence
11.5.4.1		Ice provided for use during processing operations, as a processing aid, or an ingredient shall comply with 11.5.3.1.	Not Applicable	N/A - Ice is not used for production purposes at the facility.
11.5.4.2		Ice that is purchased shall be from an approved supplier and included in the site's food safety risk assessment. Ice shall be supplied in containers that are appropriate for use, cleanable if reused, and tested as appropriate.	Not Applicable	N/A - Ice is not used for production purposes at the facility.
11.5.4.3		Ice rooms and receptacles shall be constructed of materials as outlined in element 11.1.2 and designed to minimize contamination of the ice during storage, retrieval, and distribution.	Not Applicable	N/A - Ice is not used for production purposes at the facility.
			Summary	N/A - Ice is not used for production purposes at the facility.

Module 11 - 11.5.5 - Air and Other Gasses

Name	Mandatory	Description	Primary Response	Evidence
11.5.5.1		Compressed air or other gases (e.g., nitrogen or carbon dioxide) that contact food or food contact surfaces shall be clean and present no risk to food safety.	Compliant	
11.5.5.2		Compressed air systems and systems used to store or dispense other gases that come into contact with food or food contact surfaces shall be maintained and regularly monitored for quality and applicable food safety hazards. The frequency of analysis shall be risk-based and at a minimum annually.	Compliant	
				The site "Air Quality Program" (MD.008, version 003, last revised 09/24/2018) outlines the responsibilities and activities associated with air testing. Compressed air coming in contact with food or food contact surfaces is checked periodically for cleanliness and food safety hazards. Compressed air or nitrogen (plant generated) systems are regularly maintained and monitored. Ambient air is also tested with air exposure plates (exposed for 15 minutes). Filters are located at the point of use and are of the appropriate micron size (5-microns) to effectively filter the air or gas before contacting food or surfaces. The maintenance staff conducts filter inspections and changes the cartridge at least once per year. Compressed air or gas samples are periodically sent to outside and in-house laboratories. Action thresholds are any values above 40 cfu/plate for yeast or mold.
			Summary	The compressed air was last tested for four test sites on 07/15/2022. Maximum values were 1 cfu/plate Mold and <1 cfu/plate Yeast. Ambient air was last tested 03/27/2023 at twelve locations. Maximum values were 9 cfu/plate Mold and 18 cfu/plate Yeast. Fans that direct air onto product are swab tested for ATP. The last testing was conducted on 04/04/2023 with a 0 RLU value (action levels are 150 RLU). The fans appeared to be clean during site tours and they were also on the master sanitation schedule.

Name	Mandatory	Description	Primary Response	Evidence

Module 11 - 11.6.1 - Receipt, Storage and Handling of Goods

Name	Mandatory	Description	Primary Response	Evidence
11.6.1.1		The site shall document and implement an effective storage plan that allows for the safe, hygienic receipt and storage of raw materials (i.e., frozen, chilled, and ambient), ingredients, packaging, equipment, and chemicals.	Compliant	The "Incoming Goods Program" (GMP.022, revision 008, last revised 03/11/2020) – Outlines the process for how raw materials are received. Every shipment of raw materials, ingredients, and processing aids is examined. The process: - Verify ingredients against approved specifications - Record code information - Record integrity of shipping container - Record condition of carrier (free of off odors, infestation, etc.) - Check that the load is sealed (with seals or locks) - Record evidence of any contamination - Pull samples for microbial analysis or confirmation of COA (if samples are taken the material is placed on hold until confirmation of test results indicate a satisfactory product.). - Receive any accompanying paperwork (i.e. COA, bulk tank cleanliness certificate, etc.) The procedure for sampling methods and amount to be sampled is also included. Infested material will not be received. Damaged or unclean material may be received but must be segregated until it can be reviewed/tested. The "Shipping and Receiving Bio Security Truck Inspection Report" (WH.012, Revision 008, last revised 03/31/2022) Outlines the policy for receiving, storing, and transporting raw materials, ingredients, packaging, equipment, and chemicals and shows how the receiving and inspection form is to be filled out.
11.6.1.2		Controls shall be in place to ensure all ingredients, raw materials, processing aids, and packaging are received and stored properly to prevent cross-contamination risks. Unprocessed raw materials shall be received and stored separately from processed raw materials to avoid cross-contamination risk.	Compliant	
11.6.1.3		The responsibility and methods for ensuring effective stock rotation principles shall be documented and implemented.	Compliant	
11.6.1.4		Procedures shall be in place to ensure that all ingredients, materials, work- in-progress, rework, and finished product are utilized within their designated shelf-life.	Compliant	
11.6.1.5		Where raw materials, ingredients, packaging, equipment, and chemicals are held under temporary or overflow conditions that are not designed for the safe storage of goods, a risk analysis shall be undertaken to ensure there are no risks to the integrity of those goods, no potential for contamination or adverse effect on food safety.	Not Applicable	N/A - Temporary or overflow conditions are not used by the site.
11.6.1.6		Records shall be available to verify the effectiveness of alternate or temporary control measures for the storage of raw materials, ingredients, packaging, equipment, chemicals, or finished products.	Not Applicable	N/A - The site has not used alternate storage or temporary control measures in the past 12 months.
			Summary	As an example of documentation completed during receiving: Xanthan Gum – Lot M2203A-G24 Expiration 03/31/2024. Raw Material Inspection – Received 12/19/2022 Item # 03-01-5001-00 PO 79615 Lot Code : M2203A-G24 LOG on file? (Yes) Kosher Cert ? (Yes) Org Cert on file ? (No) COA presented w/shipment? (No - requested by e-mail) Is the material: Clean? (Yes) Sealed? (Yes) Marked? (Yes) Does the material include: Name of Item? (Yes) Lot or Code? (Yes) Manufacturer? (Yes) Is the truck/trailer: Clean? (Yes) Sealed? (Yes) Seal number? (Padlock) Allergen? (None) Receiving records reviewed included those from: 12/19/2022, 12/30/2022, 01/02/2023, 01/03/2023, 01/04/2023, 01/05/2023, 01/09/2023, 01/10/2023, 01/12/2023, 01/14/2023, 01/18/2023, 01/19/2023 Dry ingredients and packaging were stored separately from unprocessed raw materials and frozen and refrigerated items. The site has implemented stock rotation based on FIFO to ensure that all materials, including rework, are used within their designated shelf-life.

