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1. AIM

In a normal business environment, every organization is continuously exposed to opportunities, challenges, and risks. However, extraordinary events or circumstance beyond the control of the organization happen. In such a circumstance our CAB has a process for the proper maintenance of accreditation and certification.

It is important for a EUROCERT to be able:
• to demonstrate reasonable due diligence, mutual understanding and trust and
• to establish an appropriate course of actions in response to extraordinary events.

The objective of the document is to provide to ABs to our CAB guidance on the appropriate course of action.
This document is not intended to override requirements in standards or schemes.
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2. SCOPE

This informative document is primarily applicable for management systems certification, inspections or verifications.

3. REFERENCE DOCUMENTS

3.1 IAF ID 3: 2011 "IAF Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations"

3.2 IAF MD 4:2018 "IAF Mandatory Document for the use of Computer Assisted Auditing Techniques ("CAAT") for Accredited Certification of Management Systems"

3.3 IAF ID 12:2015 "Principles on Remote Assessment"

3.4 ESYD -OEF-42 "Procedure for the Assessment of Certification bodies through Remote Evaluation due to Emergency Conditions (CONVID19)"

3.5 ACCREDIA GUIDANCE 11/03/2020

4. TERMS – DEFINITIONS

4.1 Extraordinary event or circumstance: A circumstance beyond the control of the organization, commonly referred to as “Force Majeure” or “act of God”. Examples are war, strike, riot, political instability, geopolitical tension, terrorism, crime, pandemic, flooding, earthquake, malicious computer hacking, other natural or man-made disasters.

5. DESCRIPTION

5.1 EUROCERT, operating under recognized standards or regulatory documents has established the following actions.

EUROCERT has assessed the risks of continuing certification and established this document outlining the steps it will take in the event a certified organization is affected by an extraordinary event.

This established process defines methods for evaluating the current and expected future situation of the certified organization, and define alternate potential short-term methods of assessing the organization to verify continuing effectiveness of its management systems.

To enable EUROCERT to assess risk for continuing certification (with the term “certification”, below we mean certification, inspection, verification and validation) and understand the certified organization’s current and expected future situation, EUROCERT shall gathers necessary information from the certified organization before deciding on an appropriate course of action.

The information collected includes the following as appropriate:

- When will the organization be able to function normally?
- When will the organization be able to ship products or perform the service defined within the current scope of certification?
- Will the organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated?
- Does existing inventory still meet customer specifications or will the certified organization contact its customers regarding possible concessions?
- If the certified organization is certified to a management system standard that requires a disaster recovery plan or emergency response plan, has the certified organization implemented the plan and was it effective?
- Will some of the processes and/or services performed or products shipped be subcontracted to other organizations? If so, how will the other organizations’ activities be controlled by the certified organization?

• To what extent has operation of the management system been affected?
• Has the Certified organization conducted an impact assessment?
• Identification of alternative sampling sites, as appropriate.

Based on risk assessment EUROCERT may need to consider alternative short-term methods of assessment to verify continuing system effectiveness for the organization. This may include requesting relevant documentation (for example, management review meeting minutes, corrective action records, results of internal audits, test/inspection reports, etc.) to be reviewed off site to determine continuing suitability of the certification (on a short-term basis only).

At a minimum, the process should address the following items:

• Proactive communication with the affected certified organization.
• Actions will be taken to assess the affected organization and how the plan to move forward will be communicated.
• Specifying the maximum time an alternative short-term assessment method could be used before suspension or withdrawal of certification
• Possible amendments to organization's oversight plans on a case-by-case basis and in accordance with our procedures.
• Ensuring that any deviation from accreditation requirements and our procedures is justified and documented.
• Re-establishment of surveillance/recertification activities according to our oversight plans when access to the affected location is re-established.

If contact with the organization cannot be made, we follow normal processes and procedures for suspension and withdrawal of certification.

5.2 For the developing alternate methods of certification we take into consideration the following:

The exceptions mentioned in this document may apply in the following cases:
➢ The certified / controlled / verified company is located in an area (city, city or province in a country) with known cases of COVID-19 or
➢ The certified / controlled / verified company is located in an area affected by government restrictions and / or official travel bans or
➢ The company's corporate policy temporarily prohibits visitors due to COVID-19 and does not allow inspectors to attend its premises; or
➢ The certification body's corporate policy prohibits inspectors from traveling because of COVID-19
Where extraordinary events or circumstance are met, the ***remote evaluation*** can be used according to the scope described below:

5.2.1 ***Management of Initial Certifications***

Initial Certification can only be carried out when full control and evaluation of the Management System, data, installation data, equipment and customer personnel is possible.

Given current emergency conditions, it is possible to carry out an Initial Audit, using its Remote Audit technique and by reviewing of documents and data submitted by the Audited Organization and completing the on-site evaluation when the extraordinary event or circumstances have been lifted, and as soon as it is possible to move to restricted areas and the Organization operates.

In this case, a certification decision may be substantiated by the requirement of a documented risk analysis related to the standard and risk of the Field of Application of the business sector of the organization and the certified scope. We must have a specific documented risk analysis procedure for these certifications and ***Submit a Written Request to ESYD before conducting a remote audit together with a documented risk analysis.***
ESYD will consider the Request and will approve or reject ***it within 10 (ten) working days***.

In the event that ESYD approves the implementation of Remote Audit of the Initial Certification with documented risk analysis, the obligation to carry out the on-site audit, due to extraordinary event or circumstance, shall not be waived due to exceptional circumstances, but it will be carried out when the conditions permit.

NOTE: The risk analysis shall at least include the requirements of IAF ID3: 2011

ESYD examines the request for initial certification / inspection / verification and approves or rejects the request within 10 (ten) business days.

Therefore, the Initial Certification is then carried out in two phases (the First phase with Remote Audit and the Second phase with completion of the on-site audit as soon as the conditions permit).

5.2.2. *Management of Surveillance Audits*

Surveillance Audits should be completed as soon as possible (with on-site evaluation) when the extraordinary event or circumstances have been lifted and as soon as it is possible to move to restricted areas and the Organization operates.

The process of Surveillance Audit (defined as Surveillance Audit both the first and second annual surveys of the three-year cycle) should be completed no later than six

months after the deadline for its implementation under the original three-year program and within 2020, if the extraordinary event or circumstances allow it.

Surveillance Audit may be carried out with the technique of Remote Audit and / or office evaluation of documents and data submitted by the Certified Organization, if this is justified by a risk analysis (low risk). Based on the data / evidences collected may be able for EUROCERT to take the decision on the validity of the certification and therefore the validity of the certificate of compliance (in the case of LOW RISK organizations).

Therefore, in the case of Low Risk certification Sectors and based on the risk analysis and documentation process, the surveillance audit can proceed based on the data / evidence collected from the remote audit / desk review.

EUROCERT may, except in the cases referred in paragraphs 5.2.4 and 5.2.5, after documented risk analysis, complete the Surveillance Audits, only with the Remote Audit. Where the on-site audit requires audits or even inspections at production sites, warehouses, accounting offices, assembly sites and any premises outside the office where such audit is carried out, it shall be carried out under normal circumstances and in all cases with the physical presence of the Audit/ Inspection team

NOTE: The risk analysis shall at least include the requirements of IAF ID3: 2011

In cases where due to interruption of normal operation of the certified client (due to the extraordinary event or circumstances) it is not possible to implement the remote audit / desk review, EUROCERT may grant a 6-month extension of the certificate's validity.

In the meantine we have to do:

The application of the remote audit / desk review as an Audit Procedure, the on-site audits as well as the other procedures leading to the issuance of the certificate.

When the six-month extension has elapsed and the on-site audit and other procedures leading to the issue of the certificate, is not possible to be implemented, the certificate shall be revoked.

5.2.3. Management of the Re-Certification Audits

Re-certification Audits should be completed as soon as possible (with on-site evaluation) when the extraordinary event or circumstances have been lifted and as soon as it is possible to move to restricted areas and the Organization operates.

The recertification audit procedure should be completed no later than six months after the deadline for its implementation under the original three-year program and within 2020, if the extraordinary event or circumstances allow it.

Re-certification Audit, to Low Risk organizations, may be carried out with the technique of Remote Audit and / or office evaluation of documents and data submitted by the Certified Organization, if this is justified by a risk analysis. Based on the data / evidences collected may be able for EUROCERT to take the decision on the validity of the certification and therefore the validity of the certificate of compliance (to Low Risk organizations).

The Audit due to extraordinary event or circumstances is carried out in two phases (the first phase with the remote audit / desk review and the second phase with the completion of the on-site audit, as soon as the extraordinary event or circumstances allow).

EUROCERT is obliged to carry out the on-site audit but due to exceptional circumstances, it postponed when the conditions allow.

In cases where due to interruption of normal operation of the certified client (due to the extraordinary event or circumstances) it is not possible to implement the remote audit / desk review, EUROCERT may grant a 6-month extension of the certificate's validity.

In the meantime, we have to do:

The application of the remote audit / desk review as an Audit Procedure, the on-site audits as well as the other procedures leading to the issuance of the certificate.

When the six-month extension has elapsed and the on-site audit and other procedures leading to the issue of the certificate, is not possible to be implemented, the certificate shall be revoked.

Example:
ISO 9001 Certificate is valid from 18/03/2017 to 17/03/2020.
After a positive result on risk assessment and remote audit, the validity of the certificate can be extended by six months, so in this example the expiry date of the current certificate is extended to 18/09/2020.
The on-site audit is carried out in July 2020 with the date of certification decision on 05/09/2020.
The subsequent certificate is issued and is in line with the previous cycle, thus expiring on 17/03/2023.

5.2.4. Conformity audit activities carried out, related to *products that fall under the New Approach Directives and require CE marking e.g. compulsory sector products, national legislation requiring controls (initial, periodic, exceptional etc.), agri-food products (organic etc.) and any other type of products requiring conformity marking* will definitely be carried out on-site audit at the manufacturer's / producer's / user's premises, etc. with the physical presence of the Audit/ Inspection team.

Also, the ***Audit cannot be completed on the basis of evidence / evidence collected from the phase of Remote audit / desk review*** for the following standards:
- ISO22000,
-ISO45001 / OHSAS18001 (medium & high-risk activities),
-ISO14001 (medium & high-risk activities),
-ISO22716,
-ISO5000
-EN 15224,
-ISO 13485,
-***ISO/IEC 27001***,
-ISO 13485 (medium & high-risk activities).

In any case, ESYD will be informed in writing.

The categorization into high / medium risk activities is based on the IAF procedures as well as the Guidelines issued from ESYD (where available by standard)

5.2.5. Where the on-site audit requires audits or even inspections at production sites, warehouses, accounting offices, assembly sites and any premises outside the office where such inspection is carried out, it shall be carried out under normal circumstances and in all cases with the physical presence of the Audit/ Inspection team**.**

5.2.6 EUROCERT regularly reports to ESYD the number of audits performed with Remote Audits (especially if combined with a mandatory sector CE, EU-ETS, and the competent state authorities be informed).

5.2.7. EUROCERT sends to ESYD per month (last business day every month) list of clients that have been audited and continue to be certified under the specific conditions of the COVID-19 pandemic.

5.2.8. During the remote audit of the organization to be certified / inspected / verified and depending on the findings, because of which the certification process cannot be completed, the relevant Division of EUROCERT will decide on the extension of the certificate of the organization up to 6 months.

5.2.9. In all the above cases the forms O.E. 67 /E01a, O.E. 67/E02, O.E. 67/E03a, O.E. 67/E04 & REC85_BRCGS, are sent to the Certified Bodies, which, after being completed and signed, are evaluated by EUURCERT's relevant manager (in forms O.E. 67/E01b, O.E. 67/E02, O.E. 67/E03b, O.E. 67/E04 & REC85_BRCGS). These data are a key element in risk assessment.
The decision, on how to manage each case, is documented.

5.2.10. Proctoring procedures apply for activities under ELOT EN ISO / IEC 17024 for distance examinations. In order to implement these procedures, they will be evaluated and accredited by the ΕΣΥΔ. in accordance with the procedures and criteria of the ΕΣΥΔ. Certification, as long as it requires practical exams, will normally take place.

In order to apply the proctoring procedure, an application should be submitted to the ESYD. and follow the relevant procedures of ESYD as they apply (e.g. application for the specific field, evaluation, etc.).

5.2.11. Especially *for Italy* all the above mentioned apply as well as the following:

Regarding ISO 9001 audits for EA 28:

- In case of an initial or recertification audit, a remote audit may take place provided that:
  - The Organization has to demonstrate the urgent reason for the certificate
  - Remote audit activities shall cover both management system processes as well as include documentation review of relevant projects, finished or in process.

A certification decision may be made, but within 6 months the audit should be completed with an on-site evaluation, otherwise the certificate will be revoked.

- In case of a surveillance audit, postponing for 6 months is highly recommended, otherwise paragraphs 5.2.2 & 5.2.6 apply.

5.2.12 For EMAS verification activities, an exemption request must be sent to the EMAS Committee. Please refer to the circular published on the ISPRA website

5.3 Remote Audits

In special emergency cases, where the certified organization applies simple processes and the system is mature, a remote audit may be applied. In such cases there must be sufficient justification following the requirements of IAF MD 4.

5.3.1 The use of remote audit by EUROCERT of Certified Organization (CO) may be on a voluntary basis, by mutual agreement, or may be initiated by the EUROCERT for its audit needs (surveillance, investigations, verifications, etc.).

5.3.2 Remote audits may be considered for use when:

- Travel to a CO or specific location is not reasonable (i.e., for safety reasons, travel restrictions, etc.).
- There are unavoidable changes in scheduling for the Auditor or CO (i.e., personal issues, change in business priorities, etc.).
- The number of sites to be audited is difficult for EUROCERT to completely fulfill within its timeframe.
- The CO has systematic implementation of its management system where records, data, etc. can be reviewed at any site, despite where the work is being performed.
- The audit is for a minor extension to of certification scope.
- The CO has a proven track record of conformance at the location of the remote audit.
- The risk level of the audit is of low concern to EUROCERT.
- An activity or activities planned for the on-site audit could not be completed and extending the on-site audit is not the best resolution.
- The situation requires the audit team to come back for a follow up audit, but another visit is not easily achievable within a short time frame.
- EUROCERT has an auditor (or team of auditors) already familiar with the Management System and its practices and who have visited the CO's headquarters.

