SQF Food Safety Audit Edition 9

Taylor Logistics Inc. - Taylor Logistics Inc.

Summary

AUDIT DECISION
CERTIFIED

CERTIFICATION NUMBER
35830 | 142253

AUDIT RATING
91
Good

DECISION DATE
09/03/2021

AUDIT TYPE
RECERTIFICATION

RECERTIFICATION DATE
05/15/2022

AUDIT DATES
07/27/2021 - 07/28/2021

EXPIRATION DATE
07/29/2022

ISSUE DATE
09/03/2021

Facility & Scope

Taylor Logistics Inc. (54838)
Taylor Logistics Inc.
9756 International Blvd.
Cincinnati, OH 45246
United States

Web Site: http://www.taylorlogistics.com

Food Sector Categories:
26. Storage and Distribution

Products:
Storage and Distribution: Confectionaries, Bulk Ingredients, Soda Beverages, Pet Food, Cereals, Canned Goods, Bottled Goods, Bagged Products, Totes, Drums Dry cereal, Dry confections, soda beverages

Scope of Certification:
Storage and Distribution: Confectionaries, Bulk Ingredients, Soda Beverages, Pet Food, Cereals, Canned Goods, Bottled Goods, Bagged Products, Totes, Drums Dry cereal, Dry confections, soda beverages

Certification Body & Audit Team

Mérieux NutriSciences Certification
401 N Michigan
Suite 1400
Chicago, IL 60611
United States

Web Site: https://www.merieuxnutrisciences.com/

CB#: CB-1-Mérieux
Accreditation Body: JAS-ANZ
Accreditation Number: Z3720906AB

Lead Auditor: Pace, Bobby (9288)
Technical Reviewer: Baker, Ute (9745)

Hours Spent on Site: 13
Hours of ICT Activities: 0
Hours Spent Writing Report: 9

Non-Conforming

2.4.3 Food Safety Plan (Mandatory)

The facility has developed a HACCP plan to cover the scope of certification for storage and distribution of product. The plans have been developed using established HACCP principles and include a product description, flow chart and hazard analysis. The facility has not identified any Critical control points throughout the process. The plans were last updated on 2-23-2021. The flow chart does not contain the Temperature control room and has not been verified by the HACCP team on all shifts of operations. This was identified as a minor under 2.4.3.7.

2.4.3.7 The food safety team shall conduct a hazard analysis for every identified hazard, to identify which hazards are significant. The methodology for determining hazard significance shall be documented and used consistently to assess all potential hazards.

RESPONSE: MINOR

EVIDENCE: The flow chart does not contain the Temperature control room and has not been verified by the HACCP team on all shifts of operations.

ROOT CAUSE: HACCP plan had not been revised for Temperature Control Room (TCR) changes on 07/26/2021, the last revision with review occurred on 03/08/2021.

CORRECTIVE ACTION: HACCP Plan including flow chat (doc. 15.01) revised, reviewed and approved with release on 08/04/2021 into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: Updated flow chart does address the non-conformance

COMPLETION DATE: 08/04/2021 **CLOSEOUT DATE:** 08/10/2021

2.5.1 Validation and Effectiveness (Mandatory)

Validation records were reviewed from 2020 and 2021. The validation records only had initials and the date was typed in. Many of the dates documented for the 2020 validations, showed a date in 2019.

2.5.1.1 The methods, responsibility, and criteria for ensuring the effectiveness of all applicable elements of the SQF Program shall be documented, implemented, and effective. The methods applied shall ensure that: i. Good Storage and Distribution Practices are confirmed to ensure they achieve the required result; ii. Critical food safety limits are reviewed annually and re-validated or justified by regulatory standards when changes occur; and iii. Changes to the processes or procedures are assessed to ensure controls are still effective. Records of all validation activities shall be maintained.

RESPONSE: MINOR

EVIDENCE: Validation records were reviewed from 2020 and 2021. The validation records only had initials and the date was typed in. Many of the dates documented for the 2020 validations, showed a date in 2019.

ROOT CAUSE: Document not activity reviewed and maintained current for SQF requirements. 2020 Validation and Verifications corrected for date errors. 2021 Validation and Verifications contained copy errors from 2020 page and items which did not fulfill requirements.

CORRECTIVE ACTION: Corrected 2020 dates on Validation and Verifications (doc. 7.17) based on signed copy and the 2020 calendar. For 2021, Validation and Verifications (doc. 7.17) revised and updated page based on audit findings and Warehouse Management Review meetings conducted on 07/29/2021 and 08/04/2021. Release into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: updated validations does address the non-conformance

COMPLETION DATE: 08/04/2021 **CLOSEOUT DATE:** 08/10/2021

2.7.1 Food Defense Plan (Mandatory)

The Food defense program was last updated on 4-1-2021 and addresses the methods the facility will use to prevent an act of intentional contamination or sabotage. The program addresses the security of inbound and outbound shipments as well as employees, visitors and contractors as well as the security of the building and computers. No issues were observed while touring the facility as all doors were properly secured. The facility could not provide a current version of the FDA Security checklist assessment of the facility. This was identified as a minor under 2.7.1.4. The facility conducted a food defense challenge on 4-22-2021.

2.7.1.4 The food defense threat assessment and prevention plan shall be reviewed and tested at least annually or when the threat level, as defined in the threat assessment, changes. Records of reviews and tests of the food defense plan shall be maintained.

RESPONSE: MINOR

EVIDENCE: The facility could not provide a current version of the FDA Security checklist assessment of the facility.

ROOT CAUSE: Oversite with changes in Quality Assurance Managers responsibility and 2020 SQF audit.

CORRECTIVE ACTION: Completed US FDA Self Assessment (doc. 2.18) on 07/29/2021 and uploaded into Taylor's SharePoint SQF system. Scheduled 2022 review.

VERIFICATION OF CLOSEOUT: FDA Self assessment completed on 7-29-21 addresses the non-conformance

COMPLETION DATE: 07/29/2021 **CLOSEOUT DATE:** 08/10/2021

2.7.2 Food Fraud (Mandatory)

The Food fraud program was last updated on 8-18-2020 and addresses the methods the facility will use to review food fraud and that a vulnerability assessment will be reviewed at least annually. This was identified as a Minor under 2.7.2.4.

2.7.2.4 Records of reviews of the food fraud vulnerability assessment and mitigation plan shall be maintained.

RESPONSE: MINOR

EVIDENCE: The facility could not produce a food fraud vulnerability assessment or reviews of any previous food fraud vulnerability assessment.

ROOT CAUSE: Oversite with changes in Quality Assurance Managers responsibility and 2020 SQF audit.

CORRECTIVE ACTION: Revised Food Fraud SOP (doc. 2.21) on 08/02/2021. Created Food Fraud Vulnerability Assessment Form (doc. 2.21a) on 08/02/2021. Conducted Food Fraud Vulnerability Assessment using form 2.21a on 08/02/2021. Release all into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: updated Food fraud vulnerability assessment does address the non-conformance

COMPLETION DATE: 08/02/2021 **CLOSEOUT DATE:** 08/10/2021

2.8.1 Allergen Management (Mandatory)

The Allergen management program was last updated on 1-4-2019 and addresses the methods for handling of materials which contain allergens in the facility. The facility only handles wheat, soy and milk products. No product is opened or exposed. Procedures are in place for cleaning of allergen spills. The facility does not allow any employee to take food products into the warehouse or kitting area of the facility. Upon reviewing of receiving records from April 2021, a product was received which contained peanuts. This product had not been addressed in the program and upon further discussion with plant personnel, no information is available to address materials which may be coming into the facility for storage as to what allergens they may contain. This was identified as a minor under 2.8.1.1.