Module 11 - 11.6.2 - Cold Storage, Freezing and Chilling of Foods

Name	Mandatory	Description	Primary Response	Evidence
11.6.2.1		The site shall provide confirmation of the effective operational performance of freezing, chilling, and cold storage facilities. Chillers, blast freezers, and cold storage rooms shall be designed and constructed to allow for the hygienic and efficient refrigeration of food and be easily accessible for inspection and cleaning.	Compliant	The site follows guidance for cold storage outlined in the "Storage Process" (WH.023 Revision 000, last revised 05/20/2020). Chillers, freezers, and cold storage areas are designed and constructed for hygienic and efficient refrigeration. There appeared to be sufficient capacity for the facility's requirements and sufficient space for periodic cleaning. The condensate lines were connected directly to the plant drainage system and there was no condensation observed in the coolers. Temperature monitoring devices are located at the warmest part of the refrigerators/freezers, and temperatures are periodically monitored and recorded. The maintenance staff maintains the refrigeration equipment.
11.6.2.2		Sufficient refrigeration capacity shall be available to chill, freeze, store chilled, or store frozen the maximum anticipated throughput of product with allowance for periodic cleaning of refrigerated areas.	Compliant	
11.6.2.3		The site shall have a written procedure for monitoring temperatures, including the frequency of checks, and corrective actions, if the temperature is out of specification. Freezing, chilling, and cold storage rooms shall be fitted with temperature monitoring equipment that is located to monitor the warmest part of the room and be fitted with a temperature measurement device that is easily readable and accessible. Records shall be kept of frozen, cold, and chilled storage room temperatures.	Compliant	
11.6.2.4		Discharge from defrost and condensate lines shall be controlled and discharged into the drainage system.	Compliant	
			Summary	The site maintains refrigerated storage area at 44°F or below and a freezer of 10°F or below; as a policy for increased food safety, chilled storage areas are designed with sufficient capacity to ensure they can be maintained and operated to run at 44°F or below. Warehouse personnel checks frozen product storage areas periodically to ensure that they are operating at the correct temperature and are not overstocked. Loading docks were observed to be in acceptable condition. Temperature records reviewed included: Dock #1 Cooler - The temperature is checked every 4 hours and the maximum temperature is 44F. If temperatures are above 44F, maintenance is to be notified, Product staging must stop until the cooler reaches 45F or below. 03/06/2023 temperature checks at 7:09, 10:23, 13:08, 17:11, 20:02, and 23:44. The maximum temperature was 39.8F. Other dates reviewed included: 12/19/2022, 03/07/2023, 03/08/2023, 03/09/2023, 03/10/2023, 04/20/2023. No issues were noted. Freezer #1 The temperature is checked every 4 hours and the maximum temperature is 10F. If temperatures are above 10F then notify maintenance. If product temperatures are above 20F, move the product to a working freezer. Temperature records reviewed included: 01/03/2023 – System in defrost (temperatures ranged from 10F to 15.5F). A notation of maintenance being notified was on the documentation. Other records reviewed included: 12/05/2022 to 12/10/2022 (no elevated temperatures noted); 01/05/2023 (temps ranged from 6F to 8.5F), 01/06/2023 (4.5F to 6F), 01/07/2023 (5F to 5.5F) 04/20/2023. No issues were noted.