5.3.3 Remote assessments may be less favorable in the following scenarios:

- When the CO has a history of nonconformance at the location being audited.
- During initial activity of a new CO facility, scope, or if there is a significant change.
- When no on-site audit has taken place for an extended period of time.

5.3.4 Planning and Scheduling of Remote Audits

EUROCERT decides whether or not the CO is a viable candidate for remote audit, based on the followings:

- The acceptable period to perform a remote audit (surveillance, extensions of certification, extraordinary audit, follow-up, partial audit which could not be completed on-site, investigations, etc.).
- The criteria for appropriate use of remote audit.
- The eligibility of the CO for remote audit (i.e., the facility may be contractually obligated or the scheme required to be audited on-site).
- Whether there is a conflict of interest with the parties being audited remotely.
- Whether EUROCERT permits and accommodates remote audit activity (i.e., availability of records in electronic format or document reader).
- Whether the CO is able to provide a representative that is capable of communicating in the same language as the auditor.
- Whether EUROCERT has the capability and aptitude to conduct the remote audit in the chosen medium/forum of the remote audit.
- Whether a list of activities, areas, information and personnel to be involved in the remote audit is available.

5.3.5 Before initiating a remote audit, it is important to define:

- The agenda for the planned remote audit with pre-defined records and documentation to be available during remote audit.
- The desired scope of review.
- The list of activities, areas, information and personnel to be involved in the remote assessment.
- The list of items to be assessed.
- The timeframe for conducting the remote audit.
- A plan on how to review information that cannot be shared remotely (i.e. due to confidentiality or access issues). EUROCERT will define or express how this will be dealt with (i.e., follow-up, issuance of a nonconformance, etc.).

Note: personnel facilitating remote audit may not be permitted to share certain confidential information or there may be an existing corporate policy on how certain mediums can be used to provide such information.

5.3.6 The Certified Organization shall provide to EUROCERT:

- Designated individual(s) that will facilitate, manage and coordinate the arrangements of the audit on behalf of the CO. This should include translators, when necessary.

- Applicable files, projects, reports, etc.
- CO procedure(s) and documents for process(es) being audited. Some information, such as project report files, may need to be sent to the auditor for review prior to the remote audit.
- Other evidence deemed essential and necessary.

5.3.7 Forum and technology planning should include:

- Determining the platform (i.e., Go-To-Meeting, WebEx, Microsoft Lync, Viber, Skype etc.) for facilitating the audit, to be agreed upon between the EUROCERT and the CO.
- Granting security and/or profile audit to the Auditor.
- Testing platform compatibility between the Auditor and CO prior to audit.
- Encouraging and considering the use of web-cams, cameras, etc. when physical evaluation of an event is desired or necessary.

5.3.8 Scheduling requires the following to be carefully considered:

- Time zone acknowledgement and management to coordinate reasonable and mutually agreeable convening times.
- A trial meeting using the same media platforms agreed upon should be conducted to ensure the scheduled audit will perform as planned.
- Proper security measures should be taken, when applicable, to protect confidential information.

5.3.9 Conducting Remote Audit

- Should an item not be able to be reviewed or complete determination not be able to be made, a record should be made.
- The audit should be facilitated in quiet environments whenever possible to avoid interference and background noise (i.e., speakerphones).
- Facilitation of the audit should follow normal Audit Plans and Processes.
- Both parties should make their best effort to confirm what was heard, stated and read throughout the audit

- All remote audits should be concluded with a summary, review of the day(s)'s events, issues of concern, clarification of issues, nonconformances and expectations.

- There should be allowance for the Auditor to terminate the audit prior to schedule due to an inability to maintain satisfactory connections or conditions during the scheduled time. This should be recorded in the audit report.

- Both parties need to take appropriate measures to safeguard confidentially of data in any format.

5.3.10 Post Assessment Activities

- Findings (Nonconformances, corrective actions, Opportunities for Improvement, etc.) need to be drafted by the Remote Audit Team members and passed on to the CO in a timely manner for each session for review and acknowledgement, prior to closure of nonconformances.

- The findings must be posted in writing (as per the EUROCERT's policies and procedures) and the CO needs to be encouraged to provide additional information to be included in the text of its response.

- The Audit Report must include the details of the records reviewed and any findings. Both parties should make their best efforts to confirm what was heard, stated and read throughout the audit.

- Communication between the Auditor and CO for sending documents or clarification on issues and corrective action management shall be pre-defined and communicated.

- The Auditor shall confirm deletion of any confidential documents, images, recordings, etc.

- The treatment of nonconformances, renewing/continuing approval of accreditation should follow the same processes that are utilized for on-site audits.

5.4 Auditors who carry out audits in the premises of certified organizations must carry with them all necessary precautions and follow the instructions issued by the official authorities.

Auditors should, as far as possible, avoid the use of public transport (airplanes, trains, etc.) and personal transport should be preferred.

5.5. All EUROCERT accredited organizations that will be audited under these Pandemic Conditions (COVID-19) procedures, will be subject to evaluations or emergency / unannounced if required.

In any case and if requested by the evaluators of ESYD, EUROCERT is obliged to show tickets, tolls, petrol invoices and anything else needed to prove the on-site audits provided, as mentioned above.

6. AMENDMENT

	Description	date
-	First edition	11/03/2020
-	Second edition	20/03/2020
-	Third edition	02/04/2020
01	Changes to Annex 9.1 IFS REQUIREMENTS	10/04/2020
02	Change in the NOTE of par. 5.2.2 & 5.2.3	14/04/2020
03	Change of Annex 9.6	22/04/2020
04	Addition to Annex 9.4	13/04/2020
05	Addition to Annex 9.3 (p.31 to 42)	04-06-2020
06	Changes to Annex 9.3 [p. 33 (§ 1.9.1, 1.9.3) , p.37 (§ 3.5) , p. 39 (§ 4.3.1, 4.3.5, 4.3.7), p. 42 (Annex I addition of Albert Heijn)] Addition of GRASP- Remote Guidelines (p. 43 to 54)	08-06-2020
07	New edition of Annex 9.4	15-07-2020

7. DISTRIBUTION

RECIEVER	COPY No.
QM	PROTOTYPE
ALL PERSONNEL INVOLVED	
ESYD	

8. RELATIVE FORMS

1	OE.67/E01	COMMUNICATION FORM FOR EMERGENCY SITUATION
2	OE.67/E02	GLOBAL GAP - COMMUNICATION FORM FOR EMERGENCY SITUATION
3	O.E.67/E03	Risk Assessment CPR
4	O.E.67/E04	FSSC Risk Assessment Report
5	REC85_BRCGS	Risk Assessment Form BRC

9. ANNEXES

9.1 IFS REQUIREMENTS

- EUROCERT SA will assess the situation of the auditee on an individual basis by checking documentation and information from the authorities.

- Together with their customer the CB should discuss the situation and the options. If the audit can take place, it should take place. If the audit cannot take place due to Corona, EUROCERT SA will use the new IFS database function and enter comments. These audits need to be rescheduled, as soon as it possible. CBs are required to upload the notes and comments about the situation of the respective production site to the IFS Database as soon as the relevant feature is available.

However, EUROCERT SA, can take advantage of the new tool given by IFS following the below guideline, and using the checklist and template provided.

Remote verification of supporting management processes

0. Objective:

Ensuring that supporting procedures and management processes are in place and maintained under the current extraordinary circumstances, i.e. if a scheduled IFS on-site audit cannot take place due to Corona virus (SARS-CoV-2) travel / access restrictions.

Note: *this document is applicable for all IFS Standards and IFS Global Market Programs.*

1. Scope:

The remote surveillance check is only applicable for companies which are already IFS certified and where a scheduled IFS Renewal audit was not possible due to the Corona virus crisis.

Within the IFS Database, there is a new section where certification bodies are able to select / tick a check-box to indicate the above situation and save all of the documentation associated to the remote surveillance check (for further details see point 9).

The remote surveillance check is an overview how companies are operating in the current Corona crisis as well as a verification of the main supporting management processes since the last IFS Audit. Due to the fact that this is

just a “spot check”, the result of the remote surveillance check cannot be taken into account for future IFS Certification audits according to ISO/IEC 17065:2012.

The remote surveillance check can never be used to replace the re-certification audit and cannot be used to reduce the duration of the re-certification audit in any way.

Note1: *a remote surveillance check is always site specific (COID).*

Note2: *only the certification body who issued the last certificate is allowed to conduct this remote surveillance check.*

Note3: *this remote surveillance check should preferably be conducted by the same auditor who did the last initial/renewal audit*.

2. Duration:

Eight (8) hours (=1 day) documentation / checklist review.
The eight (8) hours can be split into a maximum of two (2) consecutive days.

Note: *The certification body needs to consider that in certain cases more time is needed to present documents by remote techniques (e.g. switching of pages, returning to previous documents for cross checks, internet connection, etc.).*

3. Auditor Competency

As required per IFS Standard/Program (product and technology scope rules)

Note: *We expect that certification bodies train the IFS auditors in a way that they can do the remote surveillance check in line with IFS principles, to provide a high professional standard.*

4. Framework / Trail:

Only records and documents presented to the auditor during the ongoing remote surveillance check or documents submitted prior to the remote surveillance check can be considered as evidence.

1. HACCP / changes and verification actions (cleaning, pest control, trainings, corrective actions)
2. Traceability check using a product with an increased risk of possible raw material shortages / supply chain challenges due to current situation – one (1) product
3. Crisis management (business continuity) + management responsibility, including recalls / withdrawals documentation

4. Complaint management
5. Requirements as listed in the designated remote surveillance checklist as per Standard/Program

5. Scoring

The scoring of the checklist requirements consists of a basic evaluation of

1. "OK"
2. "Not OK"
3. Major (as defined in the Standard/Program)
4. KO = "not OK" on KO requirements

Note: *The requirement must be rated as "not OK" if the auditor determines that a corrective action is necessary, as otherwise legality or quality could be compromised.*

5. Non-conformances

In case of "Not OK" and Major or KO, details of the non-conformances need to be listed in the corrective action plan. Companies have up to two (2) weeks (14 days) to respond and provide a completed corrective action plan to the certification body for review.

- If the non-conformances consist of "Not OK" only, the letter "Result of Remote Surveillance Check" is issued once the certification body has accepted the completed corrective action plan, clearly stating the "Passed" result.
- If the non-conformances include a Major/KO, the letter "Result of Remote Surveillance Check" is issued clearly stating the "Failed" result. The certification body still has to review and accept the completed corrective action plan. Once the completed corrective action plan is accepted, the company can request a new date for a remote surveillance check. The new date has to be at the earliest four (4) weeks after the previous remote surveillance check.
- Corrective actions taken by the company need to be verified at the latest during the next IFS Certification audit.

7. Results of the remote surveillance check:

There are no percentages as a result of the remote surveillance check, only:

1. Passed

2. Failed

- If only “OK” evaluations are made during the check, the surveillance check is passed.
- If “Not OK” evaluations are raised and the certification body accepts the completed corrective action plan, the surveillance check is passed.
- If “Not OK” evaluations are raised and the certification body does not accept the completed corrective action plan, the surveillance check is failed.
- If a Major/KO is raised, the surveillance check is failed. A follow-up is not possible. The company can request a new date for a full remote surveillance check, four (4) weeks after the previous remote surveillance check was failed.
- If there is a current and still valid IFS certificate/letter of confirmation and the surveillance check is failed:
    - For accredited IFS certificates, according to ISO/IEC 17065:2012 clause 7.11.1, IFS expects that in case of evaluation of a “Major” or “KO”, the certification body applies the same approach in line with IFS Standards Part 1 clause 5.8.1 and 5.8.2 (respectively 6.8.1 and 6.8.2 in the IFS HPC Standard).

8. Reporting

- The certification body shall issue a reviewed report (remote surveillance checklist, including all evaluations) plus a corrective action plan, stating the remote technique used and the date(s) of the remote surveillance check.
- The template letter “Result of Remote Surveillance Check” is provided by IFS.
- The certification body shall complete the template letter “Result of Remote Surveillance Check” – companies are to receive the document regardless of the result (i.e. also in case of a failed remote surveillance check).

Note: *additional hand written notes shall be taken by the auditor and be available on request.*

9. Uploading of documentation to the IFS Database

- The certification body has to select the option “*Due to precautionary measures and/or restrictions of local governments in connection with*

the Coronavirus disease (COVID-19) a planned audit could not be carried out and has been postponed" in the IFS Database.

- There is one check box to select:
  - Remote surveillance check /Documentation check
- The certification body has to provide the following information:
  - Name of the auditor
  - Date of the remote surveillance check
- The following documents are mandatory to upload:
  - "Result of Remote Surveillance Check"
  - Completed corrective action plan
- The validity of the "Result of Remote Surveillance Check" letter is valid for a maximum of six (6) months. As soon as a full IFS on-site audit is possible again, the audit has to take place. At this point the "Result of Remote Surveillance Check" letter expires!

10. IFS Database Notifications

- Favorites will receive a notification when the option *"Due to precautionary measures and/or restrictions of local governments in connection with the Coronavirus disease (COVID-19) a planned audit could not be carried out and has been postponed"* is selected.
- Favorites will receive a notification that the check box "Remote surveillance check /Documentation check" is selected and that the documentation is uploaded.

11. Technical guidance

The certification body conducting the remote surveillance check shall be able to ensure compliance with below essential requirements:

- The security and confidentiality of electronic or electronically-transmitted information is ensured when using remote techniques for this check.
- The use of remote techniques for this check shall be mutually agreed between the certification body and the auditee in accordance with information security and data protection measures and regulations before remote techniques are used.
- The certification body is responsible for sufficient IT infrastructure at the certification body's office. Further, the certification body is obliged to review the IT infrastructure at the auditee office to ensure that the remote surveillance check can be successfully conducted. This includes also that the company is capable to provide documents, records and

personnel for interview by using remote techniques defined by the certification body.