2.8.1.1 The responsibility and methods used to control allergens and to prevent sources of allergens from contaminating product shall be documented and implemented. The allergen management controls shall be based on a risk assessment and include the identification, labeling, and handling of allergen-containing product, including product recoup, to prevent inadvertent cross contact.

RESPONSE: MINOR

EVIDENCE: Upon reviewing of receiving records from April 2021, a product was received which contained peanuts. This product had not been addressed in the program and upon further discussion with plant personnel, no information is available to address materials which may be coming into the facility for storage as to what allergens they may contain.

ROOT CAUSE: 08/09/2021 Response: Oversite with changes in Marketing and Sales responsibility.

CORRECTIVE ACTION: 08/09/2021 Response: Revised and added Sales and Marketing's New Warehouse-Fulfillment Partner form (doc. 12.4). Reviewed Customer & Supplier Approval SOP (doc. 12.3). Both release into Taylor's SharePoint SQF system. 08/10/2021 Update: Reference page # 6 "Certifications, Allergens, & Hazardous Material Info" of the New Warehouse-Fulfillment Partner Form. Allergens are being addressed directly with the customer with info provided ahead of shipment or included with the packaging list.

VERIFICATION OF CLOSEOUT: Fulfillment program addresses the facility must addresss any allergens which may be shipped into the facility

COMPLETION DATE: 08/05/2021 **CLOSEOUT DATE:** 08/11/2021

12.2.4 Pest Prevention

Pest control is handled by a third party contractor. The contractor has provided a manual with the scope of service including the business license, technician license, certificate of insurance, site map, and a list of pesticides and SDS sheets used in the facility. No pest issues were observed around the facility. The PCO leaves a written report of the findings and any pesticides applied during the service. No pesticides are stored on site. No animals are allowed into storage areas of the facility. The Pest control records from the Pest control company show no pesticides being applied in April, May, June or July. When the service reports were reviewed, the bait stations show being re-baited each of these months. This was identified as a minor under 12.2.4.3.

12.2.4.3 Pest activity risks shall be analyzed and recorded. Inspections for pest activity shall be undertaken on a regular basis by trained site personnel and the appropriate action taken if pests are present. Identified pest activity shall not present a risk of contamination to food products, raw materials, or packaging. Records of all pest control inspections and applications shall be maintained.

RESPONSE: MINOR

EVIDENCE: The Pest control records from the Pest control company show no pesticides being applied in April, May, June or July. When the service reports were reviewed, the bait stations show being re-baited each of these months.

ROOT CAUSE: 08/09/2021 Response: Miscommunication between SQF Practitioner, QA Manager, and Terminix Service Rep. 08/10/2021 Update: Terminix website is not maintained and up to date.

CORRECTIVE ACTION: 08/09/2021 Response: Pest control program and bait usage reviewed with Terminix service rep. Dave Morgeson after the audit. Per the review with the Taylor SQF Practitioner, Taylor QA Manager, and Terminix Service Rep. the service reports controlled in the notebook are the SQF records. The Terminix website is for reference only. 08/10/2021 Update: Taylor will only use the Terminix Service Reports and Pesticide Usage Logs for our SQF program. These records are filed with the SQF Practitioner after each Terminix servicing and maintained in the Pest Control notebook. These records were reviewed and are correct. The Terinix website is not maintained by them to the point that it is a reliable record for SQF so it will not be used.

VERIFICATION OF CLOSEOUT: The facility use of the Terminix report does address the non-conformance

COMPLETION DATE: 08/06/2021 **CLOSEOUT DATE:** 08/11/2021

12.3.3 Clothing and Personal Effects

Clothing and footwear worn by the staff are clean at the beginning of the shift. Employees were observed in the facility wearing watches, with ear rings, nose rings, bracelets, etc. No risk assessment was available to justify that this does not pose a food safety risk. This was identified as a Minor under 12.3.3.4.

12.3.3.4 Jewelry and other loose objects shall not be worn or taken into a food handling or processing operation or any area where food is exposed. The wearing of plain bands with no stones, prescribed medical alert bracelets, or jewelry accepted for religious or cultural reasons can be permitted, provided it is properly covered and does not pose a food safety risk. All exceptions shall meet regulatory and customer requirements and shall be subject to a risk assessment and evidence of ongoing risk management.

RESPONSE: MINOR

EVIDENCE: Employees were observed in the facility wearing watches, with ear rings, nose rings, bracelets, etc. No risk assessment was available to justify that this does not pose a food safety risk.

ROOT CAUSE: Oversite because no open food products in warehouse.

CORRECTIVE ACTION: Food Safety Risk Assessment for wearing jewelry was completed on 07/29/2021

VERIFICATION OF CLOSEOUT: Completion of risk assessment for jewelry does address the non-conformance

COMPLETION DATE: 07/29/2021 **CLOSEOUT DATE:** 08/10/2021

12.5.1 Water Supply

The facility receives it water from Butler County municipal water supply and is potable. Adequate supplies of hot and cold water are available. No non-potable water lines were observed in the facility and no water is stored on site. The Backflow was tested on 9-18-2020 and was acceptable. The facility has not developed procedures to address contingency plans when the potable water supply is deemed to be contaminated or inappropriate for use. This was identified as a minor under 12.5.1.2.

12.5.1.2 Contingency plans shall be in place for instances when the potable water supply is deemed to be contaminated or otherwise inappropriate for use.

RESPONSE: MINOR

EVIDENCE: The facility has not developed procedures to address contingency plans when the potable water supply is deemed to be contaminated or inappropriate for use.

ROOT CAUSE: Oversite because has not been an issue in the past.

CORRECTIVE ACTION: Revise Crisis Management Plan SOP (doc. 2.01) to include water outages and release into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: The updated crisis management plan does address water outage

COMPLETION DATE: 08/03/2021 **CLOSEOUT DATE:** 08/10/2021

12.7.2 Control of Foreign Matter Contamination

The Foreign material control program was last updated on 4-26-2019 and addresses the methods the facility will use to reduce the possibility of foreign material contamination. Wooden pallets were properly maintained and in good condition. No loose objects were observed lying on product. No records were available to show the glass inventory was checked against the glass map. The facility stated this is included in the GDP audit. Upon reviewing the audit, there is no list of items to check and only issues identified are documented. This was identified as a Minor under 12.7.2.6.

12.7.2.6 Regular inspections of storage and handling zones shall be conducted (refer to 2.5.4.3) to ensure they are free of glass or other like material and to establish changes to the condition of the objects listed in the glass inventory.

RESPONSE: MINOR

EVIDENCE: No records were available to show the glass inventory was checked against the glass map. The facility stated this is included in the GDP audit. Upon reviewing the audit, there is no list of items to check and only issues identified are documented.

ROOT CAUSE: Glass Map was incorporated into our system and checked during GDP audits but not documented unless there was an issue.