Module 11 - 11.6.3 - Storage of Dry Ingredients, Packaging, and Shelf Stable Packaged Goods

Name	Mandatory	Description	Primary Response	Evidence
11.6.3.1		Rooms used for the storage of product ingredients, packaging, and other dry goods shall be located away from wet areas and constructed to protect the product from contamination and deterioration and prevent packaging from becoming a harborage for pests or vermin.	Compliant	
11.6.3.2		Racks provided for the storage of packaging shall be constructed of impervious materials and designed to enable cleaning and inspection of the floors and behind the racks. Storage areas shall be cleaned at a pre-determined frequency.	Compliant	
			Summary	The site follows guidance outlined in the "Storage Process" (WH.023 Revision 000, last revised 05/20/2020). Storage areas for raw materials, packaging, and finished goods were located away from any wet areas, clean and well maintained. The product is protected from contamination, deterioration, and pest harborage. Racking is designed and constructed from impervious materials and located so storage areas can be cleaned and inspected. Forklifts and other vehicles in processing and storage areas did not present a food hazard. Segregation of allergen containing material was observed, and racks containing allergens had allergen signage on the racks. No dry storage issues were seen during site walkthroughs.

Module 11 - 11.6.4 - Storage of Hazardous Chemicals and Toxic Substances

Name	Mandatory	Description	Primary Response	Evidence

Name	Mandatory	Description	Primary Response	Evidence
11.6.4.1		Hazardous chemicals and toxic substances with the potential for food contamination shall be: i. Clearly labeled, identifying and matching the contents of their containers; ii. Included in a current register of all hazardous chemicals and toxic substances that are stored on-site; and iii. Supplemented with current Safety Data Sheets (SDS) made available to all staff.	Compliant	The nonconformity identified in the prior audit was addressed, and was confirmed, during this audit, to be corrected.
11.6.4.2		Storage of hazardous chemicals and toxic substances shall be: i. Located in an area with appropriate signage indicating that the area is for hazardous storage; ii. Controlled, lockable, and accessible only by personnel trained in the storage and use of chemicals; iii. Adequately ventilated; iv. Stored where intended and not comingled (e.g., food versus non-food grade); v. Designed such that pesticides, rodenticides, fumigants, and insecticides are stored separately from sanitizers and detergents; and vi. Stored in a manner that prevents a hazard to finished product or product contact surfaces. Processing utensils and packaging shall not be stored in areas used to store hazardous chemicals and toxic substances.	Compliant	
11.6.4.3		Hazardous chemicals and toxic substances shall be correctly labeled and: i. Used only according to manufacturers' instructions; ii. Controlled to prevent contamination or a hazard to raw and packaging material, work-inprogress, finished product, or product contact surfaces; iii. Returned to the appropriate storage areas after use; and iv. Be compliant with national and local legislation.	Compliant	
11.6.4.4		Daily supplies of chemicals used for continuous sanitizing of water, as a processing aid, or for emergency cleaning of food processing equipment and surfaces in food contact zones may be stored within or in close proximity to a processing area, provided that access to the chemical storage facility is restricted to only authorized personnel.	Compliant	
11.6.4.5		Personnel who handle hazardous chemicals and toxic substances, including pesticides and cleaning chemicals,: i. Shall be fully trained in the purpose of the hazardous chemicals and toxic substances, their storage, handling, and use; ii. Be provided first aid equipment and personnel protective equipment (PPE); and iii. Ensure compliance with the proper identification, storage, usage, disposal, and clean-up requirements.	Compliant	
11.6.4.6		The site shall dispose of empty, obsolete, and unused chemicals, pesticides, toxic substances, and containers in accordance with requirements and ensure that primary containers are: i. Not reused; ii. Segregated and securely stored prior to collection; and iii. Disposed through an approved vendor.	Compliant	
11.6.4.7		In the event of a hazardous spill, the site shall: i. Have spillage clean-up instructions to ensure that the spill is properly contained; and ii. Be equipped with PPE, spillage kits, and cleaning equipment.	Compliant	
			Summary	Any hazardous chemicals were appropriately stored and labeled and did not appear to present a hazard to personnel or food products. No processing utensils or packaging were stored next to chemicals. No pesticides were observed to be stored on site (pesticides are managed by the third party pest control company). Chemical storage areas were locked and had instructions on handling hazardous chemicals, an up-to-date inventory of all chemicals, and available first aid and spill containment equipment. Daily supplies of chemicals were stored correctly. All stored chemicals have current SDS information on file at the facility. SDS and the label declaration or documented approval for the chemical's intended use were reviewed for the following maintenance chemicals (Sanitation chemicals reviewed are documented in 11.2.5): Food Grade Machine Oil (NF H-1 Reg. #12900) SDS 01/31/2022 – Extremely flammable. May explode if heated. May be fatal if swallowed and enters airways. Allergen letter dated 11/02/2022 indicates no allergens are present in the product. Food Grade Grease (NSF H-1 Reg. #059323) SDS 01/30/2017 - No hazards identified. Allergen Letter dated 11/09/2022 – The product does not contain any of the 14 allergens identified in the Annex II list of allergens as amended by the Commission Delegated Regulation No. 78/2014 0. Food Grade Silicone Lube and Releasing Agent (NF H-1 Reg. #151750) SDS 11/07/2018 - Extremely flammable aerosol; Can cause skin irritation; Can cause serious eye irritation. Allergen letter dated 11/03/2022 indicates that it does not contain any of the "Big 9" allergens. Specialist dry lube (non food grade) SDS 08/27/2018 – Extremely flammable aerosol. May explode if heated; May be fatal if swallowed and enters airways; may cause skin irritation. May cause drowsiness Contact Cleaner (electronic cleaner spray) SDS 12/18/2018. Extremely flammable aerosol. May explode if heated; May be fatal if swallowed and enters airway; May cause skin irritation; May cause drowsiness; Very toxic to aquatic life. Employees handling chemicals have been trained to handle, use, store, and adequately disposal of the chemicals (see 2.9.2 for details on training).