- The certification body shall ensure that a remote tool is used which allows recording of the session as objective evidence. The identification of participants by name needs to be clearly stated / understood and be recorded as part of the session.
- The certification body is obliged to record these session and store the data (for at least 3 years).

12. IFS uploading fees:

IFS will charge for every uploaded remote surveillance check a fee of:

- 100,00€ +vat. for IFS Certification Standards
- 10,00€ + vat for IFS Global Markets Programs

9.2 BRC REQUIREMENTS

Where there are travel restrictions currently in place in specific regions as specified by the local government due to Covid-19, or justifiable company corporate policies in place preventing visitors, EUROCERT adopted the following guidance to certification bodies arranging BRCGS recertification audits.

EUROCERT follows government guidance during the specified timeframe.
We appreciate that the travel restrictions will have an impact on audit arrangements already made where auditors located in a restricted travel area can't audit other regions. BRCGS, do however expect that certification bodies utilize their global auditor pool. Reasons for audit delay due to cost purposes will not be accepted. This process is not applicable to sites not currently certificated to BRCGS.

Certification Bodies shall inform BRCGS where their own corporate advice impacts delivery of audits.
Reference can be made to appendices 1 and 2 outlining specific scenarios.

Re-audits due
Where the site is operational, but a physical audit may not occur on or before the audit due date and will result in existing certificates expiring, a new certificate of up to 12 months validity may be issued based on:

- The site providing to the Certification Body results of a documented BRCGS format self-assessment 'internal audit' outlining how the control processes at the site meet the Standard requirements.
- The Certification Body verifying and challenging these controls through a 'remote audit'.
- An additional onsite GMP audit or review if the site is still not accessible within 6 months

Risk Assessment
The Certification Body shall assess the risks of continuing certification and have a documented policy and process defining the methods for evaluating the site.
Reference may be made to the principles of IAF document ID3:2011 *Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations.*
The risk assessment of the certificated site shall consider:

- Ability of site to accept remote audit i.e. internet connection and video capabilities
- The history of third-party certification
- The history and maturity of the BRCGS system
- Whether there is any other management system or certification in place

Audits to Gluten Free Certification Program

Where certification to the GFCP is currently in place at a site based on a third party certification, other than BRCGS, the remote audit principle may be used for sites that fall into the criteria, as long as the third party certification is maintained ie other scheme certificate is permitted to be extended through remote audit.

Informing BRCGS

'Concession reference numbers' are not required for remote audits that fulfil this criterion. The CB is responsible for notifying BRCGS through the Directory. The system for denoting remote audits via the audit scheduling system will be confirmed shortly.

Where the option of an audit – physical or remote – are refused by the site, the usual process of notification of certificate expiry through the 're-audit status' tab of the Directory will be completed by the Certification Body.

Outline reason including reference to
Coronavirus with specific wording:

1. Remote audit offered and declined due to Coronavirus
2. Physical audit offered and declined due to Coronavirus
3. Site not operational due to Coronavirus

Site 'internal audit document'

The Certification Body shall ensure that the site provides them with a completed BRCGS format self-assessment internal audit document, e.g. F804a relevant for the Food Standard available from brcgs.com, in a timely manner. A maximum of one month from request is suggested. It would be expected that some non-conformities would have been identified by the site during this process although corrective action does not have to be completed prior to submission of the document to the Certification Body. The report shall contain sufficient information on which to base the remote audit challenge.

Remote audit

Reference shall be made to IAF MD4:2018 *The use of information and communication technology (ICT) for auditing/assessment purposes.*
All remote audits shall be carried out 'announced' on a date and time agreed with the site. Note however that those sites in the unannounced programme may keep the 'unannounced grading' as specified in certification below.

The duration of this audit shall be appropriate to the complexities of the site and sufficient to adequately cover the aspects to be audited. Typically, this will be one day duration.
Detailed guidance of expectations on how to complete the remote audit shall be issued shortly.

What Will be Included in the Remote Audit?

- Opening Meeting – In addition to the normal considerations at the start of an audit, the auditor will need to explain the remote audit process
- Verification of the process flow diagram (for example, clause 2.6.1 of the Food Standard) – to be completed by site staff walking through the process and explaining each step to the auditor
- Review of CCPs or equivalent controls for non-food Standards (e.g. Hazard Analysis and Risk Assessment) – to include both documented records and observation of the activity (where the activity normally occurs during the audit)
- Discussions with relevant staff, for example, those that complete the key product safety and critical quality processes – wherever possible site staff should be located in the area where the activity is normally completed such that any demonstration of activity, identification of equipment or records can easily be viewed
- Test of the traceability and vertical audit systems (where appropriate including assessment of the mass balance). (N.B. the auditor needs to identify a product and commence the process in a timely manner to ensure sufficient time before the end of the audit).
- Challenge of specific aspects of concern identified through review of the self-assessment
- Controls for managing situations caused by restrictions to normal operating conditions (this may be included in incident management procedures or by specific site procedures)
- Physical contamination controls (e.g. metal detection)

- Complaints, recalls/withdrawals, internal audit results and the results of other outputs and performance against targets which demonstrate site control (for example, environmental monitoring results, product testing or pre-requisite programs)
- Corrective action resulting from non-conformities identified during the site's self-assessment
- Closing meeting – the agenda of the closing meeting will be similar to the closing meeting at a physical audit

The remote audit shall include live video check of the manufacturing process, fabrication and hygiene of the site. This shall include discussion with relevant personnel from the site. Any video does not require recording.

The remote audit will include a traceability challenge, challenge of key procedures and challenge of specific aspects of concern identified through review of the self-assessment.

Use of remote technology shall ensure that adequate controls are in place to avoid abuses that could compromise the integrity of the audit process. For example, evidence of start and finish times of the video check of the manufacturing process e.g. through video screen shot would be good practice.

<u>Identified Non-Conformities</u>
Non conformities identified by the Certification Body during the remote audit will be handled as per the usual protocol and evidence of closure shall be submitted within 28 days. These non-conformities shall not, however, affect the certification grading. Evidence of closure of any outstanding non conformities from the sites own internal audit will also be required within this timeframe.

<u>Certification</u>
If the certification body is satisfied that the site continues to meet the requirements of the Standard, a new certificate may be issued.
• The grading will stay the same as the current certificate based on the last physical audit at site.
• The reaudit due date anniversary will stay the same as the current certificate and will therefore be recalculated as 12 months from the last physical announced audit at site.
• The certificate expiry date anniversary will stay the same as the current certificate and will therefore be recalculated as 12 months from the last certificate.
• Audit programme shall denote 'remote'

Sites currently graded C or D may have a certificate extended by 6 months only.

6-month GMP audit

All sites require a GMP audit to be carried out as soon as practical following lifting of travel restrictions, but no later than 6 months of the remote audit. Details of the protocol and reporting of this GMP audit will be confirmed shortly. However, note these will be unannounced for those sites within the unannounced programme.

Reporting

A full BRCGS audit report will be generated and uploaded to the BRCGS Directory as usual procedures. It shall be made clear within the audit report that information was gathered through a remote audit. The sites self-assessment audit shall also be attached to the Directory record as a pdf through the 'paperclip mechanism'.

A summary of the risk assessment of the site and justification for the remote audit will be included within the 'company profile' section of the audit report, as well as an overview of the type of technology used for the remote audit.
Upload will generate the usual service package fee allowing sites continued access to BRCGS services.

Compliance

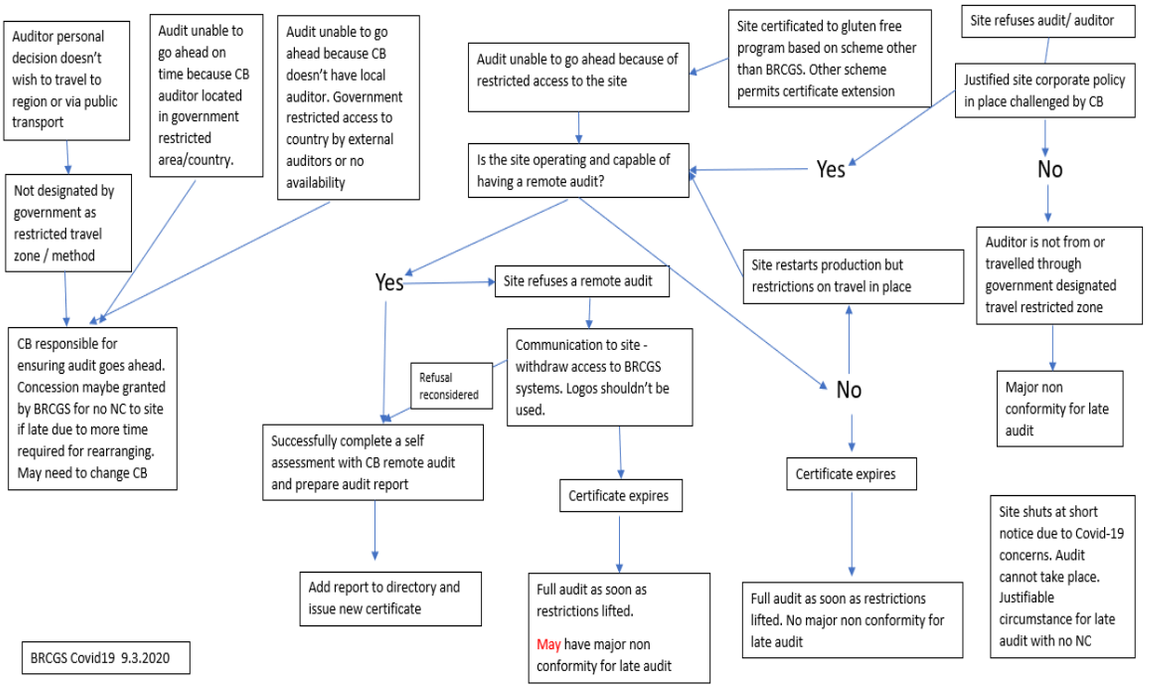
Accreditation Bodies will be responsible to assess the implementation of this guidance as well as BRCGS. Either party may require to be included as observer during any remote audit.
These guidance notes are under continual review as per the developing situation and may be subject to change.
More information
For more information, please contact:
•Certification and Accreditation Bodies – Karen Betts, karen.betts@brcgs.com

• Brand Owners and Specifiers – John Tomlinson, john.tomlinson@brcgs.com

• Sites – please contact your Certification Body

BRCGS

Decision tree for audits delayed by Covid-19 travel restrictions



Appendix 2

Illustrated Scenarios

Scenario	Outcome
Site operating but situated in government restricted travel zone or biosecurity compa policy does not allow an auditor onsite	Remote audit undertaken and new certificate issued
Site operating in government restricted travel zone refuses opportunity for remote audit	Certificate expires
Site is not operating	Audit cannot take place and is due as soon as th site starts operating. Current certificate expires
Site refuses auditor without appropriate justification	Audit doesn't take place and non-conformity is issued for late audit
CB cannot provide appropriate auditor to undertake audit	Advise site to contact alternative CB to arrange. Concession will be issued so site is not penalised with non-conformity for late audit.
CB needs to change confirmed audit arrangements because auditor is affected b travel restrictions	Concession will be issued so site is not penalised with non-conformity for late audit
The site is still not accessible 6 months afte the remote audit	Normal concessions apply
The site originally had an unannounced site how will this change?	The certificate based on the remote audit will carry the same grade and same type (announced/unannounced). The GMP second audit will be conducted in the same way as the last full audit

9.3. Adapted GLOBALG.A.P. Emergency Procedure for Certificate Extension due to the Corona Virus Pandemic

The corona virus pandemic has changed everything we know, and nothing is untouched. We all have to adjust on a daily basis as new information is released. We at GLOBALG.A.P. also had to re-evaluate our emergency procedure for certificate extension. We have decided to adapt our policy, like other certification program owners, to be aligned and to ensure transparency in the food supply chain and support those producers that need to show compliance with a Global Food Safety Initiative (GFSI) recognized standard.

The recently published procedure has now been modified and replaces the previously published (March 13, 2020) procedure to allow for a 6-month extension of GLOBALG.A.P. certificates.

GLOBALG.A.P. certificate validity may be extended beyond the 12 months, for a maximum period of 6 months. This can be done based on a risk assessment (conducted by the CB), which has to be recorded.

These are the only reasons that are considered valid:

- The CB wants to schedule the on-site inspection/audit after the certificate has expired in order to observe a certain part of the production process, because it has not been seen in the previous inspection/audit, because it is considered a high-risk process in terms of product safety, or to be able to see a newly added product, process or a new or particular member of a producer group.

- The CB needs to be able to extend some certificates because of resource restraints.

- The CB was not able to conduct the on-site inspection/audit and/or the producer was not able to receive the CB inspection audit due to circumstances beyond its control (force majeure) e.g. natural disaster, political instability in the region, epidemic/pandemic, or unavailability of the producer due to medical reasons. There is no need to support the decision allowing for a certificate extension based on the aforementioned criteria by a remote inspection/audit.

The certificate cannot be extended:

- If the inspector/auditor is able to conduct the on-site audit.

- If the producer's reasoning not to receive the inspection/audit is not justified.

- If there is no on-going production and no product to be sold and the expected next harvest will not start before the end of the potential 6-month extension.

- If the producer did not reconfirm with the CB that they will continue with the certification after the extension.

- If there is a complaint against the producer where the investigation requires an on-site revisit.

Additional reasons not to extend the validity may be added based on regular review.

Crop extension (adding a new crop) is possible only if the new crop belongs to the same crop grouping (in terms of harvest and handling) as already certified.

This procedure is also applicable to all add-ons that are assessed in combination with GLOBALG.A.P. standards.

GLOBALG.A.P. will utilize the time to work with industry stakeholders to develop alternative means of assuring compliance to be prepared for the event that this crisis continues beyond September 2020 and travel restrictions remain in place.