CORRECTIVE ACTION: Revised GDP Audit Form (doc. 4.10) to include glass and release all into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: Updating of GDP audit form does address glass inspection

COMPLETION DATE: 07/30/2021 **CLOSEOUT DATE:** 08/10/2021

Audit Statements

SQF Practitioner Name	Name the designated SQF Practitioner **RESPONSE:** Rick Johnson
SQF Practitioner Email	Email of the designated SQF Practitioner **RESPONSE:** rick@taylordist.com
Opening Meeting	People Present at the Opening Meeting (Please list names and roles in the following format Name: Role separated by commas) **RESPONSE:** Bobby Pace: SQF Auditor, Rick Johnson: SQF Practitioner, Mike Willson: QA Manager, Rex Taylor: President
Facility Description	Auditor Description of Facility (Please provide facility description include # of employees, size, production schedule, general layout, and any additional pertinent details **RESPONSE:** The facility is approximately 192,000 square feet and was built in 1990. The facility has two shifts of operations and warehouses and distributes dry goods as a third party warehouse as well as kitting products into a variety pack for the customer. The facility has not identified any CCP's in the process. The facility has corrected all non-conformances from the previous SQF audit.
Closing Meeting	People Present at the Closing Meeting (Please list names and roles in the following format Name: Role separated by commas) **RESPONSE:** Bobby Pace: SQF Auditor, Rick Johnson: SQF Practitioner, Mike Willson: QA Manager, Rex Taylor: President
Auditor Recommendation	Auditor Recommendation **RESPONSE:** Maintain Certification

Section Responses

2.1.1 Management Responsibility (Mandatory)

The Policy statement was last updated on 7-23-21 and addresses management's commitment to store and ship safe and quality product and to maintain a food safety and quality culture. The facility used HACCP based principles to maintain food safety and training of employees to continuously improve the operation. The policy statement is signed by the CEO and posted across from the employee breakroom. The Organizational chart was last updated on 7-23-2021 and identifies those responsible for food safety and quality. Job Descriptions are available for management employees and identify the back up position. Training is addressed through module 2.9. The SQF Practitioner and back-up practitioner have completed certified HACCP courses through AIB in 2000. The SQF Practitioner is a full-time employee of the organizational and has the authority to lead the development, implementation and maintenance of the SQF system. Black out dates are documented during unannounced audits.

2.1.1.1 Senior site management shall prepare and implement a policy statement that outlines at a minimum the commitment of all site management to: i. Supply safe food; ii. Establish and maintain a food safety culture within the site; iii. Establish and continually improve the site's food safety management system; and iv. Comply with customer and regulatory requirements to supply safe food. The policy statement shall be: v. Signed by the senior site manager and displayed in prominent positions; and vi. Effectively communicated to all site personnel in language(s) understood by all site personnel.

RESPONSE: COMPLIANT

2.1.1.2 Senior site management shall lead and support a food safety culture within the site that ensures at a minimum: i. The establishment, documentation, and communication to all relevant staff of food safety objectives and performance measures; ii. Adequate resources are available to meet food safety objectives; iii. Food safety practices and all applicable requirements of the SQF System are adopted and maintained; iv. Staff are informed and held accountable for their food safety and regulatory responsibilities; v. Staff are positively encouraged and required to notify management of actual or potential food safety issues; and vi. Staff are empowered to act to resolve food safety issues within their scope of work.

RESPONSE: COMPLIANT

2.1.1.3 The reporting structure shall identify and describe site personnel with specific responsibilities for tasks within the food safety management system and identify backup for absence of key personnel. Job descriptions for the key personnel shall be documented. Site management shall ensure departments and operations are appropriately staffed and organizationally aligned to meet food safety objectives.

RESPONSE: COMPLIANT

2.1.1.4 Senior site management shall designate a primary and substitute SQF practitioner for each site with responsibility and authority to: i. Oversee the development, implementation, review, and maintenance of the SQF System; ii. Take appropriate action to ensure the integrity of the SQF System; and iii. Communicate to relevant personnel all information essential to ensure the effective implementation and maintenance of the SQF System.

RESPONSE: COMPLIANT

2.1.1.5 The primary and substitute SQF practitioner shall: i. Be employed by the site; ii. Hold a position of responsibility in relation to the management of the site's SQF System; iii. Have completed a HACCP training course; iv. Be competent to implement and maintain HACCP-based food safety plans; and v. Have an understanding of the SQF Food Safety Code: Storage and Distribution and the requirements to implement and maintain an SQF System relevant to the site's scope of certification.

RESPONSE: COMPLIANT

2.1.1.6 Senior site management shall ensure the training needs of the site are resourced, implemented, and meet the requirements outlined in system elements 2.9 and that site personnel meet the required competencies to carry out those functions affecting the legality and safety of food products.

RESPONSE: COMPLIANT

2.1.1.7 Senior site management shall ensure the integrity and continued operation of the food safety system in the event of organizational or personnel changes within the company or associated facilities.

RESPONSE: COMPLIANT

2.1.1.8 Senior site management shall designate defined blackout periods that prevent unannounced re-certification audits from occurring out of season or when the site is not operating for legitimate business reasons. The list of blackout dates and their justification shall be submitted to the certification body a minimum of one (1) month before the sixty (60) day re-certification window for the agreed upon unannounced audit.

RESPONSE: COMPLIANT

2.1.2 Management Review (Mandatory)

The Management structure and Support program was last updated on 2-22-2021 and identifies how the facility will perform the management review. The facility performs the entire management review through monthly meetings. Records of monthly management reviews from April through June 2021 were reviewed and were acceptable.

2.1.2.1 The SQF system shall be reviewed by senior site management at least annually and include: i. Changes to food safety management system documentation (policies, procedures, specifications, food safety plan); ii. Food safety culture performance; iii. Food safety objectives and performance measures; iv. Corrective and preventative actions, and trends in findings from internal and external audits, customer complaints, and verification and validation activities; v. Hazard and risk management system; and vi. Follow-up action items from previous management review. Records of all management reviews and updates shall be maintained.

RESPONSE: COMPLIANT

2.1.2.2 The SQF practitioner(s) shall update senior site management on at least a monthly basis on matters impacting the implementation and maintenance of the SQF System. The updates and management responses shall be documented.

RESPONSE: COMPLIANT

2.1.3 Complaint Management (Mandatory)

The Customer complaint program is addressed through the CAPA Program and was last updated on 1-8-19. Complaints are received through customer service and are forwarded to the QA manager. The Customer complaint log was reviewed for 2021. Complaints are sorted by type. Corrective actions were available for complaints received.

2.1.3.1 The methods and responsibility for handling, investigating, and resolving food safety complaints from commercial customers, consumers, and authorities, arising from products stored or handled on-site shall be documented and implemented.

RESPONSE: COMPLIANT

2.1.3.2 Adverse trends of customer complaint data shall be investigated and analyzed and the root cause established by personnel knowledgeable about the incidents.

RESPONSE: COMPLIANT

2.1.3.3 Corrective and preventative action shall be implemented based on the seriousness of the incident and the root cause analysis as outlined in 2.5.3. Records of customer complaints, their investigation, and resolution shall be maintained.

RESPONSE: COMPLIANT

2.2.1 Food Safety Management System (Mandatory)

The facility has developed a food safety and quality manual which includes the policy statement, organizational chart and a list of products covered by the scope of certification including the Food safety and quality program including good manufacturing practices and associated pre-requisite programs.

2.2.1.1 The methods and procedures the site uses to meet the requirements of the SQF Food Safety Code: Storage and Distribution shall be maintained in electronic and/or hard copy documentation. It will be made available to relevant staff and include: i. A summary of the organization's food safety policies and the methods it will apply to meet the requirements of this standard; ii. The food safety policy statement and organization chart; iii. The processes and products included in the scope of certification; iv. Food safety regulations that apply to the site and to the country of sale (if known); v. Raw material, ingredient, packaging, and finished product specifications; vi. Food safety procedures, pre-requisite programs, food safety plans; vii. Process controls that impact product safety; and viii. Other documentation necessary to support the development and the implementation, maintenance, and control of the SQF System.

RESPONSE: COMPLIANT

2.2.1.2 Food safety plans, Good Storage and Distribution Practices and all relevant aspects of the SQF System shall be reviewed, updated, and communicated as needed when any changes implemented have an impact on the site's ability to deliver safe food. All changes to food safety plans, Good Storage and Distribution Practices, and other aspects of the SQF System shall be validated or justified prior to their implementation. The reasons for the changes shall be documented.

RESPONSE: COMPLIANT

2.2.2 Document Control (Mandatory)

The Document control program was last updated on 8-13-2020 and addresses who may changes or develop documents. The facility has a document control register which was last updated on 7-12-2021 and includes the list of all documents. Document revisions are maintained on each individual document.