Module 11 - 11.6.5 - Loading, Transport, and Unloading Practices

Name	Mandatory	Description	Primary Response	Evidence
Name	Mandatory	Description	Primary Response	Evidence
11.6.5.1		The practices applied during loading, transport, and unloading of food shall be documented, implemented, and designed to maintain appropriate storage conditions and product integrity. Foods shall be loaded, transported, and unloaded under conditions suitable to prevent cross-contamination.	Compliant	
11.6.5.2		Vehicles (e.g., trucks/vans/containers) used for transporting food within the site and from the site shall be inspected prior to loading to ensure they are clean, in good repair, suitable for the purpose, and free from odors or other conditions that may impact negatively on the product.	Compliant	
11.6.5.3		Vehicles (e.g., trucks/vans/containers) shall be secured from tampering using seals or other agreed-upon and acceptable devices or systems.	Compliant	
11.6.5.4		Loading and unloading docks shall be designed to protect the product during loading and unloading. Loading practices shall be designed to minimize unnecessary exposure of the product to conditions detrimental to maintaining product and package integrity during loading and transport.	Compliant	
11.6.5.5		Refrigerated units shall maintain the product at the required temperature. The unit's temperature settings shall be set, checked, and recorded before loading, and the product temperature shall be recorded at regular intervals during loading, as applicable.	Compliant	
11.6.5.6		The refrigeration unit shall be operational at all times and checks completed of the unit's operation, the door seals, and the storage temperature at regular intervals during transit.	Compliant	
11.6.5.7		On arrival, prior to opening the doors, the food transport vehicle's refrigeration unit's storage temperature settings and operating temperature shall be checked and recorded. Unloading shall be completed efficiently, and product temperatures shall be recorded at the start of unloading and regular intervals during unloading.	Compliant	
11.6.5.8		Unloading practices shall be designed to minimize unnecessary exposure of the product to conditions detrimental to maintaining product and package integrity.	Compliant	
			Summary	A policy defining the practices for loading, unloading, and storing food products has been documented and implemented in "Loading and Unloading" (WH.020, Revision 007, last revised 01/22/2021) and "First In First Out – FIFO" (WH.001, revision 007, last revised 03/10/2021). It was observed during the audit tours that food is unloaded, stored, and loaded under conditions that prevent cross-contamination. The site's policy requires that all trailers be inspected for cleanliness, infestation, odors, and damage before loading and that vehicles be secured from tampering using a seal or other agreed method. Refrigerated trailer temperatures are monitored and documented before loading and unloading products. Seals must be applied before leaving the shipping dock. Product temperatures are checked at regular intervals before loading and or unloading, and the refrigeration units are checked and maintained for proper operation. Shipping and Receiving activities were not observed but interviews with warehouse team members indicated knowledge of the site receiving and shipping process, what to do with unacceptable loads, allergen management, FIFO, and stock rotation. Shipping Example: – 01/20/2023 – Bio-security Truck Inspection Report – PO #8804203 (shipped product example) – Truck Received at 36F, seal number 2998005 – start loading 12:16 pm. Finished loading 1:12 PM – signed as reviewed 01/21/2023. -Form includes: Truck Integrity (Good); Reefer temperature at time of loading (36F); product condition upon loading (good). Other dates reviewed included: 01/19/2023, 01/22/2023; 04/20/2023. Shipping of Product: FF1239D Chow Mein Noodles 10 x 3 lbs. Produced 5,708 cs. On 01/17/2023 Shipped – 1/19/2023 – Order 0391642 – 158 cases Shipped – 1/20/2023 – Order 0391579 – 1,300 cases Shipped – 1/20/2023 – Order 0391000 – 1,300 cases Shipped – 1/20/2023 – Order 0391744 – 1,100 cases Shipped – 1/20/2023 – Order 0391745 – 1,100 cases Shipped – 1/20/2023 – Order 0391655 – 750 cases