GLOBALG.A.P. EMERGENCY PROCEDURE FOR REMOTE INSPECTIONS DUE TO THE CORONAVIRUS PANDEMIC (GLOBALG.A.P. REMOTE)

SUMMARY

1. GLOBALG.A.P. is continuing to monitor and assess risks and recommendations in the face of the outbreak and rapid spread of coronavirus disease 2019 (COVID-19). Recent global developments have led to significant health and safety concerns, as well as to travel/movement restrictions in numerous countries and territories.
2. Due to movement/travel restrictions within some regions imposed as a result of the coronavirus, GLOBALG.A.P. inspections that become due may be postponed.
3. The emergency procedure published by GLOBALG.A.P. on 26 March 2020 is in line with the requirements of the Global Food Safety Initiative (GFSI) but **does not address** certification for new and existing clients based on remote inspections.
4. GLOBALG.A.P. Remote covers **initial certification, re-certification, certificate scope extension, transfer, etc.** based on fully remote inspections. While the solution is applicable to all GLOBALG.A.P. standards including localg.a.p./Primary Farm Assurance for each scope and sub-scope (except Integrated Farm Assurance (IFA) v5.3 and Produce Handling Assurance), it will likely not be GfSI- recognized. Initial certifications based only on GLOBALG.A.P. Remote shall not be considered accredited until the first on-site follow-up inspection has been successfully completed (ref. chapter 1.4.4).
5. Unless otherwise specified in this procedure, the respective rules of the given standard

and/or add-on apply.

6. Whenever GLOBALG.A.P. Remote has been used to issue a certificate or to extend the scope of an existing one, this shall be clearly indicated to inform all market participants or the public, whichever is applicable according to the relevant Data Access Rights, that the certificate or the extension is based on remote inspections (see 1.5).
7. GLOBALG.A.P. Remote also applies to all GLOBALG.A.P. add-ons as per approval by the add-on owner. See Annex I for the list of applicable add-ons. GLOBALG.A.P. will continuously update this list in case additional add-on owners decide to join the GLOBALG.A.P. Remote procedure. In case an add-on inspection was conducted based on the GLOBALG.A.P. Remote procedure, this is added as a product attribute into the GLOBALG.A.P. database and is visible to GLOBALG.A.P., the CB, and the respective add-on observers.
8. GLOBALG.A.P. Remote is to be implemented for all control points, similar to an on-site inspection.

This emergency procedure is valid during the COVID-19 pandemic until further notice. Depending on the developments with regard to COVID-19, GLOBALG.A.P. reserves the right to terminate its validity with appropriate notification

GLOBALG.A.P. REMOTE PROCEDURE

1 GENERAL

In this document, whenever the term “inspector” is used, it shall refer to inspector, auditor,
depending on the relevant option for certification - standard or add-on.

In this document, whenever the term “inspection” is used, it shall refer to inspection, audit, or
depending on the relevant option for certification - standard or add-on.

In this document, whenever the term “certificate” is used, it shall refer to certificate, proof of assessment, letter of conformance, or letter of attestation.

Within the context of this document, the term “producer(s)” refers to persons (individuals) or businesses (company, individual producer, or producer group) that are legally responsible for the production processes and the products of the respective scope, sold by those persons or businesses. It also refers to Chain of Custody companies.

In this document, whenever the term “general regulations” is used, it shall refer to the GLOBALG.A.P. general regulations and/or the add-on general rules. Whenever specific rules are referred to, they are identified by including the name of the particular standard or add-on.

Within the context of this document, “auditee” is the producer or producer’s personnel being inspected.

1.1 (GLOBALG.A.P. Remote applies only when official travel restrictions are in place in the country or region (where the inspection shall take place) or there is a company policy of the certification body (CB) or of the producer that is based on an official or reputable source (e.g., the company restricts travel to/from regions identified as high-risk by the national ministry of foreign affairs or the World Health Organization or governmental “requests for citizen cooperation”). The CB shall keep evidence of the emergency status to justify the use of this procedure.

1.2 GLOBALG.A.P. Remote includes: 1) a review of documents and records similar to the off-site module as defined in the GLOBALG.A.P. general regulations v5.2 Part I, 5.1.2.1, 5.2.2.1, and Part III, 5.2, 5.4.1.1, which can be performed offline or online; and 2) a virtual meeting to check all requirements that would normally need to be reviewed on-site and could not be answered during 1) and also to verify the consistency of records reviewed in 1). Both 1) and 2) are conducted remotely and may be performed at once or in two (or more) separate parts, as decided by the CB using information and communication technology (ICT).

1.3 The document review and virtual meeting shall not be performed more than 4 weeks apart. These 4 weeks shall also include the planning and testing of the ICT used for the remote inspection.

1.4 During the application (registration) process, the CB shall collect information and verify that the producer has the necessary infrastructure to support the use of the ICT proposed for remote inspection. Records shall be kept.

1.5 The use of GLOBALG.A.P. Remote is identified clearly in the database and on the producer's paper certificate. GLOBALG.A.P. Remote is established as a product attribute on the certificate.

1.5.1 The paper certificate shall also indicate the risk level (refer to 1.9) together with the Remote attribute (e.g., Apple - Remote - Low risk).

1.6 GLOBALG.A.P. Remote may result in a negative decision for certification; not only by the relevant provisions described in the general regulations, but also if the credibility (integrity) of the remote inspection is jeopardized (see points 2 and 3).

1.7 In the case of re-certification, if the certificate has not been extended yet, the registered products shall be accepted by the CB in the GLOBALG.A.P. database for the new cycle.

1.8 If the producer has already asked for a certificate extension and the CB has accepted the certificate extension and the new cycle, the producer is not allowed to change the CB unless the outgoing CB allows the transfer.

1.9 The CB shall classify the producers participating in GLOBALG.A.P. Remote according to the risk of issuing a certificate based on this procedure:

1.9.1 Not eligible: GLOBALG.A.P. Remote inspections shall not be conducted for producers where more than 10 non-conformances (Major Must control points or QMS) were identified (per certificate holder) during each of the last two on-site inspections (i.e., including announced, unannounced, and surveillance inspections) on the date of the inspection. These producers shall only be certified based on an on-site inspection..

1.9.2 High risk: New producers (those never certified before for GLOBALG.A.P. or whose certificate expired more than 12 months ago); Chain of Custody companies that pack/repack and label/relabel products directly or via a subcontractor, and companies taking physical possession of bulk products bought directly or via a subcontractor (see chapter 4).

1.9.3 Medium risk: Re-certification of producers with non-conformances identified during the last on-site inspection (including for the add-ons) on the date of the inspection, producers that change CBs (If the new CB cannot verify that during each of the last two on-site inspections no more than 10 non-conformances (Major Must control points or QMS) were identified (per certificate holder), the producer shall be classified as "not eligible" for GLOBALG.A.P. Remote.), and producers whose certificate expired less than 12 months ago. For GRASP, producers with any overall assessment result other than "fully compliant". Chain of Custody companies that

take physical possession of packed and labeled products directly or via a subcontractor (see chapter 5).

1.9.4 Low risk: Re-certification of producers with no non-conformances identified during the last on-site inspection. For GRASP, producers with previous overall assessment result “fully compliant”. Chain of Custody traders/brokers without physical possession of the certified products (see chapter 6).

1.9.5 Add-ons that need to be added during the certificate validity of an ongoing certificate will follow the risk classification of the main certificate, excluding the GRASP-specific risk classification defined above.

1.10 For GLOBALG.A.P. Remote, the full final inspection report, including the checklist, shall be made available to GLOBALG.A.P. Producers shall agree that the full inspection report is made available to GLOBALG.A.P. Any information relating to a identified or identifiable natural person such as names or data clearly linkable to responsible persons or any other employees shall not be entered in the “Remarks/Comments” field of the full inspection report.

1.10.1 For IFA v5.2 and FSMA PSR, the checklist shall always be uploaded through GLOBALG.A.P. Audit Online within 28 days after the closure of any outstanding non-conformances.

Regarding the use of GLOBALG.A.P. Audit Online, various options are available:

a) Complete the inspection checklist within GLOBALG.A.P. Audit Online

b) Utilize the Excel upload opportunity within GLOBALG.A.P. Audit Online

c) Connect the individual CB software solution and send the required data via application programming interface (API)

d) Utilize third-party software compatible with GLOBALG.A.P. Audit Online; see https://www.globalgap.org/uk en/what-we-do/the-gg-system/GLOBALG.A.P.-Audit-Online/

1.10.2 For GRASP and NURTURE, the regular upload procedure in the GLOBALG.A.P. database shall be applied.

1.10.3 For all other standards and add-ons, the inspection report shall be uploaded in the GLOBALG.A.P. database within 28 days after the closure of any outstanding non-conformances.

1.11 All requirements related to inspection timing defined in the general regulations apply without change, unless indicated otherwise in this document.

1.12 The overall duration for remote inspections may not be less than the usual on-site inspection performed by the CB and the duration defined in the respective normative documents, if applicable.
Common practice indicates that remote inspections require additional time.

1.13 The CB shall justify and record if no additional time was required for the remote inspection

1.14 (GLOBALG.A.P. Remote inspections shall be performed only by finally approved CBs and not by provisionally approved CBs. The CB inspectors shall be approved for the relevant standard, scope, sub-scope, and add-on. It is not possible to approve a CB and/or inspector only for GLOBALG.A.P.
Remote inspections.

1.15 In cases of subsequent inspection (except in the case of a transfer between CBs) and scope extensions, the CB shall use the same inspector for the remote inspection who also performed the previous inspection. Exceptions from these rules are allowed on a case-by-case basis by the GLOBALG.A.P. Secretariat. Contact standard support@globalgap.org.

1.16 The document review and the virtual meeting of GLOBALG.A.P. Remote shall be performed by the same inspector(s).

1.17 For IFA Crops rules:

11.17.1 Crops rules 2.5 e): If the produce handling unit (PHU) already has a post-farm gate food safety certification recognized by the GFSI for scope D (www.mygfsi.com), the CB inspector shall inspect segregation and traceability (i.e., IFA AF 11, AF 13, CB 1.1, HPSS 10, 12) as well as post-harvest treatments (IFA FV 5.8.1-10, HPSS 5) using GLOBALG.A.P. Remote for this PHU.

11.17.2 If the PHU is subcontracted and does not have a valid GLOBALG.A.P. IFA (or GLOBALG.A.P. Remote) certificate, a remote inspection of the PHU shall be performed as well.

1.18. For maintenance of inspector competency, exceptions to requirements for the annual minimum number of inspections and internal witnessing may be granted on a case-by-case basis. Contact standard support@globalgap.org.

1.19 For the rotation of inspectors, exceptions may be granted on a case-by-case basis. Contact standard support@globalgap.org.

1.20 GLOBALG.A.P. Remote shall not be used for unannounced inspections. For compliance with the 10% unannounced inspections and 10% unannounced QMS audits, exceptions may be granted on a case-by-case basis. Contact standard support@globalgap.org.

2 RULES FOR PLANNING AND SCHEDULING OF GLOBALG.A.P. REMOTE (USING ICT, BASED ON IAF ID 12:2015 AND IAF MD 4:2018)

2.1 Security and Confidentiality

2.1.1 The use of ICT for inspection purposes shall be mutually agreed upon by the auditee and the CB performing the inspection in accordance with information security and data protection measures and regulations before ICT is used. Video and/or audio recording, screenshots, and storage of evidence shall also be mutually agreed. The CB shall keep records of the agreement.

2.1.2 In case of no agreement or non-fulfilment of this information, security and data protection measures, and the use of ICT for inspection, GLOBALG.A.P. Remote cannot be performed.

2.2 Planning and scheduling of GLOBALG.A.P. Remote.

2.2.1 The feasibility of the inspection should be determined to provide confidence that the inspection objectives can be achieved. This should take into consideration factors such as:

a) Sufficient and appropriate information for planning and conducting the inspection

b) Adequate cooperation from the producer

c) Adequate time and resources for conducting the inspection

2.2.2 The CB shall define eligibility criteria for determining when it is appropriate to perform an inspection remotely (refer to 1.5), such as:

a) The acceptable period for performing a remote inspection

b) The producer's ability to designate one or more representatives or contact persons

who are capable of communicating in the same language as the inspector and using the agreed platform

c) The CB's capability and aptitude to conduct the remote inspection in the chosen medium/forum of the remote inspection

d) The availability of a list of activities, areas, information, and personnel to be involved in the remote inspection

2.3 Planning of technology and equipment:

2.3.1 Before the remote inspection takes place, the CB shall:

a) Determine the platform (e.g., virtual meeting app, wearable technology, telephone/video call, messaging app, drones, or other platforms, etc.) for hosting the inspection. This platform needs to be agreed upon between the CB and the producer.

b) Explain to the producer which documents, activities, facilities are expected to be inspected via video streaming (real time) and which will be evaluated based on records/recorded information, and additionally, if applicable, which people need to be interviewed.

c) Test the ICT platform compatibility between the CB and the producer prior to inspection. A trial meeting using the same media platforms agreed upon shall be conducted to ensure the scheduled inspection can be performed as planned.

d) Encourage and consider the use of webcams, cameras, etc. when physical evaluation of an event is desired or necessary.

e) If the remote inspection is impossible due to technical restraints, (e.g., no phone or internet connection on the farm, etc.) GLOBALG.A.P. Remote cannot be used as option for inspection.

2.4 Performing the remote inspection:

2.4.1 The remote inspection shall be facilitated in quiet environments whenever possible to avoid interference and background noise (e.g., through speakerphones).

2.4.2 Both parties shall make their best effort to confirm what was heard, stated, and read throughout the inspection.

2.4.3 All remote inspections shall be concluded in the same way as the on-site inspections according to the general regulations (e.g., closing meeting, clarification of findings, nonconformances, etc.).

2.4.4 The start time, the end time, and the participants of the remote inspection shall be recorded. Evidence of opening and closing meetings shall be kept even if there were multiple sessions. Electronic acknowledgement of receipt is equivalent to "signature", as indicated in the general regulations Part III, 6.1 e). This applies for all standards and addons.

2.4.5 The time frame for follow-up actions (closure of non-compliances) begins with the end of the remote inspection, i.e., the closing meeting when the findings are communicated.

2.4.6 The fact that the inspection was conducted remotely, as well as the software and any technical problems during the inspection, shall be noted in the inspection report.

2.4.7 If it is not possible to maintain satisfactory connections or conditions during the scheduled time of the remote inspection, the CB inspector may terminate the inspection before the scheduled time. This

shall be recorded in the inspection report.