2.2.2.1 The methods and responsibility for maintaining document control and ensuring staff have access to current requirements and instructions shall be documented and implemented. Current SQF System documents and amendments to documents shall be maintained.

RESPONSE: COMPLIANT

2.2.3 Records (Mandatory)

The facility addresses how records will be documented and retained as part of the Document Control program. Records must be documented in either blue or black ink and are required to be maintained for a period of two years. As this was a re-certification audit, records were reviewed from the following dates: 10/14-16/2020, 12/14-16/2020, 4/14-16/2021, and 6/14-16/2021. Records reviewed included Sanitation, label reviews, room temperatures and shipping and receiving records. Records reviewed were acceptable.

2.2.3.1 The methods, frequency, and responsibility for verifying, maintaining, and retaining records shall be documented and implemented.

RESPONSE: COMPLIANT

2.2.3.2 All records shall be legible and confirmed by those undertaking monitoring activities that demonstrate inspections, analyses, and other essential activities have been completed.

RESPONSE: COMPLIANT

2.2.3.3 Records shall be readily accessible, retrievable, and securely stored to prevent unauthorized access, loss, damage, and deterioration. Retention periods shall be in accordance with customer, legal, and regulatory requirements, at minimum the product shelf life, or established by the site if no shelf life exists.

RESPONSE: COMPLIANT

2.3.1 Product for Storage and Distribution

The Storage and Good Distribution practice program was last updated on 8-12-2020. The program addresses temperature requirements and handling requirements. The temperature for climate controlled product is 70° F.

2.3.1.1 Product handling and storage requirements for all products received, stored, and intended for distribution, shall be documented, current, approved by the site and their customer (if applicable), accessible to relevant staff, and include temperature requirements, storage conditions, packaging requirements, and handling and transportation conditions.

RESPONSE: COMPLIANT

2.3.2 Supplier Approval and Incoming Supplies

The Customer and Supplier Approval program was last updated on 5/11/2021 and addresses the requirements for suppliers to the facility. The facility is a third party storage and distribution company and the suppliers are dictated by the customer. Incoming goods received in an emergency situation are approved by the customer who supplies the material. Specifications are approved by the customer.

2.3.2.1 The methods and responsibility for developing and approving product descriptions shall be documented. Product descriptions for all incoming supplies used by the site but not intended for distribution, including, but not limited to hazardous chemicals, ice, food packaging materials, or janitorial supplies that are used on-site and impact on product safety shall be documented and kept current.

RESPONSE: COMPLIANT

2.3.2.2 All incoming supplies shall comply with the relevant legislation.

RESPONSE: COMPLIANT

2.3.2.3 Incoming supplies shall be verified to ensure product safety is not compromised and the material is fit for its intended purpose. Verification of incoming materials shall include a review of the product description to determine conformance.

RESPONSE: COMPLIANT

2.3.2.4 Incoming goods that may have an impact on product safety shall be supplied by an approved supplier. The responsibility for selecting, evaluating, approving, and monitoring an approved supplier shall be documented and implemented.

RESPONSE: COMPLIANT

2.3.2.5 Incoming goods received in emergency situations shall be acceptable provided they are inspected or analyzed before use and the supplier has been evaluated.

RESPONSE: COMPLIANT

2.3.2.6 Incoming goods and packaging received from other sites under the same corporate ownership shall be subject to the same product requirements and approved supplier requirements as all other material providers.

RESPONSE: COMPLIANT

2.3.2.7 Specifications, product requirements, and incoming supplies shall be reviewed annually or as changes occur.

RESPONSE: COMPLIANT

2.3.3 Contract Service Providers

Contract service providers are required to review and sign the facility GMP requirement for contractors prior to entering the building. The register is maintained electronically and is current.

2.3.3.1 Description of services for contract service providers that have an impact on product safety shall be documented, current, include a full description of the service to be provided, and the relevant food safety training requirements of all contract personnel prior to conducting work.

RESPONSE: COMPLIANT

2.3.3.2 Contracted services that have an impact on product safety shall be reviewed against the description. The methods and responsibilities for contracted services review shall be documented and validated as needed or at a minimum of annually.

RESPONSE: COMPLIANT

2.3.3.3 A record of all contract service descriptions that have an impact on product safety shall be maintained.

RESPONSE: COMPLIANT

2.3.4 Contract Third-Party Storage or Distributor

The facility does not utilize any third party storage or distribution.

2.3.4.1 The methods and responsibility for ensuring all agreements relating to food safety and customer product requirements and its realization and delivery are specified and agreed shall be documented and implemented.

RESPONSE: NOT APPLICABLE

EVIDENCE: The facility does not utilize any third party storage or distribution.

2.3.4.2 The site shall: i. Ensure changes to contractual agreements are approved by both parties and communicated to relevant personnel; ii. Verify compliance with the SQF Code and that all customer requirements are being met at all times.

RESPONSE: NOT APPLICABLE

EVIDENCE: The facility does not utilize any third party storage or distribution.

2.3.4.3 Records of all contract reviews and changes to contractual agreements and their approvals shall be maintained.

RESPONSE: NOT APPLICABLE

EVIDENCE: The facility does not utilize any third party storage or distribution.

2.4.1 Food Legislation (Mandatory)

The Facility addresses regulatory requirements through various plant programs. The facility addresses that the QA manager and SQF practitioner are responsible for informing plant management of changes to any FDA or USDA regulations. The facility addresses the requirement that SQFI and the Certification body will be notified within 24 in the event of an incident which requires public notification.

2.4.1.1 The site shall ensure that food stored and delivered to customers is handled in a manner that complies with the relevant legislation in the country of its production and destination.

RESPONSE: COMPLIANT

2.4.1.2 The methods and responsibility for ensuring the site is kept informed of changes to relevant legislation, scientific and technical developments, emerging food safety issues, and relevant industry codes of practice shall be documented and implemented.

RESPONSE: COMPLIANT

2.4.1.3 SQFI and the certification body shall be notified in writing within twenty-four (24) hours as a result of a regulatory warning or event. Notification to SQFI shall be by email to foodsafetycrisis@sqfi.com.

RESPONSE: COMPLIANT

2.4.2 Good Storage and Distribution Practices (Mandatory)

The facility has not exempted any segments of the SQF code or any areas of the facility. The facility has developed Good manufacturing practices applicable to the scope of certification and associated programs.

2.4.2.1 The site shall ensure the Good Storage and Distribution Practices described in Module 12 of this Food Safety Code are applied or exempted according to a written risk analysis outlining the justification for exemption or evidence of the effectiveness of alternative control measures to ensure that food safety is not compromised.

RESPONSE: COMPLIANT

2.4.2.2 The Good Storage and Distribution Practices applicable to the scope of certification that outline how food safety is controlled and assured shall be documented and implemented.

RESPONSE: COMPLIANT

2.4.3 Food Safety Plan (Mandatory)

The facility has developed a HACCP plan to cover the scope of certification for storage and distribution of product. The plans have been developed using established HACCP principles and include a product description, flow chart and hazard analysis. The facility has not identified any Critical control points throughout the process. The plans were last updated on 2-23-2021. The flow chart does not contain the Temperature control room and has not been verified by the HACCP team on all shifts of operations. This was identified as a minor under 2.4.3.7.

2.4.3.1 A hazard and risk management system shall be developed and take into consideration relevant legislation in all countries of operation. The system shall be risk based, systematic and comprehensive, and based on HACCP or preventive controls. The food safety plan shall be effectively implemented, maintained, and outline the means by which the site controls and assures food safety of the products or product groups included in the scope of the SQF certification and their associated processes. More than one food safety plan may be required to cover all products included in the scope of certification.