Module 11 - 11.7.1 - High-Risk Processes

Name	Mandatory	Description	Primary Response	Evidence
11.7.1.1		The processing of high-risk food shall be conducted under controlled conditions, such that sensitive areas, in which the high-risk food has undergone a "kill" step, a "food safety intervention" or is subject to post-process handling, are protected/segregated from other processes, raw materials, or staff who handle raw materials, to ensure cross-contamination is minimized.	Not Applicable	N/A - All site products require further processing (i.e. cooking) so no products are deemed to be high risk.
11.7.1.2		Ambient air in high-risk areas shall be tested at least annually to confirm that it does not pose a risk to food safety.	Not Applicable	N/A - All site products require further processing (i.e. cooking) so no products are deemed to be high risk.
11.7.1.3		Areas in which high-risk processes are conducted shall only be serviced by staff dedicated to that function.	Not Applicable	N/A - All site products require further processing (i.e. cooking) so no products are deemed to be high risk.
11.7.1.4		Staff engaged in high-risk areas shall change into clean clothing and footwear or temporary protective outerwear when entering high-risk areas. Staff access points shall be located, designed, and equipped to enable staff to change into the distinctive protective clothing and practice a high standard of personal hygiene to prevent product contamination.	Not Applicable	N/A - All site products require further processing (i.e. cooking) so no products are deemed to be high risk.
11.7.1.5		Product transfer points shall be located and designed, so they do not compromise high-risk segregation and minimize the risk of cross-contamination.	Not Applicable	N/A - All site products require further processing (i.e. cooking) so no products are deemed to be high risk.

Name	Mandatory	Description	Primary Response	Evidence
				All site products require further processing (i.e. cooking) so no products are deemed to be high risk. The site uses the "FDA Draft Approach to Designating High-Risk Food as required by section 204 of FSMA – February 2014" to support this decision. In the event a high risk food is produced, there is a system in place to process high risk food. Access doors and changing room areas are utilized before entering the facility. Dedicated staff can access designated cooking and storage area. Transfer points are designed to not compromise raw material or exposed finished product. The Site has designated color coded hair nets for high risk areas. All staff are dedicated to the function of high risk processes. Everything is done based on positive release of products as detailed in 2.4.7. All finished products undergo microbiological testing for indicator microorganisms. All finished products are placed on hold, pending in-house or 3rd party laboratory microbiological test results for TPC, Coliforms, E. coli, Yeast and Mold.
			Summary	Micro testing for relevant pathogens is performed on every lot by an accredited third party lab. The site has implemented a risk-based environmental monitoring program as described in the "Plant Environmental Monitoring Program," (GMP.016, Revision 019, Revision Date 05/09/2022) The sampling and testing program includes listeria, salmonella, air plates, and water potability. Listeria is tested every month, salmonella quarterly, air plates quarterly, and water potability annually. ***The site does not produce products that are deemed high risk (all products require further processing at the customer site or further downstream, but does have an environmental monitoring program). This complies with customer 1 requirements.***

Module 11 - 11.7.2 - Thawing of Food

Name	Mandatory	Description	Primary Response	Evidence
11.7.2.1		Thawing of food shall be undertaken in equipment and rooms appropriate for the purpose. Equipment for water thawing shall be continuous flow to ensure the water exchange rate and temperature do not contribute to product deterioration or contamination. Water overflow shall be directed into the floor drainage system and not onto the floor or shall be appropriately plumbed.	Not Applicable	N/A-The facility does not require the thawing of any product.
11.7.2.2		Air thawing facilities shall be designed to thaw food under controlled conditions at a rate and temperature that does not contribute to product deterioration or contamination.	Not Applicable	N/A-The facility does not require the thawing of any product.
11.7.2.3		Provision is to be made for the containment and regular disposal of used cartons and packaging from thawed product so that there is no risk to the product.	Not Applicable	N/A-The facility does not require the thawing of any product.
			Summary	N/A-The facility does not require the thawing of any product.