2.4.8 The inspection may continue later only if the CB and the producer both agree on this. The continuation of the remote inspection shall follow the planning as described above. This shall be confirmed during the opening meeting.

3 RULES FOR CONDUCTING GLOBALG.A.P. REMOTE (BASED ON IAF MD 4:2018)

3.1 The inspector shall be aware of the ICT's risks and opportunities and the impacts that they may have on the credibility and objectivity of the information gathered. It is the responsibility of the Cb to train the inspector accordingly, including on the contents of the GLOBALG.A.P. Remote procedure and GLOBALG.A.P. training material, when available. No additional sign-off on the part of GLOBALG.A.P. is necessary.

3.2 The means (tools) of verifications that may be used for the virtual meeting part of GLOBALG.A.P. Remote are:

a) Interview with the auditee. Worker interviews may be conducted by phone or video call interviews. For GRASP this may be used for all needed interviews.

b) Video call in which the auditee shows records.

c) Video call in which the auditee streams video of the site/facility to the inspector. However, all the observed evidence shall be recorded in the checklist. Video streaming of the site/facility may be done by the producer or by an assigned person the CB chooses, who need not necessarily be an inspector.

d) Sending pictures/videos instantly during the interviews. The files shall include information on the time and geo-reference for the location, or this information shall be available by other means.

3.3 The inspection report shall contain details about the different means (tools) used during the remote inspection in order to demonstrate the proper implementation of this procedure.

3.4 The CB shall inform the producer when, how, why, and of what to make recordings, pictures, or video footage and which will be saved as evidence, why, and for how long will they be stored. The producer shall agree and, if applicable, give consent and send/submit/transmit the evidence to the CB within the agreed timeframe.

3.5 The following guidelines apply and are mandatory when inspecting different requirements. For the IFA standard for Fruit and Vegetables, the use of the Inspection Guideline and Methodology is mandatory. For GRASP, the use of the GRASP Remote Assessment Guideline Checklist (available at https://www.globalgap.org/uk en/documents/) is mandatory.

3.5.1 The following 5 inspection methods shall be used:

3.5.1.1 V - Visual assessment

3.5.1.2 I - Interview with personnel

3.5.1.3 D - Records or document review

3.5.1.4 X - Cross-checking data and information, verifying data, linking records with each other and confirming their accuracy

3.5.1.5 C - Challenging the content and plausibility of the information (e.g., when checking the risk assessments)

3.5.2 CPCC and add-on-specific points requiring V - Visual assessment. Remote inspection shall include live video streaming (telephone camera, tablet camera, etc.). If online video streaming is not possible, pictures (with indicated date and time) or videos (traceable to the time and date of the video shooting) may be acceptable. Those offline visuals shall be taken at the date of the remote inspection and at the request of the inspector. Inspection report shall contain detailed justification/comments what was shown and how it was shown.

The inspector is obliged to challenge critical areas in order to obtain as much as possible visual information to justify compliance with the checked control points.

3.5.3 CPCC and add-on-specific points requiring I - Interview. Before the interview can begin, the inspector and the auditee shall confirm their identity. The best way is to perform the interview via an audio and video communication channel, which will establish the identity of the producer and the person interviewed and their knowledge (for example, familiarization with procedures and rules and not reading a text to answer the questions). If possible, telephone calls without video shall be avoided. During interviews, the auditee shall ensure a quiet environment. If workers on the farm are interviewed and those workers do not speak the language of the inspector (e.g., seasonal foreign workers, GRASP assessments), translations shall be ensured by a representative of the auditee to the inspector in the same way as is usually done during on-site inspections.

3.5.4 CPCC and add-on-specific points requiring D - Records or document check. Documents and records may be checked during the document review and/or the virtual meeting parts.

The check can include emailing photos or scans, sending copies by e-mail, and/or faxing.

As currently stated in the general regulations, the off-site inspection "... consists of a desk review of documentation sent by the producer to the CB before the inspection, including the self-assessment, risk assessments, procedures required in several CPCC, veterinary health plan (where applicable), analysis program (frequency, parameters, locations), analysis reports, licenses, list of medicines used, list of plant protection products used, proof of lab accreditation, certificates or inspection reports of subcontracted activities, plant protection products/fertilizers/medicines application records, etc." It may also include: harvesting records, mass balance records, training records with latest amendments related to COVID-19, calibration records, documentary proof of PPE; allowance for medical checks (not the results), stock list for both plant protection products and fertilizer, cleaning records for toilets, PPPL, GRASP Declaration, complaint procedures, working contracts, etc.

During the virtual meeting: sampling of other records/documents shall be made available in real time, the records shall be sent immediately by e-mail, photo, etc. This applies also to those records which were already inspected during the document review. The CB shall take all possible measures to mitigate the risk of receiving fraudulent records during the inspection.

3.5.5 CPCCand add-on-specific points requiring X - Cross-checking data and information, verifying data, linking records with each other and confirming their accuracy. The remote inspection shall provide means to cross-check data and information in real time or with a minimal delay (if sending the information is required for

the review by the inspector). A blended approach with audio/video or only audio is possible, provided that the requested documents are sent without delay, which will eliminate the risk that documents (or records) are corrected based on the inspector questions. Screen sharing may be a good option. The goal isto ensure that the information is consistent.

3.5.6 CPCCand add-on-specific points requiring C - Challenging the content of the information.

The content of the information (instructions, procedures, risk assessments) can be checked during the document review or during the virtual meeting. The goal is to ensure that the information is plausible.

4 PROCEDURE GLOBALG.A.P. REMOTE FOR HIGH-RISK CLASSIFICATION

4.1 Initial applications/certifications are considered high-risk for GLOBALG.A.P. Remote according to risk classification and shall require special attention, vigilance, and integrity from all involved CBs.

4.2 During the registration process, the CB shall pay specific attention to addressing the provisions of 1.4.

4.3 Follow-up on-site inspection:

4.3.1 The CB shall perform a follow-up on-site inspection of 100% of the high-risk producers during the validity of the certificate. In the case of new producers, the follow-up on-site inspection shall be performed within 6 weeks after the travel restrictions are lifted.

4.3.2 This may be an announced or an unannounced inspection.

4.3.3 For all follow-up on-site inspections, the full checklist shall be used.

4.3.4 Unannounced follow-up on-site inspections may be counted towards the 10% unannounced inspections.

4.3.5 It is likely that the harvest and/or the handling period is already over during the inspection, but some relevant agronomic activities shall be ongoing on the farm when the follow-up onsite inspection takes place.

4.3.6 The information already verified during the remote inspection may also be used for the follow-up on-site inspection.

4.3.7 If no travel restrictions apply and the follow-up on-site inspection has not been performed within the deadlines defined in 4.3.1, the certificate shall be suspended and cancelled. (Producers that have received a cancellation shall not be accepted for GLOBALG.A.P. certification within 12 months of the date of cancellation).

4.3.8 A successful follow-up on-site inspection will allow the remote attribute on the certificate to be removed.

4.4 Initial certifications based on GLOBALG.A.P. Remote shall not be considered accredited certificates until the follow-up on-site inspection has been completed, in the standards where accreditation is applicable. Where the scheme itself is accredited, the certificate for initial inspection based on GLOBALG.A.P. Remote shall not display the accreditation body logo. Once the follow-up on-site inspection is successfully completed, a new certificate may be issued with the accreditation body logo.

5 PROCEDURE GLOBALG.A.P. REMOTE FOR MEDIUM-RISK CLASSIFICATION

5.1 If the certificate has already been extended, GLOBALG.A.P. will process transfer requests coming only from the outgoing CB which extended the certificate validity. The transfer shall be finalized only when the incoming CB has completed the remote inspection and the outgoing CB explicitly asks for the termination of the extension and authorizes GLOBALG.A.P. to transfer the producer to the new CB.

5.2 The CB shall perform follow-up on-site inspections of 5% of the total number of the medium-risk producers during the validity of the certificate. The 5% are calculated per certificate holder and not per standard or add-on. The 5% shall be rounded up to the nearest whole number. The successful on-site inspection will allow the remote attribute on the certificate to be removed.

5.3 Follow-up on-site inspection may be announced or unannounced.

5.4 For all follow-up on-site inspections, the full checklist shall be used.

5.5 Unannounced follow-up on-site inspections may be counted towards the 10% unannounced inspections.

5.6 Producers who have not received follow-up on-site inspections have the right to ask for on-site inspection, whenever the conditions allow. A successful on-site inspection will allow the remote attribute on the certificate to be removed. The producer acknowledges that this may result in additional certification costs.

6 PROCEDURE GLOBALG.A.P. REMOTE FOR LOW-RISK CLASSIFICATION

6.1 The producer has the right to ask for an on-site inspection, whenever the conditions allow. A successful on-site inspection will allow the remote attribute on the certificate to be removed. The producer acknowledges that this may result in additional certification costs.

6.2 The CB is not required to perform follow-up on-site inspections during the validity of the certificate for producers with low-risk classification.

7 PROCEDURE GLOBALG.A.P. REMOTE FOR CERTIFICATE SCOPE EXTENSION

7.1 The “GLOBALG.A.P. Emergency Procedure for Certificate Extension due to the Coronavirus Pandemic” (26 March 2020) allows scope extension (adding a new crop) only if the new crop belongs to the same crop grouping (in terms of harvest and handling) as already certified. GLOBALG.A.P. Remote provides possibilities for scope extensions (adding new product(s)) to the existing certificates even if the new product(s) are not in the same crop grouping. If the producer is a holder of a valid certificate, is classified in an eligible risk rating (ref. 1.9.1), and requests scope extension for adding new product, GLOBALG.A.P. Remote can be used, following the rules described for low-risk classification. Additionally:

7.1.1 Before product extension, a full checklist and report for this new product(s) shall be completed and uploaded.

7.1.2 The new product shall be added to the existing GLOBALG.A.P. certificate, indicating the remote attribute. The “valid to” date of the original certificate remains unchanged.

7.2 In the case of adding a new production site to an Option 1 producer (multi-site without QMS), the new site(s) shall be inspected remotely before adding them to the certificate.

7.3 If, on a certificate with QMS (option 1 or Option 2), more than 10% of producers/sites and/or area are added or changed (see general regulations Part II, 11 c) and d)), the square root of the new number of producers/sites shall be inspected remotely before adding them to the certificate.

7.4 If the producer refuses the remote inspection, the certificate's scope cannot be extended.

7.5 Changes in the scope of activity for Chain of Custody companies may result in a change of the overall risk classification of the producer (e.g., a low-risk trading company that starts labeling products becomes high-risk).

8 ADDITIONAL CLARIFICATION FOR OPTION 2 AND OPTION 1 MULTISITE WITH QMS GLOBALG.A.P. REMOTE

8.1 The QMS announced inspection may be performed using GLOBALG.A.P. Remote. This may also include those procedures centrally managed by the QMS, but applicable at member level.

8.2 The rules described in GLOBALG.A.P. Remote for high-, medium-, and low-risk producers apply.

8.3 The sample size for the producer group members shall not be reduced as defined by the general regulations v5.2 Part I, 5.2.3 and Part III, 5.4.2. It remains the square root (or 50% of the square root) of the number of members.

8.4 At member level, the on-site inspection may be replaced by GLOBALG.A.P. Remote.

8.5 The surveillance inspection (of 50% of the square root of the number of sites/producers) may also be performed remotely. The need for a follow-up on-site surveillance inspections depends on the certificate holder risk level (cf. chapters 4, 5, and 6).

8.6 If the re-certification QMS audit and the producer member inspections were performed remotely for high-risk certificate holder(s) (cf. chapter 4) and where the medium-risk certificate holder(s) (cf. chapter 5) were selected for a follow-up inspection, the follow-up on-site inspection and follow-up on-site QMS audit may be combined with the on-site surveillance inspection.

8.7 If no on-site follow-up inspections (in the case of medium- and low-risk classification - cf. chapters 5 and 6) were done during the GLOBALG.A.P. Remote certificate validity, the re-Certification audit shall include the full square root of the current number of the members/sites.

8.8 Internal inspections cannot be performed using GLOBALG.A.P. Remote.

9 CIPRO AND GLOBALG.A.P. REMOTE

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9.1 Correct implementation of this procedure will be checked in the framework of the GLOBALG.A.P. Certification Integrity Program. CIPRO assessors will closely monitor the incoming reports of remote inspections.

ANNEX I. APPLICABLE ADD-ONS FOR GLOBALG.A.P. REMOTE

The following add-ons can be inspected using GLOBALG.A.P. Remote.

Add-on name	Database Scheme-ID
Albert Heijn Protocol for Residues Version 2	109
Food Safety Modernization Act Produce Safety Rule Add-on Version 1.1	258
Food Safety Modernization Act Produce Safety Rule Add-on Version 1.2	267
GLOBALG.A.P. Farm Sustainability Assessment (GG FSA) 2.1	225
GLOBALG.A.P. NON-GM/Ohne Gentechnik Add-on Version 1.0	240
GLOBALG.A.P. Risk Assessment on Social Practice (GRASP) v1.3_July15	180
NURTURE Module Version 11.2	250
Sustainable Program for Irrigation and Groundwater Use (SPRING) Add-on Version 1.1	191
TR 4 Biosecurity Add-on for Bananas V1.0	206

ANNEX II- "PROCEDURE GLOBALG.A.P. REMOTE FOR GRASP ADD-ON"

The following guidelines complement the **document 'GLOBALG.A.P. Remote'.**
Please use the method indicated in each GRASP CPCC as defined by the respective ICON. Please be aware of exceptions.

CPCCs requiring V - **Visual assessment** **'H'**

CPCCs requiring I **- Interview: any or a combination of these icons** ***** **y**

CPCCs requiring D - **Off-Site records or documents check** **^**

In this category, some criteria require an online/live cross-checking reference. This is indicated in the CPCCs as a comment to the icon. CPCCs requiring **X - Cross-checking data and information: indicated with an "X" and any combination of** CPCCs requiring **C - Challenging the content of the information: indicated in the CPCCs with a "C" and a comment on the challenge.**

Assessors: for details and rules on each category (V, I, D, X, and C) please always refer to the GLOBALG.A.P. Remote procedure.