RESPONSE: COMPLIANT

2.4.3.2 The food safety plan or plans shall be developed and maintained by a multidisciplinary team that includes the SQF practitioner and those site personnel with technical, storage and distribution, and facility /maintenance knowledge of the relevant products and associated processes. Where the relevant expertise is not available on-site, advice may be obtained from other sources to assist the food safety team.

RESPONSE: COMPLIANT

2.4.3.3 The scope of each food safety plan shall be developed and documented including the start and endpoint of the processes under consideration and all relevant inputs and outputs.

RESPONSE: COMPLIANT

2.4.3.4 Product requirements shall be developed and documented for all products (or groups of products) included in the scope of the food safety plans. This shall reference the product descriptions (refer to 2.3.2.1) plus any additional information relevant to product safety, such as temperature for storage, how the product is packaged, allergen requirements, raw or cooked, etc.

RESPONSE: COMPLIANT

2.4.3.5 The food safety team shall develop and document a flow diagram covering the scope of each food safety plan. The flow diagram shall include every step in the process, all raw material, packaging, service inputs (e.g., water, steam, gases as appropriate), scheduled process delays, and all process outputs including waste, rework, and recoup. Each flow diagram shall be confirmed by the food safety team during all stages and hours of operation.

RESPONSE: COMPLIANT

2.4.3.6 The food safety team shall identify and document all food safety hazards that can reasonably be expected to occur at each step in the processes, including food products received and stored.

RESPONSE: COMPLIANT

2.4.3.7 The food safety team shall conduct a hazard analysis for every identified hazard, to identify which hazards are significant. The methodology for determining hazard significance shall be documented and used consistently to assess all potential hazards.

RESPONSE: MINOR

EVIDENCE: The flow chart does not contain the Temperature control room and has not been verified by the HACCP team on all shifts of operations.

ROOT CAUSE: HACCP plan had not been revised for Temperature Control Room (TCR) changes on 07/26/2021, the last revision with review occurred on 03/08/2021.

CORRECTIVE ACTION: HACCP Plan including flow chat (doc. 15.01) revised, reviewed and approved with release on 08/04/2021 into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: Updated flow chart does address the non-conformance

COMPLETION DATE: 08/04/2021 **CLOSEOUT DATE:** 08/10/2021

2.4.3.8 The food safety team shall determine and document the control measures that must be applied to all significant hazards. More than one control measure may be required to control an identified hazard, and more than one significant hazard may be controlled by a specific control measure.

RESPONSE: COMPLIANT

2.4.3.9 Based on the results of the hazard analysis (refer to 2.4.3.7), the food safety team shall identify the steps in the process where control must be applied to eliminate a significant hazard or reduce it to an acceptable level (e.g., a preventive control {PC} or critical control point {CCP}). In instances where a significant hazard has been identified at a step in the process, but no control measure exists, the food safety team shall modify the process to include an appropriate control measure.

RESPONSE: COMPLIANT

2.4.3.10 For each identified step requiring control (e.g. PC or CCP) the food safety team shall document the limits that separate safe from unsafe product. The food safety team shall validate the critical limits to ensure the designated level of control of the identified food safety hazard(s) and that all critical limits and control measures individually or in combination effectively provide the level of control required (refer to 2.5.1.1).

RESPONSE: COMPLIANT

2.4.3.11 The food safety team shall develop and document procedures to monitor identified steps requiring control (e.g. PC or CCP) to ensure they remain within the established limits (refer to 2.4.3.12). Monitoring procedures shall identify the personnel assigned to conduct testing, the sampling and test methods, and the testing frequency.

RESPONSE: COMPLIANT

2.4.3.12 The food safety team shall develop and document deviation procedures that identify the disposition of affected product when monitoring indicates a loss of control at an identified step requiring control (e.g. PC or CCP). The procedures shall also prescribe actions to correct the process step to prevent recurrence of the safety failure.

RESPONSE: COMPLIANT

2.4.3.13 The documented and approved food safety plan(s) shall be implemented in full. The effective implementation shall be monitored by the food safety team, and a full review of the documented and implemented plans shall be conducted at least annually, or when changes to the process, equipment, inputs, or other changes affecting product safety occur.

RESPONSE: COMPLIANT

2.4.4 Non-conforming Product and Equipment

The Non-conforming product and equipment hold program was last updated on 5-9-19 and addresses the how the facility will handle non-conforming product. Any employee may tag product but only QA personnel may release product from hold. The QA Hold log is maintained electronically and was current.

2.4.4.1 The responsibility and methods outlining how non-conforming product, raw materials, ingredients, work-in-progress, packaging, or equipment detected during receipt, storage, handling, or delivery and including food found to be damaged and/or returned from customers is handled shall be documented and implemented. The methods applied shall ensure: i. Non-conforming product is quarantined, identified, handled, and / or disposed of in a manner that minimizes the risk of inadvertent use, improper use or delivery, or risk to the integrity of the product; ii. Non-conforming equipment is effectively identified, repaired, or disposed of in a manner that minimizes the risk of inadvertent use, improper use, or risk to the integrity of finished product; and iii. All relevant staff are aware of the organization's quarantine and release requirements applicable to equipment or product placed under quarantine status.

RESPONSE: COMPLIANT

2.4.4.2 Quarantine records and records of the handling, corrective action, or disposal of nonconforming product or equipment shall be maintained.

RESPONSE: COMPLIANT

2.4.5 Product Recoup

The facility does not recoup any product.

2.4.5.1 The responsibility and methods outlining how product is recouped shall be documented and implemented. The methods applied shall ensure: i. Recouping operations are conducted by trained personnel; and ii. Recouped product is traceable.

RESPONSE: NOT APPLICABLE

EVIDENCE: The facility does not recoup any product.

2.4.6 Product Release (Mandatory)

The facility has not identified any CCP's in the process as product is only received, stored and shipped or received, kitted and then shipped and no product is opened or labeled. The facility does inspect the product for shipment as well as the condition of the trailer prior to loading the trailers for shipment. The facility has not identified any CCP's in the process as product is only received, stored and shipped or received, kitted and then shipped and no product is opened or labeled. The facility does inspect the product for shipment as well as the condition of the trailer prior to loading the trailers for shipment.

2.4.6.1 The responsibility and methods for releasing products shall be documented and implemented. The methods applied shall ensure the product is released by authorized personnel.

RESPONSE: COMPLIANT

2.4.6.2 Records of all product release shall be maintained.

RESPONSE: COMPLIANT

2.5.1 Validation and Effectiveness (Mandatory)

Validation records were reviewed from 2020 and 2021. The validation records only had initials and the date was typed in. Many of the dates documented for the 2020 validations, showed a date in 2019.

2.5.1.1 The methods, responsibility, and criteria for ensuring the effectiveness of all applicable elements of the SQF Program shall be documented, implemented, and effective. The methods applied shall ensure that: i. Good Storage and Distribution Practices are confirmed to ensure they achieve the required result; ii. Critical food safety limits are reviewed annually and re-validated or justified by regulatory standards when changes occur; and iii. Changes to the processes or procedures are assessed to ensure controls are still effective. Records of all validation activities shall be maintained.

RESPONSE: MINOR

EVIDENCE: Validation records were reviewed from 2020 and 2021. The validation records only had initials and the date was typed in. Many of the dates documented for the 2020 validations, showed a date in 2019.

ROOT CAUSE: Document not activity reviewed and maintained current for SQF requirements. 2020 Validation and Verifications corrected for date errors. 2021 Validation and Verifications contained copy errors from 2020 page and items which did not fulfill requirements.