Module 11 - 11.7.3 - Control of Foreign Matter Contamination

Name	Mandatory	Description	Primary Response	Evidence
11.7.3.1		The responsibility and methods used to prevent foreign matter contamination of the product shall be documented, implemented, and communicated to all staff. Inspections shall be performed (refer to 2.5.4.3) to ensure plant and equipment remain in good condition and equipment has not become detached or deteriorated and is free from potential contaminants.	Compliant	The Policy, "Control of Foreign Matter Contamination" (SOP.003, Revision 004, last revised 04/13/2022), defines the methods and responsibilities to prevent foreign material contamination. Screens are inspected daily for tearing and signs of wear. There is a section for allowable and not allowable pallet conditions defined in the program. The policy's implementation effectiveness is demonstrated by pre-operational inspections and regularly scheduled maintenance inspections conducted and documented for equipment condition and any potential contaminants. Per "Foreign Object Notification Training" (SOP.032, Revision 000, last Revision Date 04/22/2020) supervisors mut check their areas each shift for foreign materials. Team member nest immediately bring to the supervisor attention any observed foreign materials. A glass register has been documented with glass, brittle plastic, and ceramic sources included in all plant areas, except noted in NC 11.7.3.2.
11.7.3.2		Containers, equipment, and other utensils made of glass, porcelain, ceramics, laboratory glassware, or other similar materials shall not be permitted in food processing /contact zones (except where the product is contained in packaging made from these materials, or measurement instruments with glass dial covers are used, or MIG thermometers are required under regulation). Where glass objects or similar material are required in food handling/contact zones, they shall be listed in a glass inventory, including details of their location and condition.	Minor	Two of four items (two exit signs and a basket disconnect dial on line 7) in room P1 reviewed during the site tour were not on the Glass register.
11.7.3.3		Regular inspections of food handling/contact zones shall be conducted (refer to 2.5.4.3) to ensure they are free of glass or other like material and to establish changes to the condition of the objects listed in the glass inventory.	Compliant	
11.7.3.4		Glass instrument dial covers on processing equipment and MIG thermometers shall be inspected at the start of each shift to confirm they have not been damaged.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
11.7.3.5		In circumstances where glass or similar material breakage occurs, the affected area shall be isolated, cleaned, thoroughly inspected (including cleaning equipment and footwear), and cleared by a suitably responsible person prior to the start of operations.	Compliant	
11.7.3.6		Wooden pallets and other wooden utensils used in food processing and handling areas shall be dedicated for that purpose, clean, and maintained in good order. Their condition shall be subject to regular inspection.	Compliant	
11.7.3.7		Loose metal objects on equipment, equipment covers, and overhead structures shall be removed or tightly fixed so as not to present a hazard.	Compliant	
11.7.3.8		Knives and cutting instruments used in processing and packaging operations shall be controlled, kept clean, and well maintained. Snap-off blades shall not be used in manufacturing or storage areas.	Compliant	
11.7.3.9		Gaskets, rubber impellers, and other equipment made of materials that can wear or deteriorate over time shall be inspected on a regular frequency (refer to 2.5.4.3).	Compliant	
			Summary	Glass and brittle plastic audits were reviewed. An example: The Glass & Brittle Plastic audit of 04/18/2023 indicated where there were reductions in the number of plastic/glass items (e.g. wall clocks were noted to have been reduced from 6 to 4); When light were intact, but not working (and a work order #042 was generated to replace the light bulbs), when item were removed from the audit (and the approval date for removal), when items were changed (example – line 12 guards were changed from brittle plastic to metal) and when item were cracked (i.e. Warehouse door & P3 door). NOTE: During the site tours, the auditor saw a damaged plexiglass window in a door. Upon review of the 04/18/2023 glass and brittle plastic audit, the auditee observed that this had been captured on the document and that a work order (#047) had been generated on 04/19/2023 (high priority). Other dates reviewed included: 07/06/2022, 09/11/2022, and 01/14/2023. No findings were noted on those dates. The glass policy requires a thorough cleanup and inspection (including cleaning equipment and footwear) if a glass breakage occurs. A QC must inspect the affected area before starting production. Wood pallets were clean and in good condition, and the facility has a policy prohibiting or controlling wooden utensils in processing and food-handling areas. The site has documented a knife policy, and a Hand tool in/out Log (the log for 01/17/2023 was reviewed) which included the Hand tool #; Department, Return time, and knife condition, along with the supervisor initials. Gaskets are inspected and documented in the pre-operational inspection. Periodic maintenance inspections include looking for loose objects and potential contaminants from overheads.

Module 11 - 11.7.4 - Detection of Foreign Objects

Name	Mandatory	Description	Primary Response	Evidence
11.7.4.1		The responsibility, methods, and frequency for monitoring, maintaining, calibrating, and using screens, sieves, filters, or other technologies to remove or detect foreign matter shall be documented and implemented.	Compliant	
11.7.4.2		Where detection and/or removal systems are used, the site shall establish limits for detection, based on a risk assessment of the product and its packaging, and identify the location(s) of the detector(s) in the process.	Compliant	
11.7.4.3		Metal detectors or other physical contaminant detection technologies shall be routinely monitored, validated, and verified for operational effectiveness. The equipment shall be designed to isolate defective product and indicate when it is rejected.	Compliant	
11.7.4.4		Records shall be maintained of the inspection of foreign object detection devices, of any products rejected or removed by them, and of corrective and preventative actions resulting from the inspections.	Compliant	
11.7.4.5		In all cases of foreign matter contamination, the affected batch or item shall be isolated, inspected, reworked, or disposed of. Records shall be maintained of the disposition.	Compliant	