GRASP CHECKLIST

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
EMPLOYEES' REPRESENTATIVE(S)					
1	CP: Is there at least one employee or an employees' council to represent the interests of the staff to the management through regular meetings where labor issues are addressed? CC: Documentation demonstrates that an employees' representative(s) or an employees' council representing the interests of the employees to the management is elected or in exceptional cases nominated by all employees and recognized by the management. The election or nomination takes place in the ongoing year or production period and is communicated to all employees. This employees' representative(s) shall be aware of his/her/their role and rights and be able to discuss complaints and suggestions with the management. Meetings between employees' representative(s)				
1.1	The election/nomination procedure has been defined and communicated to all employees.	**1ft**	X	C	Challenge how the procedure was communicated.
1.2	Documentation shows that the election and the counting of votes were carried out fairly and openly. In case of representative(s) not elected but nominated, there is a document justifying why elections could not take place.	a		C	Challenge “fairly and openly” or reason for nomination instead.
1.3	The results of the election (name of employees' representative(s) or in case of council composition of the council) were communicated to all employees.	**1ft**	X		
1.4	The election/nomination has taken place in the ongoing year or production period. The representation is current (all elected/nominated person(s) according to the list still working for the company).	a			
1.5	The employees' representative(s) is/are recognized by the management and a job description clearly defines his/her/their role and rights. The employees' representative(s) is/are aware of his/her/their role and	**1ft**	X	C	Challenge “awareness” of roles and rights and existence of job description.
1.6	There is documentary evidence of regular meetings at accurate frequency between the employees' representative(s) and the management, where GRASP related issues are addressed.		X	C	Cross-check online with interview to RSGP and Employees' representative. Challenge what “accurate frequency” means.

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
COMPLAINT PROCEDURE					
2	CP: Is there a complaint and suggestion procedure available and implemented in the company through which employees can make a complaint or suggestion? CC: A complaint and suggestion procedure appropriate to the size of the company exists. The employees are regularly informed about its existence, complaints and suggestions can be made without being penalized and are discussed in meetings between the employees' representative(s) and the management. The procedure specifies a				
2.1	A documented complaint and suggestion procedure is available, appropriate to the size of the company.	a			
2.2	Employees are regularly and actively informed about the complaint and suggestion procedure.	aifi	X	C	Challenge how employees are "actively informed" (e.g. in the case of language barriers)
2.3	The procedure states clearly that employees will not be penalized for filing complaints or suggestions.	a			
2.4	Complaints and suggestions are discussed in meetings between the employees' representative(s) and the management	A		C	Challenge evidence of regular meetings.
2.5	The procedure sets a timeframe to resolve complaints and suggestions (e.g. during the next month).		X		
2.6	The complaints, suggestions and their follow-up are documented and available for the last 24 months.			C	Cross-check online through interview with RSGP and Employees' representative.

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
SELF-DECLARATION ON GOOD SOCIAL PRACTICES					
3	CP: Has a self-declaration on good social practice regarding human rights been signed by the management and the employees' representative(s) and has this been communicated to the employees? CC: The management and the employees' representative(s) have signed, displayed and put in practice a self-declaration assuring good social practice and human rights of all employees. This declaration contains at least the commitment to the ILO core labor conventions (ILO Conventions: 111 on discrimination, 138 and 182 on minimum age and child labor, 29 and 105 on forced labor, 87 on freedom of association, 98 on the right to organize and collective bargaining, 100 on equal remuneration and 99 on minimum wage) and transparent and non-discriminative hiring procedures and the complaint procedure. The self-declaration states that the employees' representative(s) can file complaints without personal sanctions. The employees have been informed about the self-declaration and it is revised at least every 3 years or whenever necessary.				
3.1	The declaration is complete and contains at least all points referred to ILO core labor conventions.	a			

3.2	The declaration has been signed by the management and by the employees' representative(s).	a			
3.3	The declaration is actively communicated to the employees (e.g. displayed on the production site/in the handling unit/management office or attached to the working contract, information at meetings etc.).	a#	X	C	Challenge how the declaration is "actively communicated" (e.g. in the case of language barriers).
3.4	The management, the responsible person for the implementation of GRASP and the employees' representative(s) know the content of the declaration and confirm that it is put into practice.	A & u	X	C	Challenge the employee representative's familiarity with his/her roles and rights.
3.5	It is stated that the employees' representative(s) can file complaints without personal sanctions.			C	Challenge the employee representative's knowledge of this right.
3.6	The declaration is checked and revised at least every 3 years or whenever necessary.		X	C	Challenge the information about the declaration's last revision and possible reasons for a revision.

CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
CP: Do the person responsible for the implementation of GRASP (RGSP) and the employees' representative(s) have knowledge of or access to recent national labor regulations? CC: The person responsible for implementation of GRASP (RGSP) and the employees' representative(s) have knowledge of or access to national labor regulations, such as gross and minimum wages, working hours, trade union membership, anti-discrimination, child labor, labor contracts, holiday and maternity leave. Both the RGSP and the employees' representative(s) know the essential points of working conditions in agriculture as formulated in the applicable GRASP National Interpretation Guidelines.				
The RGSP provides the employees' representative(s) with the valid labor regulations (e.g. the GRASP National Interpretation Guidelines).	IftA	X	C	Challenge the way of providing the information (how, when, latest updates).
RGSP and employees' representative(s) have knowledge about or access to the valid labor regulations on gross and minimum wages and	1ft u	X	C	Challenge "access," esp. availability: If electronical/online, is there a workplace device for the employee representative?
RGSP and employees' representative(s) have knowledge about or access to the valid labor regulations on working hours.	1ft u	X	C	Challenge "access," esp. availability: If electronical/online, is there a workplace device for the employee representative?
RGSP and employees' representative(s) have knowledge about or access to the valid labor regulations on freedom of association and right to	1ft u	X	C	Challenge "access," esp. availability: If electronical/online, is there a workplace device for the employee representative?
RGSP and employees' representative(s) have knowledge about or access to the valid labor regulations on anti-discrimination.	Iftu	X	C	Challenge "access," esp. availability: If electronical/online, is there a workplace device for the employee representative?

RGSP and employees' representative(s) have knowledge about or access to the valid labor regulations on child labor and minimum age of working.	1ft u	X	C	Challenge "access," esp. availability: If electronical/online, is there a workplace device for the employee representative?
RGSP and employees' representative(s) have knowledge about or access to the valid labor regulations on holiday and maternity leave.	1ft 1*1	X	C	Challenge "access," esp. availability: If electronical/online, is there a workplace device for the employee representative?

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
WORKING CONTRACTS					
5	CP: Can valid copies of working contracts be shown for the employees? Are the working contracts compliant with applicable legislation and/or collective bargaining agreements and do they indicate at least full names, nationality, a job description, date of birth, date of entry, the regular working time, wage and the period of employment? Have they been signed by both the employee and the employer? CC: For every employee, a contract can be shown to the assessor on request on a sample basis. The contracts correspond with the applicable legislation and/or collective bargaining agreements. Both the employees as well as the employer have signed them. Records contain at least full names, nationality, a job description, date of birth, date of entry, the regular working time, wage and the period of employment (e.g. permanent, period or day laborer etc.) and for non-national employees their legal status and working permit. The contract does not show contradiction to the self-declaration on good social practices. Records of the employees must be accessible for at least 24 months.				
5.1	Random checks show availability of written contracts for all employees signed by both parties.		X	C	Cross-check online: Verify that the documents checked off-site belong to actual employees. Challenge: Check each type of contract, incl. legal status and information about bargaining agreements.
5.2	There is evidence that the employees have the correct contract according to national legislation and/or collective bargaining agreements (as stipulated in the applicable GRASP National Interpretation Guideline).		X	C	Cross-check online: Verify that the documents checked off-site belong to actual employees. Challenge information on bargaining agreements.
5.3	The working contracts include at least basic information on the employee's name, date of birth and nationality according to the applicable GRASP National Interpretation Guideline.		X	C	Cross-check online: Verify that the documents checked off-site belong to actual employees. Challenge: Check each type of contract, incl. legal status and information about bargaining agreements.
5.4	The working contracts or attachments to the contracts include basic information on the contract period (e.g. permanent, period or day laborer etc.), the wage, working hours, breaks, and a basic job description.		X	C	Cross-check online: Verify that the documents checked off-site belong to actual employees. Challenge: Check each type of contract, incl. legal status and information about bargaining agreements.
5.5	In the contract, there is no contradiction to the self-declaration on good social practice.	a		C	Cross-check online: Verify that documents checked off-site belong to actual employees and with self-declaration.

5.6	If non-national employees are working for the company, records indicate their legal status for being employed by the company. A respective working permit is available.	a	X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge that the working permit is current.

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
5.7	Records of the employees must be accessible for at least 24 months.		X		Cross-check online: Verify that documents checked off-site belong to actual employees. Verify the dates of filing records.
	PAYSLIPS				
6	CP: Is there documented evidence indicating regular payment of salaries corresponding to the contract clause? CC: The employer shows adequate documentation of the regular salary transfer (e.g. employee's signature on pay slip, bank transfer). Employees sign or receive copies of pay slips/pay register that make the payment transparent and comprehensible for them. Regular payment of the employees during the last 24 months is documented.				
6.1	Documented evidence that the payment is made in defined intervals (e.g. pay slips or pay registers) is available for the employees (random checks).		X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge availability to employees and potential language barriers of information. Ask employee representative to crosscheck.
6.2	Pay slips or pay registers indicate that payments are made in accordance with the working contracts (e.g. employee's signature on pay slips, bank transfer etc.).		X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Cross-check with employees' contracts. Challenge: Is there a process by which employees can confirm correct payment?
6.3	The records of payments are kept for at least 24 months.		X		Cross-check online in interview with RSGP and the employee representative where documents are filed and request evidence of accessibility to the employees. Verify dates of filing records.

N°	CONTROL POINT & COMPLIANCE CRITERIA				VERIFICATION
WAGES					
7	CP: Do pay slips/pay registers indicate the conformity of payment with at least legal regulations and/or collective bargaining agreements? CC: Wages and overtime payment documented on the pay slips/pay registers indicate compliance with legal regulations (minimum wages) and/or collective bargaining agreements as specified in the GRASP National Interpretation Guideline. If payment is calculated per unit, employees shall be able to gain at least the legal minimum wage (on average) within				
7.1	Pay slips or pay registers give clear indication on the number of compensated working time or harvested amount including overtime (hours/days).		X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge: Compare information of pay register with copy of pay slips and dates of the time recording.
7.2	Wages and overtime payments as shown in the records are according to the contracts and indicate compliance with national labor regulations (minimum wages), and/or collective bargaining agreements as specified in the GRASP National Interpretation		X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge: Compare information of management's pay register with copy of pay slips received by the employee.
7.3	Independently from the calculation unit, pay slips/pay registers document that employees gain in average at least the legal minimum wage within regular working times (especially check when piece-rate is implemented). If there are deductions from salaries and employees are being paid below minimum wage, the deductions must be justified in writing.		X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge by making calculations.

N°	CONTROL POINT & COMPLIANCE CRITERIA		VERIFICATION		
	NON-EMPLOYMENT OF MINORS				
8	CP: Do records indicate that no minors are employed at the company? CC: Records indicate compliance with national legislation regarding minimum age of employment. If not covered by national legislation, children below the age of 15 are not employed. If children-as core family members-are working at the company, they are not engaged in work that is dangerous to their health and safety, jeopardizes their development, or prevents them from finishing their compulsory school education.				
8.1	Dates of birth on the records show that no employee is aged below the legal minimum age of employment or, if not specified in the GRASP National Interpretation Guideline, under the age of 15.		X	C	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge: Interview the employee representative and perform a quick visual
8.2	If children - as core family members - are working at the company, they are not engaged in work that is dangerous to their health and safety (according to the applicable IFA All Farm Base Module), that jeopardizes their development or prevents them from finishing their compulsory school education.				

N°	CONTROL POINT & COMPLIANCE CRITERIA		VERIFICATION		
ACCESS TO COMPULSORY SCHOOL EDUCATION					
9	CP: Do the children of employees living on the company's production/handling sites have access to compulsory school education? CC: There is documented evidence that children of employees at compulsory schooling age (according to national legislation) living on the company's production/handling sites have access to compulsory school education, either through				
9.1	There is a list of all children in the age of compulsory schooling age living on the company's production/handling sites, with sufficient indications on name, name of parents, date of birth, school attendance, etc. Children of management may be excluded.		X	C	Cross-check online in interview with RSGP and the employee representative where documents are filed and request evidence of accessibility to RSGP and the employee representative. Challenge content by checking the names of employees working and in interviews.
9.2	There is evidence of transport facilities if children cannot reach school within acceptable walking distance (half an hour walking or according to GRASP National Interpretation Guideline).	*lift*	X	C	Cross-check online in interview with RSGP and the employee representative where documents are filed and request evidence of accessibility to RSGP and the employee representative. Challenge: Management should provide information about the service and names of accessible schools as well as about the distance.
9.3	There is evidence of an on-site schooling system when access to schools is not available.	*lift*			

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
TIME RECORDING SYSTEM					
10	CP: Is there a time recording system that shows daily working time and overtime on a daily basis for the employees? CC: There is a time recording system implemented appropriate to the size of the company that makes working hours and overtime transparent for both employees and employer on a daily basis. Working times of the employees during the last 24 months are documented. Records are regularly approved by the employees and accessible for the employees' representative(s).				
10.1	A time recording system is implemented, appropriate to the size of the company (e.g. time record sheet, check clock, electronic cards, etc.).	**B#**	**X**		Cross-check online in interview with RSGP.
10.2	The records indicate the regular working time for employees on a daily basis.	**a**	**X**		Cross-check online: Verify that documents checked off-site belong to actual employees.
10.3	The records indicate the overtime hours as defined by contracts per legislation for all employees on a daily basis.	**a**	**X**		Cross-check online: Verify that documents checked off-site belong to actual employees and with pay slips.
10.4	The records indicate the breaks/festive days for the employees (on a daily basis).	**a**	**X**		Cross-check online: Verify that documents checked off-site belong to actual employees.
10.5	The working records are regularly approved by the employees (e.g. regularly signed record sheet, checking clock).		**X**	**C**	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge potential language barriers, method of approval by employees, and cross-check in interview with employee representative.
10.6	Access to these records is provided to the employees' representative(s).		**X**	**C**	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge accessibility, potential language barriers, method of approval by employees, and cross-check in interview with employee representative.
10.7	The records are kept for at least 24 months.		**X**		Cross-check online in interview with RSGP and the employee representative where documents are filed and request evidence of accessibility to parties (RSGP, employee representative, and employees).