CORRECTIVE ACTION: Corrected 2020 dates on Validation and Verifications (doc. 7.17) based on signed copy and the 2020 calendar. For 2021, Validation and Verifications (doc. 7.17) revised and updated page based on audit findings and Warehouse Management Review meetings conducted on 07/29/2021 and 08/04/2021. Release into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: updated validations does address the non-conformance

COMPLETION DATE: 08/04/2021 **CLOSEOUT DATE:** 08/10/2021

2.5.2 Verification Activities (Mandatory)

The facility has developed a verification schedule to identify the methods, frequency and responsibility for verification of pre-requisite programs. Verifications records had been documented.

2.5.2.1 The methods, responsibility, and criteria for verifying monitoring of Good Storage and Distribution Practices, critical control points, and other food safety controls shall be documented and implemented. The methods applied shall ensure that personnel with responsibility for verifying monitoring activities authorize each verified record.

RESPONSE: COMPLIANT

2.5.2.2 A verification schedule outlining the verification activities, their frequency of completion, and the person responsible for each activity shall be prepared and implemented. Records of verification of activities shall be maintained.

RESPONSE: COMPLIANT

2.5.3 Corrective and Preventative Action (Mandatory)

The CAPA program was last updated on 4-9-2020 and addresses the methods the facility will use to identify the corrective and preventive action related to Product safety or quality, customer complaints or intentional contamination. Corrective actions were reviewed from 2021 and were acceptable.

2.5.3.1 The responsibility and methods outlining how corrective and preventative actions are determined, implemented, and verified, including identification of the root cause and resolution of non-compliance of critical food safety limits and deviations from food safety requirements, shall be documented and implemented. Deviations from food safety requirements may include customer complaints, non-conformances raised at internal or external audits and inspections, non-conforming product and equipment, or withdrawals and recalls, as appropriate.

RESPONSE: COMPLIANT

2.5.3.2 Records of all investigation, root cause analyses and resolution of non-conformities, their corrections, and implementation of preventative actions shall be maintained.

RESPONSE: COMPLIANT

2.5.4 Internal Audits and Inspections (Mandatory)

The Internal audit program was last updated on 8-14-18 and addresses the methods the facility will use to audit the SQF system using the SQF checklist for module 2 and 12. The facility has a schedule for auditing the various sections of the code. The facility also performs monthly facility inspections. Audits were reviewed from April through June 2021 and were acceptable. Objective evidence was documented for the SQF code. Corrective actions had been developed for issues identified.

2.5.4.1 The methods and responsibility for scheduling and conducting internal audits to verify the effectiveness of the SQF System shall be documented and implemented. Internal audits shall be conducted in full and at least annually. The methods applied shall ensure: i. All applicable requirements of the SQF Food Safety Code: Storage and Distribution are audited as per the SQF audit checklist or similar tool; ii. Objective evidence is recorded to verify compliance and/or non-compliance; iii. Corrective and preventative actions of deficiencies identified during the internal audits are undertaken; and iv. Audit results are communicated to relevant management personnel and staff responsible for implementing and verifying corrective and preventative actions.

RESPONSE: COMPLIANT

2.5.4.2 Staff conducting internal audits shall be trained and competent in internal audit procedures. Where practical, staff conducting internal audits shall be independent of the function being audited.

RESPONSE: COMPLIANT

2.5.4.3 Regular inspections of the site and equipment shall be planned and carried out to verify Good Storage and Distribution Practices and facilities and equipment maintenance are compliant with the SQF Food Safety Code: Storage and Distribution. The site shall: i. Take corrections or corrective and preventative action; and ii. Maintain records of inspections and any corrective action taken.

RESPONSE: COMPLIANT

2.5.4.4 Records of internal audits and inspections and any corrective and preventative actions taken as a result of internal audits shall be recorded as per 2.5.3. Changes implemented from internal audits that have an impact on the site's ability to deliver safe food shall require a review of applicable aspects of the SQF System.

RESPONSE: COMPLIANT

2.6.1 Product Identification (Mandatory)

The facility addresses stock rotation according to the customer requirements. Product is identified through the warehouse management system as to where it is in the warehouse to address the accurate location of the product.

2.6.1.1 The methods and responsibility for identifying products during all stages of storage shall be documented and implemented. The product identification system shall be implemented to ensure: i. Proper stock rotation; and ii. Accurate location of product.

RESPONSE: COMPLIANT

2.6.1.2 Records of product receipt and use and product dispatch and destination shall be maintained.

RESPONSE: COMPLIANT

2.6.2 Product Trace (Mandatory)

The Product traceability and Identification program was last updated on 3-29-2019 and addresses how product is tracked throughout the facility. All lot numbers are identified in the warehouse management system. The facility tracks the lot codes of material used to make variety packs of the various products which are kitted. The facility performs a mock recall at least annually of products handled. The last mock recall was conducted on 4-12-2021. The facility could identify all products received and where it was in the system. A product traceability exercise was conducted during the audit for a variety pack of Product manufactured on 6/16-18/2021 with a total of 3000 cases. The facility could identify where each of the cases was shipped as well as the various lot codes of product used to manufacture the product. The trace took one hour to complete.

2.6.2.1 The responsibility and methods used to trace product shall be documented and implemented to ensure: i. Traceability of food products to the customer (one step forward); ii. Traceability of product to the supplier or manufacturing supplier with date of receipt (one step back); iii. Traceability is maintained where product is recouped; and iv. The effectiveness of the product trace system is reviewed at least annually as part of the product recall and withdrawal review (refer to 2.6.3.2).

RESPONSE: COMPLIANT

2.6.3 Product Withdrawal and Recall (Mandatory)

The Product Withdrawal and Recall program was last updated on 4-13-2021 and identifies the steps the facility will use to determine if a product recall or withdrawal is required. As the facility does not manufacture any product and only receives, stores and ships products, a recall would only be required if they were notified by the customer of a recall. The facility tests the recall system once per year by performing a mock recall. The plan includes the members of the crisis management team including sources of legal and expert advice. The program addresses the facility will contact SQFI and the certification body within 24 hours in the event of a product recall. The facility conducted a mock recall on 4-12-2021 and could properly track product throughout the system. The facility has not had a product recall within the past year.

2.6.3.1 The responsibility and methods used to withdraw or recall products shall be documented and implemented. The procedure shall: i. Identify those responsible for initiating, managing, and investigating a product withdrawal or recall; ii. Describe the management procedures to be implemented including sources of legal, regulatory and expert advice, and essential traceability information; iii. Outline a communication plan to inform employees, customers, consumers, authorities, and other essential bodies in a timely manner appropriate about the nature of the incident; iv. Ensure that SQFI, the certification body, and the appropriate regulatory authority are listed as essential organizations and notified in instances of a food safety incident of a public nature or product recall for any reason.

RESPONSE: COMPLIANT

2.6.3.2 The product withdrawal and recall system shall be reviewed, tested, and verified as effective at least annually. Testing shall include incoming materials (one back), inhouse identification and isolation/quarantine, and where the product is shipped to (one forward).

RESPONSE: COMPLIANT

2.6.3.3 Records shall be maintained of withdrawal and recall tests, root cause investigations into actual withdrawals and recalls, and applied corrective and preventative actions.

RESPONSE: COMPLIANT

2.6.3.4 SQFI and the certification body shall be notified in writing within twenty-four (24) hours upon identification of a food safety event that has been initiated by the site requires public notification. SQFI shall be notified at foodsafetycrisis@sqfi.com.

RESPONSE: COMPLIANT

2.6.4 Crisis Management Planning

The Crisis Management plan was last updated on 6-22-2021 and addresses the steps the facility will take in the event of an incident which prevents the facility from receiving, storing and distributing product. The plan includes the crisis management team and their responsibilities. The phone numbers for the crisis management team are posted in the facility. The facility conducted a test of the crisis management plan on 4-7-2021 with the scenario of a fire. The facility placed product and equipment on hold and inspected these items prior to releasing them for use.