Name	Mandatory	Description	Primary Response	Evidence
				A policy defining the methods and responsibilities for foreign material detection and removal devices has been documented and implemented. The devices used in the facility include five metal detectors. Quality assurance routinely (at start up, each hour, and at end of shift) monitored and verified the metal detectors. Metal detector testing was demonstrated on several of the units during the site tours. The units performed as expected, confirming that the metal detector was functional. Interviews with team members responsible for metal detector testing indicated that there was clear understanding of the testing process and what actions to take when there is a deviation in the verification (i.e. stop the line, hold product back to the last good check and rerun it through a functioning metal detector). Team members also articulated the process for product found rejected in the detector bin (bins were observed to be locked during site tours). Metal detectors had both a rejection (belt retraction) system and a light that illuminates in the event of a rejection. The limit identified for all metal detection units were 2.5mm Fe, 3.5mm NonFe, and 3.5mm stainless steel as a critical limit. The QA manager or designee is responsible for the following corrective action protocols after a deviation. Per the site: No product that is harmful to health or otherwise adulterated due to the deviation will be permitted to enter commerce.
			Summary	Metal Detector verification checks were reviewed, including – 1/17/2023 2.5 mm Fe (x3); 3.5 mm NonFe (x3), 3.5 mm SS (x3). Checks were made at 06:06, 06:07 06:46, 06:48, 7:16 7:20 08:21 08:23 09:34 09:37 10:24 10:26 11:30 11:32 12:20 12:22 13:19 13:22 14:19 14:22 15:00 15:02 16:37 16:38 17:21 17:28 18:36 18:38 19:29 19:32 20:31 20:33 21:31 21:37 22:28 22:29 23:28 23:30 0:23 0:25. All checks were acceptable. Other dates reviewed included: 12/14/2022, 03/25/2023, and 04/20/2023. No issue were noted. Inspection records reviewed were complete, legible, initialized by the staff undertaking the monitoring activities, signed by the QC manager, and documented with the Preshipment inspection. The site's policy requires that any product affected by foreign material contamination be isolated, inspected, reworked, or disposed of. ***The metal detection process and frequency comply with customer 1 requirements.***

Module 11 - 11.8.1 - Waste Disposal

Name	Mandatory	Description	Primary Response	Evidence
11.8.1.1		The responsibility and methods used to collect and handle dry, wet, and liquid waste and how to store it prior to removal from the premises shall be documented and implemented.	Compliant	
11.8.1.2		Waste shall be removed on a regular basis and not allowed to build up in food handling or processing areas. Designated waste accumulation areas shall be maintained in a clean and tidy condition until external waste collection is undertaken.	Compliant	
11.8.1.3		Waste and overflow water from tubs, tanks, and other equipment shall be discharged directly to the floor drainage system or by an alternative method that meets local regulatory requirements.	Compliant	
11.8.1.4		Trolleys, vehicle waste disposal equipment, collection bins, and storage areas shall be maintained in a serviceable condition, cleaned, and sanitized regularly to prevent the attraction of pests and other vermin.	Compliant	
11.8.1.5		Adequate provision shall be made for the disposal of all solid processing waste, including trimmings, inedible material, and used packaging.	Compliant	
11.8.1.6		Where applicable, a documented procedure shall be in place for the controlled disposal of trademarked materials waste considered high-risk for handling or other reasons. Where a contracted disposal service is used, the disposal process shall be reviewed regularly to confirm compliance.	Compliant	
11.8.1.7		Inedible waste designated for animal feed shall be stored and handled so that it will not cause a risk to the animal or further processing. If denaturant is used to identify inedible waste, it shall be demonstrated that it does not pose a risk to animal health.	Not Applicable	N/A - The site does not supply waste materials for animal feed.
11.8.1.8		Waste held on-site prior to disposal shall be stored in a separate storage facility that is suitably insect proofed and located where it does not present any hazards.	Not Applicable	N/A -The site does not require the disposal of trademarked materials.
11.8.1.9		Adequate provision shall be made for the disposal of all liquid waste from processing and food handling areas. Liquid waste shall either be removed from the processing environment continuously or held in a designated storage area in lidded containers prior to disposal where it does not present any hazards.	Compliant	
				"Waste Management" (SOP.015, revision 004, last revised date 01/05/2021) defines the methods and responsibilities for handling dry, wet, and liquid waste and includes a service agreement with the waste removal company dated 10/04/2019 outlining the agreement to supply trash compactors and the pick-up frequency (twice weekly). The document also includes how the finished product is to be disposed of (a form requesting disposal is sent to sanitation and this is returned indicating the date of disposal).
			Summary	Waste was observed to be removed on a scheduled basis and is documented on pre-operational inspections and internal audits conducted by the plant. Waste containers, hoppers, bins, and storage areas on the facility's interior and exterior were well-maintained and clean. Solid waste from processing was observed to be appropriately disposed of. Wastewater is discharged to plant drains and collected for disposal to the municipality's wastewater system.