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION			
WORKING HOURS & BREAKS					
11	CP: Do working hours and breaks documented in the time records comply with applicable legislation and/or collective bargaining agreements? CC: Documented working hours, breaks and rest days are in line with applicable legislation and/or collective bargaining agreements. If not regulated more strictly by legislation, records indicate that regular weekly working hours do not exceed a maximum of 48 hours. During peak season (harvest), weekly working time does not exceed a maximum of 60 hours. Rest breaks/days are also guaranteed during peak season.				
11.1	Information on valid labor regulation and/or collective bargaining agreements regarding working hours and breaks is available (e.g. in the GRASP National Interpretation Guideline).	**B#**	**X**	**C**	Cross-check online in interview with RSGP and the employee representative where documents are filed and request evidence of accessibility to RSGP and employee representative. Challenge the way of providing the information, its accessibility, potential language barriers, and method of approval by employees.
11.2	Working hours including overtime as shown in the records indicate compliance with legal regulations and/or collective bargaining agreements.	**a**	**X**	**C**	Cross-check online: Verify that documents checked off-site belong to actual employees and with pay slips. Challenge inclusion of bargaining agreement information.
11.3	Rest breaks/days as shown in the records indicate compliance with national regulations and/or bargaining agreements.	**a**	**X**	**C**	Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge inclusion of breaks in records for each contract type.
11.4	If not regulated more strictly by applicable legislation, regular weekly working time does not exceed 48 hours. During peak season (harvest), weekly working time does not exceed 60 hours.			**C**	Cross-check online: Verify that documents checked off-site belong to actual employees and with pay slips. Challenge information about peak season and dates.
11.5	The records indicate that rest breaks/days are also guaranteed during peak season.		**X**	**C**	Cross-check online: Verify that documents checked off-site belong to actual employees. Cross-check online in interview with RSGP and the employee representative where documents are filed and request evidence of accessibility to RSGP, employee representative, and employees. Challenge information about peak season and dates.

ONLY APPLICABLE FOR PRODUCER GROUPS

N°	CONTROL POINT & COMPLIANCE CRITERIA	VERIFICATION	COMPLIANCE Y	N	N/A	
INTEGRATION INTO QMS						
QMS	CP: Does the assessment of the Quality Management System (QMS) of the producer group show evidence of the correct implementation of GRASP for all participating producer group members? CC: The assessment of the Quality Management System of the producer group demonstrates that GRASP is correctly implemented and internally assessed. Non-compliances are identified and corrective actions are taken to enable compliance of all participating producer group members.					
QMS 1	The implementation of GRASP is included in the Quality Management System of the producer group, based on the respective part of the GLOBALG.A.P. General Regulations for Producer Group Certification.					
QMS 2	There is a system in place to regularly inform and train key staff on GRASP related issues.	ft & A u	X	C		Challenge the information that key staff is defined.
QMS 3	All steps taken in the frame of the QMS to implement GRASP among all participating producer group members are documented.		X			Cross-check online: Verify that documents checked off-site belong to actual employees.
QMS 4	There is evidence that the producer group fosters compliance of all participating producer group members with the GRASP requirements and assesses the progresses and problems complying with GRASP every year.		X			Cross-check online: Verify that documents checked off-site belong to actual employees.
QMS 5	A register is maintained of all GLOBALG.A.P. producers implementing GRASP. It contains for every producer group member the internal assessment date as well as the compliance level reached, all non-compliances detected in internal and external assessments and corrective actions given to non-compliances.	m Vi	X	C		Cross-check online: Verify that documents checked off-site belong to actual employees. Challenge record of employee representative at individual producer group member level.
QMS 6	There is a procedure to implement corrective actions from previous internal assessments.		X	C		Challenge records of corrective action vs. compliance results.
QMS 7	The internal producer group inspector is qualified according to the GRASP General Rules.		X			

9.4. SA8000 Audits

Eurocert shall implement SAAS Covid-19 Alternative process requirements for the SA8000 Program, latest version, that contains possible deviations from the requirements of SAAS Procedure 200 and Eurocert's ΔΠ13.49.
SAI's Temporary Policy Exceptions to SA8000 Standard also applies.
After 30/6/2020 no Covid Follow-up Review (as described in previous version of OE.67) shall take place.

According to SAAS Covid-19 Alternative process requirements for the SA8000 Program and following relative risk assessment conducted by Eurocert the following audit options may apply and the client shall be informed accordingly:

1) Conventional on-site audit: Where the risk of conducting an on-site audit is assessed as regular and acceptable, the audit shall take place normally on-site (at the client's premises), following the requirements of SAAS Procedure 200 and Eurocert's ΔΠ13.49.

2) Hybrid audit: A hybrid audit is a combination of:

    a. Audit management and remote audit activities conducted by a Eurocert's LA using real-time electronic audio-visual link to the client premises for significant portions of the audit and
    b. limited, specified, on-site audit activities directed remotely by the assigned LA, but conducted on-site at the clients' premises by an On-Site Auditor (competent and approved social auditor)

3) Standalone Remote audit: A standalone remote audit comprises audit activities conducted remotely by a Eurocert's SA8000 LA using real-time electronic audio-visual link to the client premises for significant portions of the audit

4) Desktop Remote audit: A desktop remote audit comprises audit activities conducted remotely by a Eurocert's SA8000 LA only when circumstances make it impossible to maintain a real-time electronic audio-visual link to the client premises

The table below describes the possibility of conducting above alternative audit types according to the audit type within the 3-year certification cycle:

Audit Type	Stage 1	Stage 2	Surveillance	Recertification	Transfer
Conventional	YES	YES	YES	YES	YES
Hybrid	YES	YES**	YES	YES**	YES**
Standalone	YES	NO	YES*	YES*	NO
Desktop	YES	NO	YES*	YES*	NO

* One time only - Consecutive off-site audits not permitted
** One time only – Audits of this type permitted only once within any four-year period

The selection of any alternative audit type shall be justified, recorded and informed to the client.
Regarding audit effort, communications criteria and detailed process, SAAS Covid-19 Alternative process requirements for the SA8000 Program shall apply.

As long as current Work Instruction is in place and at least until 31/12/2020, the following exceptions shall also apply:

- All audits shall be announced, until further notice. Semi-announced audits shall take place, only if possible and if this does not pose unacceptable risk
- Other than morning shift shall be audited, only if necessary and only if this does not pose unacceptable risk
- In the case of a 6 monthly surveillance program only, the audit effort of two consecutive Covid-19 certification timeline recovery audits may be combined

- Regarding the standard SA8000 requirements:

1) Limitations of overtime hours per clause 7.3 are temporarily rescinded provided that:
   - No worker may exceed 72 total hours/week or 12 hours/day
   - Workers are paid any applicable premium rates
   - Workers shall be given regular and adequate breaks

2) Wage rates for a “normal work week” (as defined by clause 7.1) shall at least meet the minimum wage required by law and/or legal directives or, where relevant, the wage that has been freely negotiated with workers’ unions or representation

In case the organization, only in relation to Working Hours & Remuneration, fails to comply with SA8000 requirements, but complies to the amended requirements as set above, a

Covid-19 NC shall be raised that shall not jeopardize the client organization's initial, or ongoing certification. This type of NC shall be recorded and monitored, but may remain open until the organization fully conforms to SA8000 requirements.

Considerations When Planning & Conducting On-Site Audits and Associated Travel/Accommodation

The following requirements/ restrictions/ expectations should be considered:

- Eurocert's COVID-19 policies and processes
- General COVID-19 controls
- National and local COVID-19 legal and other requirements
- Transportation and accommodation provider policies and processes
- Auditors should not share hotel rooms with each other and avoid public transport, where possible
- Client policies and processes
- Use of PPE (face masks, gloves etc.) at all times needed, as required by risk assessment and legal requirements
- Social distancing should be observed in all environments and all times
- Good hygiene to be applied in all environments and all times
- The use of recycled air conditioning in any shared space should be avoided
- Attendance in opening and closing (and any other) meetings should be limited to the bare minimum, ensuring that both management and worker interests are represented
- During the opening meeting, the audit team and client company representatives should discuss and agree the importance of adherence to COVID-19 controls throughout the audit

9.5. SEDEX – Smeta Audits

Remote or virtual audits are not allowed. It is recommended to plan the audits at a later stage in the year, where on-site audit is not possible or there is a high risk.
The only allowed deviation from audit requirements, as described in Smeta 6.1 Best Practice Guidance is not to conduct group interviews, if there are concerns by the company or the certification body.
This deviation must be documented in the report, while individual interviews shall normally take place.

9.6. GNB-CPR	**Co-ordination of the Group of Notified Bodies for the Construction Products Regulation 305/2011/EU**	**NB-CPR/ALL/20/172 r1** Issued: 20 April 2020 **INFORMATION**

INFORMATION: Maintaining CPR certificates under the COVID-19 outbreak - REVISED

1. Foreword

The outbreak of COVID-19 outbreak affects us all. Unfortunately, the construction products industry and the notified bodies are not exempt from the effects of COVID-19.

Manufacturers may experience different kinds of problems, e.g. unavailability of personnel, delayed incoming materials, supporting services not being supplied.

Notified certification bodies may also face a variety of challenges like absent personnel and restrictions to the free movement of persons. However, even with the personnel available and no official restrictions to the free movement, legitimate company policies, either on the side of the manufacturer or the notified body, may
prevent the notified certification body from physically visiting the manufacturing plant.

Notified certification bodies should also consider the risk that the practice of visiting many clients could
contribute to the spread of the corona virus and bring at risk the health of the auditors/inspectors as well as the representatives of the manufacturers.

This informative document is intended to provide informative guidance to notified certification bodies regarding how to maintain certificates if either the operations of the manufacturers or their own operations are affected by the COV1D-19 outbreak.

The document does only consider maintenance of already issued certificates; issuance of new certificates is not considered.

Due to the extraordinary circumstances, this document has not gone through the normal approval procedure of the GNB Advisory Group. Hence the document will not have the status of approved guidance.

However, for the purpose of establishing a high degree of consensus, members of the GNB Advisory Group have been consulted and offered the possibility to provide comments. This

revised version incorporates inputs received from some members of the GNB Advisory Group).

At the time of issuance of this document (first issued 27 March 2020, revised 20 April 2020), it's impossible to estimate the duration of the epidemic and the restrictions introduced for its mitigation. However, it seems likely that the partial shutdown of most of Europe may last for months. As the general picture may change rapidly, the guidance and information in this document may be changed accordingly.

2. Basic conditions

Legally, the basic conditions for the work of notified certification bodies have not changed.

- Certificates are issued only when the notified certification body has found that the manufacturers have ensured the constancy of performance (see CPR Art. 52(3))

- As basis for the issuance of certificates, notified certification bodies shall carry out the assessments and verification described by CPR Annex V for the relevant system of AVCP.

- Once a certificate is issued, it remains valid until restricted, suspended or withdrawn by the notified certification body.

- As basis for the maintenance of certificates, notified certification bodies shall carry out continuing surveillance, assessment and evaluation of factory production control. In AVCP system 1+, the notified certification body shall also carry out audit testing.

- Periodic surveillance inspections shall be carried out as on-site audits at the locations where significant manufacturing processes physically take place (see NB-CPR 17/722, section 11).

- The continuing surveillance will primarily have the form of such periodic surveillance inspections, which in stable conditions are carried out at a prescribed frequency. However, continuing surveillance may also comprise other elements.

- By issuing and maintaining a certificate, the notified certification body assumes responsibility for its assessment that the manufacturer has ensured the constancy of performance.

3. General scenarios

The notified certification bodies may be faced with the following situations (non-exhaustive listing):

- The production is limited or has ceased;
- The manufacturing and/or FPC processes have been modified, e.g. due to personnel shortage / changes (including that of subcontractors);
- Raw and incoming materials have changed due to supply problems;
- Visits to the manufacturing plant are impossible, e.g. due to travel restrictions or company policies;
- The notified certification body is unable to provide (usual) services, e.g. caused by personnel shortage or insufficient IT-infrastructure.

The above and other situations may occur in a variety of forms and combinations.

4. IAF Guidance

The International Accreditation Forum has issued an informative document on the management of extraordinary events, IAF ID 3:2011. For various reasons that document seems not directly applicable:

It aims primarily at voluntary certifications
it does not take into account the particular role of a notified body
it primarily concerns cases where a single organisation is affected by extraordinary circumstances
it does not take into account the rules for notification and the responsibilities of the notifying authorities.

Nonetheless, the document IAF ID 3:2011 provides a line of thoughts which may be useful for notified certification bodies, and which also served as inspiration for this document.

5. Risk assessment

Notified certification bodies should carry out an assessment of the risks presented by the COVID-19 outbreak regarding:

- Effects on manufacturers' operations
- Effects on the notified certification body's own operations
- Experience with the manufacturer
- Actual surveillance phase

The risk assessment should focus particularly on the effectiveness of the verification of constancy of performance carried out by the manufacturer, i.e. the risk of construction products placed on the market without having the declared performance.

In principle, the assessments should be made individually for each manufacturer. However, as many of the elements may be common for a number of manufacturers, notified certification bodies may choose to group the manufacturers and carry out the risk assessments groupwise.

It must be recognized that the risk assessments will draw on the resources of the notified certification bodies and that not all risk assessments can be made immediately. Notified certification bodies should plan their work in order to have risk assessments carried out for all manufacturers within a reasonable time. Priority may be given to risk assessments related to manufacturers for whom it is considered likely to find a high risk. As manufacturers for whom audit/inspection is due need to be informed about how the notified certification body will proceed, the risk assessment related to those manufacturers may also be prioritized.