2.6.4.1 A crisis management plan based on the understanding of known potential dangers (e.g., flood, drought, fire, tsunami, or other severe weather event, warfare or civil unrest, computer outage, pandemic, loss of electricity or refrigeration, ammonia leak, labor strike) that can impact the site's ability to deliver safe food, shall be documented by senior management outlining the methods and responsibility the site shall implement to cope with such a business crisis. The crisis management plan shall include at a minimum: i. A senior manager responsible for decision making, oversight, and initiating actions arising from a crisis management incident; ii. The nomination and training of a crisis management team; iii. The controls implemented to ensure a response does not compromise product safety; iv. The measures to isolate and identify product affected by a response to a crisis; v. The measures taken to verify the acceptability of food product prior to release; vi. The preparation and maintenance of a current crisis alert contact list, including supply chain customers; vii. Sources of legal and expert advice; and viii. The responsibility for internal communications and communicating with authorities, external organizations, and media.

RESPONSE: COMPLIANT

2.6.4.2 The crisis management plan shall be reviewed, tested, and verified at least annually with gaps and appropriate corrective actions documented. Records of reviews of the crisis management plan shall be maintained.

RESPONSE: COMPLIANT

2.7.1 Food Defense Plan (Mandatory)

The Food defense program was last updated on 4-1-2021 and addresses the methods the facility will use to prevent an act of intentional contamination or sabotage. The program addresses the security of inbound and outbound shipments as well as employees, visitors and contractors as well as the security of the building and computers. No issues were observed while touring the facility as all doors were properly secured. The facility could not provide a current version of the FDA Security checklist assessment of the facility. This was identified as a minor under 2.7.1.4. The facility conducted a food defense challenge on 4-22-2021.

2.7.1.1 A food defense threat assessment shall be conducted to identify potential threats that can be caused by a deliberate act of sabotage or terrorist-like incident.

RESPONSE: COMPLIANT

2.7.1.2 A food defense plan shall be documented, implemented, and maintained based on the threat assessment (refer to 2.7.1.1). The food defense plan shall meet legislative requirements as applicable and shall include at a minimum: i. The methods, responsibility, and criteria for preventing food adulteration caused by a deliberate act of sabotage or terrorist-like incident; ii. The name of the senior site management person responsible for the food defense plan; iii. The methods implemented to ensure only authorized personnel have access to equipment and vehicles and storage areas through designated access points; iv. The methods implemented to protect sensitive operational points from intentional adulteration; v. The measures taken to ensure the secure receipt and storage of products, packaging, equipment, and hazardous chemicals to protect them from deliberate act of sabotage or terrorist-like incidents; vi. The measures implemented to ensure products, packaging (including labels), work-in progress, and process inputs are held under secure storage and transportation conditions; and vii. The methods implemented to record and control access to the premises by employees, contractors, and visitors.

RESPONSE: COMPLIANT

2.7.1.3 Instruction shall be provided to all relevant staff on the effective implementation of the food defense plan (refer to 2.9.2.1).

RESPONSE: COMPLIANT

2.7.1.4 The food defense threat assessment and prevention plan shall be reviewed and tested at least annually or when the threat level, as defined in the threat assessment, changes. Records of reviews and tests of the food defense plan shall be maintained.

RESPONSE: MINOR

EVIDENCE: The facility could not provide a current version of the FDA Security checklist assessment of the facility.

ROOT CAUSE: Oversite with changes in Quality Assurance Managers responsibility and 2020 SQF audit.

CORRECTIVE ACTION: Completed US FDA Self Assessment (doc. 2.18) on 07/29/2021 and uploaded into Taylor's SharePoint SQF system. Scheduled 2022 review.

VERIFICATION OF CLOSEOUT: FDA Self assessment completed on 7-29-21 addresses the non-conformance

COMPLETION DATE: 07/29/2021 **CLOSEOUT DATE:** 08/10/2021

2.7.2 Food Fraud (Mandatory)

The Food fraud program was last updated on 8-18-2020 and addresses the methods the facility will use to review food fraud and that a vulnerability assessment will be reviewed at least annually. This was identified as a Minor under 2.7.2.4.

2.7.2.1 The methods, responsibility, and criteria for identifying the site's vulnerability to food fraud including susceptibility to product substitution, mislabeling, dilution, or counterfeiting shall be documented, implemented, and maintained.

RESPONSE: COMPLIANT

2.7.2.2 A food fraud mitigation plan shall be developed and implemented that specifies the methods by which the identified food fraud vulnerabilities shall be controlled.

RESPONSE: COMPLIANT

2.7.2.3 The food fraud vulnerability assessment and mitigation plan shall be reviewed and verified at least annually with gaps and corrective actions documented. Records of reviews shall be maintained.

RESPONSE: COMPLIANT

2.7.2.4 Records of reviews of the food fraud vulnerability assessment and mitigation plan shall be maintained.

RESPONSE: MINOR

EVIDENCE: The facility could not produce a food fraud vulnerability assessment or reviews of any previous food fraud vulnerability assessment.

ROOT CAUSE: Oversite with changes in Quality Assurance Managers responsibility and 2020 SQF audit.

CORRECTIVE ACTION: Revised Food Fraud SOP (doc. 2.21) on 08/02/2021. Created Food Fraud Vulnerability Assessment Form (doc. 2.21a) on 08/02/2021. Conducted Food Fraud Vulnerability Assessment using form 2.21a on 08/02/2021. Release all into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: updated Food fraud vulnerability assessment does address the non-conformance

COMPLETION DATE: 08/02/2021 **CLOSEOUT DATE:** 08/10/2021

2.8.1 Allergen Management (Mandatory)

The Allergen management program was last updated on 1-4-2019 and addresses the methods for handling of materials which contain allergens in the facility. The facility only handles wheat, soy and milk products. No product is opened or exposed. Procedures are in place for cleaning of allergen spills. The facility does not allow any employee to take food products into the warehouse or kitting area of the facility. Upon reviewing of receiving records from April 2021, a product was received which contained peanuts. This product had not been addressed in the program and upon further discussion with plant personnel, no information is available to address materials which may be coming into the facility for storage as to what allergens they may contain. This was identified as a minor under 2.8.1.1.

2.8.1.1 The responsibility and methods used to control allergens and to prevent sources of allergens from contaminating product shall be documented and implemented. The allergen management controls shall be based on a risk assessment and include the identification, labeling, and handling of allergen-containing product, including product recoup, to prevent inadvertent cross contact.

RESPONSE: MINOR

EVIDENCE: Upon reviewing of receiving records from April 2021, a product was received which contained peanuts. This product had not been addressed in the program and upon further discussion with plant personnel, no information is available to address materials which may be coming into the facility for storage as to what allergens they may contain.

ROOT CAUSE: 08/09/2021 Response: Oversite with changes in Marketing and Sales responsibility.

CORRECTIVE ACTION: 08/09/2021 Response: Revised and added Sales and Marketing's New Warehouse-Fulfillment Partner form (doc. 12.4). Reviewed Customer & Supplier Approval SOP (doc. 12.3). Both release into Taylor's SharePoint SQF system. 08/10/2021 Update: Reference page # 6 "Certifications, Allergens, & Hazardous Material Info" of the New Warehouse-Fulfillment Partner Form. Allergens are being addressed directly with the customer with info provided ahead of shipment or included with the packaging list.

VERIFICATION OF CLOSEOUT: Fulfillment program addresses the facility must addresss any allergens which may be shipped into the facility

COMPLETION DATE: 08/05/2021 **CLOSEOUT DATE:** 08/11/2021

2.8.1.2 Recouped product containing food allergens (refer to 2.4.5) shall be repackaged under conditions that ensure product safety and integrity is maintained. Recouped product containing allergens shall be clearly identified and traceable.