Audit	**SQF Food Safety Audit Edition 9**
Company Name	**JSL Foods, Inc.**
Company Number	**38684**
Audit Number	**180561**
Company Address	**1478 Indiana St.**
	Los Angeles , CA 90063
	United States
Food Sector Categories	**20. Recipe Meals Manufacturing**

Certification Information

Data	Result
Certification Body Name	Safe Food Certifications, LLC
Certification Body Address	710 Striker Avenue, Sacramento, CA 95834, USA
Certification Body Number	637341
Accreditation Body Name	ANAB -ANSI National Accreditation Board
Accreditation Body Number	1225
Certificate Number	38684
Audit Type	Announced
Select Site	NO
Audit Start Date	4/20/2023
Audit End Date	4/21/2023
Food Sector Category:	20. Recipe Meals Manufacturing
Products:	Lo Mein Noodles, Ramen Noodles, Baked Chow Mein, and Brown Rice.
Scope of Certification:	Lo Mein Noodles and Frozen Noodles: The storing, mixing, rolling, slitting, steaming, cutting of raw materials, which will be cooled, frozen, packed, and stored in freezer. Ramen Noodles: The storing mixing, rolling, slitting, of raw materials, which are packed into bags, hot boxed, cooled in cooler. Baked Chow Mein: The storing, mixing, rolling, slitting, steaming, cutting of raw materials, which are cooled, proofed, baked in oven, cooled, packed, stored in cooler. Brown rice: The storing of raw materials, which are boiled, cooled, vacuum packed, heated, cooled, case packed, stored in cooler.
Lead Auditor Name:	Jeff Nelson
Lead Auditor Number:	423812
Audit Team Members:	NA
Technical Expert	NA
Technical Reviewer Name:	Narayan Patil
Technical Reviewer Number:	55332
Hours Spent on Site:	19
Hours of ICT Activities:	NA
Hours Spent Writing Report:	15
Score	97
Rating	E= Excellent
Audit Decision:	Certified
Decision Date:	5/9/2023
Issue Date:	5/10/2023
Re-certification Date:	3/26/2024
Expiration Date:	6/9/2024
Surveillance Audit Date	NA

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Corrective Actions

System Element Name	Evidence	Primary Response	Root Cause	Corrective Action	Completion Date	Verification of Close Out	Close Out Date
2.2.2.1	- Control of Documents and Records (Policy) GMP.011 (Evidence 1) - MNNC 2.2.2.1 - Job Description for QA Document Control Technician HR.034 (Evidence 2) - MNNC 2.2.2.1b - Screenshot of Reorganized Document Tree (Evidence 3) - MNNC 2.2.2.1c - SQF 2023 2.2.2.1 Finding Ishikawa Investigation. (Evidence 4).	Approved	Our Document Control policy document GMP-011 version 012 dated 02/07/2023 establishes that any document available in SharePoint is the official and last applicable version for any professional, operational, or business use (i.e. production specifications, policies, procedures, inspections, audits, records, etc.), and any printable version is only to be used as a reference or preferred method of use by the assigned member. The Quality Control Managers at all facilities have the option to print and elaborate a compilation of all documents and records necessary in a binder as a demonstrative way to show documents in clear and proper order as the SQF standard requests. Unfortunately, our QA Manager printed a previous version from the share drive inadvertently. The real root cause is the lack of notification by an assigned QA/QC member and/or an electronic system or software that notifies and informs QA/QC users of any new version available to replace old versions of documents used by a user.	The QA/QC Director instructed the Corporate QA Technical Coordinator to integrate a new member in the QA Technical Coordination Team as a QA Document Control & Compliance Technician to support and implement new methodologies and technology into our document control program.	5/5/2023	5/9/2023 QA/QC Director solicited to the JSL President the acquisition of a system to improve our document control program and the integration of the new QA Document Control & Compliance Technician member, which was approved for implementation. JSL IT Department recommends the implementation of Microsoft Lists and SharePoint to develop an interactive database with automatic version control and automatic notification to the users by email for any new or updated version of JSL documents. The software implementation is not a ready-to-use program. It needs several weeks of programming and coding by our JSL IT members. Our assigned new member's responsibilities and functions will support and avoid recurrence while the Document Control application is created. A document tree was created where all documents will be kept up to date by the Document Control Technician.	5/9/2023
2.4.8.2	-QC team Training record for EMP.	Approved	QC team did not completely followed the written program. Only followed part of it.	QA team addressed the concern and re-evaluated the Environmental Monitoring Program to ensure the correct frequency of all zones and as well risk analysis (if any)	5/5/2023	5/9/2023 QC team being re-trained to ensure following the company programs properly. As well the Environmental Monitoring Program is in the process to be modified to reassess and reconsidering the zones to be swabbed.	5/9/2023
11.7.3.2	- Pictures of added items in Glass & Brittle Plastic register.F25 - Employee Training record.	Approved	Designated team did not pay close attention to capture all Glass & Brittle Plastic items in the Register.	All missing items (exit signs and a basket disconnect dial on line 7, being added immediately to the Glass & Brittle Plastic Register on 04/20/2023	5/5/2023	5/9/2023 The designated team were re-trained to ensure including all Glass & Brittle Plastic items in the Register.	5/9/2023