Moreover, it should be recognized that the situation may change, both regarding effects on the manufacturers' operations and on those of the notified certification body. If the basis for a risk analysis changes, that risk analysis may need to be updated accordingly.

At a later stage, other circumstances may present other risks to take into consideration, e.g. when manufacturers will restart the manufacturing (see section 7), or if the notified certification bodies experiences "bottlenecks" when catching up on postponed activities.

On the basis of the risk assessment, notified certification bodies may decide how to proceed for the individual manufacturers.

5.1 Effects on manufacturers' operations

As basis for the risk assessment, notified certification bodies should obtain information about how the manufacturer has been affected by the COVID-19 outbreak with regard to:

- Volume of production, if any, and type thereof
- Key personnel, e.g quality manager Supply of raw materials
- Availability of supporting services, e.g. testing and calibration
- Changes to the normal procedures to mitigate effects of COVID-19.

5.2 Effects on the notified body's operations

Also, as part of the risk assessment, notified certification bodies should consider their own ability to provide a sufficient basis for their decisions either to maintain or to restrict, suspend or withdraw certificates.

The below should be considered:

- Restrictions to the free movement of persons preventing auditors from visiting the manufacturing plants
- Company policies with the same effect as above. Availability of assessment personnel
- Laboratories may have interrupted or limited their activities (Only relevant in system 1+)

5.3 Experience with the manufacturer

When assessing the risk, the experience gained from the cooperation with the manufacturer should be taken into account.

- History of assessments, including cases of non-compliances, if any
- Experience of the products, their essential characteristics, and the performances declared.
- Stability of the FPC,

NOTE: A long lasting cooperation would not itself reduce the risk but would provide a good basis for the risk assessment.

5.4 Actual surveillance phase

The notified certification body should also take into consideration the actual phase of the surveillance

- Surveillance audit/inspection not due
- Surveillance audit/inspection due
- Audit testing (including sampling) due (only system 1+)
-

6. **Possible measures**

Below is listed a number of possible measures which notified certification bodies may decide upon on the basis of the risk assessment. The below list of possible measures is not considered exhaustive.

- Business as usual
- Postponing audits
- Additional AVCP activities Extraordinary audits
- Restriction, suspension or withdrawal of certificates

When deciding on measures, the principle of proportionality shall apply. Hence, notified certification bodies should choose the least onerous measures consistent with the risks identified. For instance, certificates should not be restricted, suspended, or withdrawn only because the notified certification bodies for the time being is prevented from visiting the manufacturing plant.

The notified certification body should document their decisions and the basis upon which they were taken.

As notified bodes are required to operate with transparency as regards the manufacturer, the notified certification body should inform the manufacturer about which measures is intends to apply.

6.1 Business as usual

If it is found that COVID-19 outbreak has no significant impact on the stability and effectiveness of the manufacturers operations, the assessment personnel of the NB is available, and, if surveillance audit/inspection is due, visits to the manufacturing plant would be possible, there would be no reason to take any particular action.

6.2 Postponing audits/inspections

When the operations of the manufacturer are considered not seriously affected by COVID-19, but the NB would not have the possibility to visit the manufacturing plant, postponing the audit/inspection might be the most reasonable and least onerous measure. In this regard, sampling for audit testing is considered part of the audit/inspection.

Postponing audits/inspections may be combined with one or more of the following "additional AVCP activities".

Postponement of audits/inspections should not result in general lowering of the frequency of visits. Hence, the programme/schedule of subsequent audits/inspections should be maintained.

However, for some products/standards/sectors with a high frequency of audits/inspections and/or audit testing depending on the duration of outbreak, it may not be possible or reasonable to maintain the programme/schedule without modifications.

6.3 Additional AVCP activities

Depending on the circumstances, notified certification bodies may decide on the below measures, which should neither substitute nor replace on-site audits/inspections, but may form (part of) the basis for a decision to maintain the certificate while postponing on-site audits/inspections. However, the below measures will only be possible if the manufacturer has the necessary personnel available.

The decision whether or not to carry out additional AVCP activities would very much depend on the risk assessment.

Notwithstanding that current GNB guidance requires continuing surveillance to be carried out as on-site audits, it is assumed that assessments and verifications, which the notified certification body considers adequately carried out by the below additional AVCP activities, would not need to be repeated at the subsequent on-site audit/inspection.

6.3.1 Submission of information and evidence

Notified certification bodies may request manufacturers to submit information and/or evidence relevant to the assessment of the stability and effectiveness of the FPC.

Such information and evidence may comprise, but would not be limited to, results of test and inspections, calibration results, and/or changes to procedures or organisation.

However, requesting the manufacturer to submit information and/or evidence would only be relevant if the notified certification body's assessment personnel is available.

6.3.2 Telephone interviews

As relevant, notified certification bodies may arrange telephone interviews with selected (key) persons of the manufacturer.

This will of course only be relevant if the assessment personnel of the notified certification body remain available.

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6.3.3 Video conferences

Video conferences may serve the same purpose as telephone interviews and may allow an auditor to view selected people and processes without going to the manufacturing plant.

As for telephone interviews, video conferences will only be relevant if the assessment personnel of the notified certification body remains available.

6.3.4 Remote sampling for audit testing

For products in AVCP system 1+, guidance on the sampling for audit testing is found in the document NB-CPR 15/639. If it is found, that audit testing should not be postponed, in some cases it may be possible, as an exceptional measure, to let the manufacturer carry out the taking of sampling under instructions from the notified certification body and under video monitoring. Measures should be taken to avoid "engineered
samples", e.g. by requesting the manufacturer to submit a list of serial or batch numbers from which the notified certification body can chose the sample to be taken.

As for the other additional AVCP activities, "remote sampling" would prerequisite the availability of assessment personnel of the notified certification body. Remote sampling would only be meaningful if the laboratory is ready to receive and test the samples taken.

If it is found impossible to have the samples tested at the (subcontracted) laboratory of the notified certification body, it may be considered — as an exceptional 'emergency solution' - to request the manufacturer to carry out testing of the samples taken, if possible under remote monitoring by the notified certification body. In such cases, a "counter sample" should be taken for the purpose of later testing by the laboratory of the notified
certification body. When assessing the two sets of test results, it should be taken into

account that some properties of some products may change over time. Hence, a direct comparison may not be possible.

Such testing by the manufacturer would not fall under the use of facilities outside the testing laboratory of the notified body as provided for by CPR Article 46. Guidance on the use of facilities outside the testing laboratory of the notified body is found in the approved position paper NB-CPR 141594.

6.4 Extraordinary inspection

If the operations of the manufacturer are considered seriously affected, it may be relevant for the notified certification body to carry out an extraordinary inspection. Guidance on extraordinary audits is found in NB-CPR 17/722 section 13.

However, extraordinary inspection would only be possible if the manufacturer has the necessary personnel available, if it is possible to visit the manufacturing plant, and if the notified certification body's assessment personnel is available.

6.5 Restriction, suspension or withdrawal of certificates

If it is found that the stability and/or the effectiveness of the operations of the manufacturer is so much affected that the NB concludes that the manufacturer has not ensured the constancy of performance, it may be relevant to restrict, suspend, or withdraw the certificate.

It should be clear that these are the ultimate and most burdensome steps a notified certification body can take. Therefore, these measures should only be applied as a very last resort and taking into account the viewpoints of the manufacturer

If the manufacturer finds or acknowledges that for the time being, he will not be able to ensure the constancy of performance, the notified certification body may inform him of the possibility to request a voluntary suspension.

Guidance on the restriction, suspension or withdrawal of certificates is found in NB-CPR 17/722 section 14.

7. **Information to the notifying authority**

At a point in time, during the outbreak or on the other side of it, both manufacturers and notified bodies will go back to the normal situation as before the outbreak.

Notified certification bodies should also consider potential risks in connection with the "going back to normal" and consider if there would be a need for it to carry out (additional) AVCP activities.

It should be considered that for some products, the restarting phase may be sensitive in terms of constancy of performance. Some harmonised technical specifications may have particular provisions regarding restarting the production after it has been idle for a period of time.

If a surveillance audit/inspection has been postponed during the outbreak it may be relevant to carry out that audit/inspection in connection with the manufacturer's restart of the production.

Notified bodies should also consider that catching up on postponed surveillance audits/inspections may cause an extra workload. Therefore, notified certification bodies should make a plan to ensure that delays are
minimised and that the work is prioritised according to risks identified.

8. Information to the notifying authority

In order to satisfy themselves that they meet the expectations of their Member States, notified certification bodies may inform their notifying authorities about their processes under the COVID-19 outbreak.

Notifying authorities may also require their notified certification bodies to provide such information. Where the monitoring of notified bodies is carried out by the national accreditation body, information may be provided to and/or required by the national accreditation body.

Should a notified certification body find that effects of COVID-19 outbreak has made it unable to meet the requirements of CPR Article 43, or has made it unable to meet its obligations, that notified certification body would be required to inform the notifying authority, which will then have to decide if the notification can be maintained (see CPR Article 53(1)b).

9.7 ACA Verification and COVID-19

In the light of the COVID-19 pandemic we have, in consultation with ACI, decided to suspend the present conditions surrounding off-site verification for a period of 3 calendar months until 12 June 2020, effective immediately.

In this period all verifications are to be completed off-site in arrangement with the airports concerned and with prior notice to your ***ACA Account Manager*** or the ***ACA help desk*** ***aca@wsp.com*.**

9.8 FSSC2200 for certified organizations affected by the Coronavirus

A Risk Assessment follow IAF ID3:2011 Management of Extraordinary Events or circumstances Affecting ABs, CABs and Certified Organizations shall be completed to determine if certification and scheme integrity is intact.

The documented risk assessment shall as a minimum include the criteria as listed in section 3 of IAF ID3: 2011 additional FSSC requirements as described in the FSSC position paper on 26 March 2020.

The aim of the discussion is to assess the site actions in response to COVID-19 and to ensure that the certified organization has developed/adjusted its procedures and operations to ensure continued compliance to the Scheme and the supply of safe products.

The Eurocert shall agree appropriate times with the organization to complete a review of the risk assessment details to confirm that it is appropriate to maintain, extend certification or postpone the surveillance audit.

The duration shall be appropriate to the complexity of the issues to be discussed but should be a minimum of 2 hours where there are few organization changes. The need to extend the time duration will be identified by the auditor during the discussion.

It is expected that supporting documents (as appropriate) are provided as evidence for discussion.

For Initial audit

A full remote Stage 1 audit is not allowed at this stage as it is not aligned with the GFSI position. ISO/TS22003: 2013 allows for part of the Stage 1 to be conducted off-site in exceptional circumstances such as this – refer clause 9.2.3.1.3.
The exception cannot be applied to Stage 2 audits (initial certification), scope extension and follow-up audits.

For Surveillance (V5 Upgrade) audits.

Risk assess the situation of the certified organization and take appropriate action. This could lead to a certification decision to maintain the V4.1 certificate, suspend the V4.1 certificate or postponement of the surveillance (V5 upgrade) audit by a maximum of 6 months within the calendar year dependent on the outcome of the risk assessment. The exception will also apply to the first surveillance audit following an initial certification.

The documented risk assessment shall be uploaded to the Portal as a "special audit" including adjusting the certificate status change (where appropriate).

For surveillance audits, onsite annual surveillance audit can be postponed with 6 months in the calendar year following a positive outcome documented risk assessment. The timeframe between the 2019 and 2020 audits shall not exceed 18 months.

Certificate suspension following a negative outcome documented risk assessment – onsite surveillance audit within 6 months to restore certification. Update certificate status in Portal.

For Re-certification audits

In case the V4.1 certificate will expire, a certificate validity extension of up to 6 months is allowed following a positive outcome documented risk assessment.

The full V5 re-certification audit needs to take place within the 6 months validity extension window, with sufficient time to ensure that the extended certificate does not expire, and continuous certification is maintained. The new V5 certificate dates have to be aligned with the current certification cycle.

In case of negative outcome documented risk assessment, the certificate is suspended and a full recertification audit within 6 months to restore certification. Update certificate status in Portal.

In all cases the Eurocert is responsible for the decision to extend the certificate validity and is required to keep records to support the certification decision.

Where the validity of the V4.1 certificate is extended, the risk assessment shall be uploaded in the Portal as a 'special audit' and the subsequent certification decision and extended certificate expiry date, shall be entered in the Portal at the latest 28 days after the decision has been taken. In this case an extended V4.1 certificate will be issue to the organization.

Continual re-evaluation by Eurocert of the certified site's ability to accept an on-site audit should be maintained and an audit shall be undertaken at the earliest opportunity. CB's shall establish procedures to determine via a risk assessment the order for audit rescheduling to take place.

Witnessing of CB auditors

i. Initial auditor qualification: for initial auditor qualification (including the transfer of already qualified approved auditors from another CB), an onsite witness audit with a

positive outcome is a pre-requisite for initial qualification. In cases where the witness audit has to be delayed, the auditor qualification process cannot be completed until such time as the witness audit has taken place with a favorable outcome.

ii. Maintenance of auditor qualification: every 3 years a witness audit shall be conducted for already qualified FSSC 22000 auditors: where it is not possible to schedule the witness audit within the 3-year period, the witness audit can be extended with a maximum of 6 months from the due date. The witness audit report shall clearly state that the witnessing activity was delayed as a result of the Corona pandemic and uploaded to the auditor Portal in the normal way.

The exceptions as listed can be applied under the following circumstances:
• The certified organization is situated in an area (town, city or province within a country) with known Corona cases or;
• The certified organization is in an area affected by government restrictions and/or official travel bans or;
•The certified organization's company policy is temporarily prohibiting visitors due to COVID-19 and not allowing auditors on their premises or;
• The CBs corporate policy is prohibiting auditors from travelling.

In cases where the Certified Organization's policy is prohibiting auditors from entering the site, it is expected that CBs work with these organizations to facilitate and plan the audit using the options provided. Likewise, where the CB's corporate policy is preventing auditors from travelling, all options as provided needs to be explored to facilitate audit planning and continued certification.

The cost to deliver the audit will not be a determining factor.

This information was based on the documents Position paper (CB requirements in relation to novel Coronavirus - Version 2-26/03/2020 and Covid -19 Position Papers (FAQ's and Guidance to CBs) 30/03/2020.