RESPONSE: COMPLIANT

2.8.1.3 Sites that do not handle allergenic materials or store allergenic products shall document, implement, and maintain an allergen management program that addresses, at a minimum, the mitigation of introduced or unintended allergens from suppliers, contract manufacturers, site personnel, and/or visitor activities.

RESPONSE: COMPLIANT

2.9.1 Training Requirements

The training program was last updated on 8-21-2020 and addresses the methods the facility will use to train employees on various topics as required by the SQF system.

2.9.1.1 The responsibility for establishing and implementing the training needs of the organization’s personnel to ensure they have the required competencies to carry out those functions affecting product legality and safety shall be defined and documented (refer to 2.1.1.6).

RESPONSE: COMPLIANT

2.9.1.2 Appropriate training shall be provided for personnel carrying out the tasks essential to the effective implementation of the SQF System and the maintenance of food safety and regulatory requirements.

RESPONSE: COMPLIANT

2.9.2 Training Program (Mandatory)

Training on GDP's and other pre-requisite programs have been developed. Refresher training is conducted at least annually. Training is conducted in English as all employees speak English in the facility. The facility has developed a training register which is maintained in Alchemy. All training had been completed.

2.9.2.1 A training program shall be documented and implemented that, at a minimum, outlines the necessary competencies for specific duties and the training methods to be applied for personnel carrying out tasks associated with: i. Developing and maintaining food safety plans to meet regulatory requirements and the SQF Code; ii. Monitoring and corrective action procedures for all staff engaged in monitoring critical control points (CCPs); iii. Personal hygiene for all staff involved in handling of food products and food contact surfaces; iv. Good Storage and Distribution Practices and work instructions for all staff engaged in food handling, food storage and transport, and associated equipment; v. Allergen management, food defense, and food fraud for all relevant staff; and vi. Tasks identified as critical to meeting effective implementation and maintenance of the SQF Code. The training program shall include provision for identifying and implementing the refresher training needs of the organization.

RESPONSE: COMPLIANT

2.9.2.2 Training materials, the delivery of training, and procedures on all tasks critical to meeting regulatory compliance and the maintenance of food safety shall be provided in languages understood by staff.

RESPONSE: COMPLIANT

2.9.2.3 Training records shall be maintained and include: i. Participant name; ii. Skills description; iii. Description of the training provided; iv. Date training completed; v. Trainer or training provider; and vi. Verification that the trainee is competent to complete the required tasks.

RESPONSE: COMPLIANT

12.1.1 Premises Location and Approval

The facility is designed and located to allow for the safe storage and distribution of food products. The FDA registration is current and expires on 12-31-2022.

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

RESPONSE: COMPLIANT

12.1.2 Building Materials

Floors throughout the facility were smooth and can be cleaned. No drains were observed in the facility. No waste traps were observed in the facility. Walls, ceilings and doors are made of proper materials and can be cleaned. Wall to wall and wall to floor junctions are designed to prevent an accumulation of waste. Windows in the facility are shatterproof and do not present a food safety hazard. No product is exposed in the warehouse.

12.1.2.1 Floors shall be constructed of smooth, dense, impact-resistant material that can be effectively graded, drained, is impervious to liquid, and easily cleaned. When drains are present in the warehouse, floors shall be sloped at gradients suitable to allow for the effective removal of all overflow or wastewater under normal working conditions.

RESPONSE: COMPLIANT

12.1.2.2 Drains shall be constructed and located so they can be easily cleaned and do not present a hazard. Drains if located in storage and handling areas, shall be kept clean.

RESPONSE: COMPLIANT

12.1.2.3 Waste trap system shall be located away from any food handling or storage area or entrance to the premises.

RESPONSE: COMPLIANT

12.1.2.4 Walls, partitions, ceilings, and doors shall be of durable construction. Internal surfaces shall have an even and regular surface and be impervious with a light-colored finish and shall be kept clean (refer to 12.2.5). Wall-to-wall and wall-to-floor junctions shall be designed to be easily cleaned and sealed to prevent the accumulation of food debris.

RESPONSE: COMPLIANT

12.1.2.5 Doors shall be of solid construction. Windows shall be made of shatterproof glass or similar material, or otherwise protected.

RESPONSE: COMPLIANT

12.1.2.6 Drop ceilings (where applicable) shall be constructed to enable monitoring for pest activity, facilitate cleaning, and provide access to utilities.

RESPONSE: COMPLIANT

12.1.2.7 In warehouses where food products are recouped or exposed, the product contact surfaces shall be constructed of materials that will not contribute a food safety risk

RESPONSE: COMPLIANT

12.1.3 Lightings and Light Fittings

Lighting throughout the warehousing areas of the facility were of adequate intensity and were properly shielded.

12.1.3.1 Lighting in warehouses where food product is recouped or exposed shall be of appropriate intensity to enable the staff to carry out their tasks efficiently and effectively.

RESPONSE: COMPLIANT

12.1.3.2 Light fittings in areas where food product is recouped or exposed shall be shatterproof, manufactured with a shatterproof covering or fitted with protective covers, and recessed into or fitted flush with the ceiling. Where fixtures cannot be recessed, structures must be protected from accidental breakage, manufactured from cleanable materials, and addressed in the cleaning and sanitation program.

RESPONSE: COMPLIANT

12.1.3.3 Light fittings in other areas of the warehouse where product is covered or otherwise protected shall be designed to prevent breakage and product contamination.

RESPONSE: COMPLIANT

12.1.4 Dust, Insect, and Pest Proofing

Ventilation openings were properly sealed to prevent pests and dust from entering the facility. No buildup of dust was observed throughout the facility. External personnel doors are self closing. Overhead doors have dock pads to prevent pests or dust from entering the facility. Insect lights do not pose a hazard to product. No rodenticides are stored inside the facility.

12.1.4.1 All external windows, ventilation openings, doors, and other openings shall be effectively sealed when closed and proofed against dust, insects, birds, and other pests. External personnel access doors shall be provided. They shall be effectively insect-proofed and fitted with a self-closing device and proper seals to protect against entry of dust, birds, and other pests.

RESPONSE: COMPLIANT

12.1.4.2 Electric insect control devices, pheromone, or other traps and baits shall be located and operate so as not to present a contamination risk to the product, packaging, containers, or processing equipment. Poison rodenticide bait shall not be used inside ingredient of product storage areas where ingredients, packaging, and product are handled, processed, or exposed.

RESPONSE: COMPLIANT

12.1.5 Ventilation

No condensation was observed throughout the facility. Ventilation equipment is properly cleaned and maintained.

12.1.5.1 Adequate ventilation shall be provided in enclosed storage and food handling areas.

RESPONSE: COMPLIANT

12.1.5.2 All ventilation equipment and devices in product storage and handling areas shall be adequately cleaned as per 12.2.5 and effectively sealed against dust, insects, and other pests as per 12.1.4.

RESPONSE: COMPLIANT

12.1.6 Equipment and Utensils

The Equipment and Utensils program identifies those responsible for approving of equipment and utensils. Equipment reviewed during this audit was properly designed and does not contribute to potential contamination of product. Vehicles used do not pose a threat to product safety. Non-conforming product is tagged to prevent inadvertent use. No packaging materials contribute to a food safety risk.

12.1.6.1 Specifications for equipment and utensils and procedures for purchasing equipment shall be documented and implemented.

RESPONSE: COMPLIANT

12.1.6.2 Equipment and utensils shall be designed, constructed, installed, operated, and maintained to meet any applicable regulatory requirements and not pose a contamination threat to products.

RESPONSE: COMPLIANT

12.1.6.3 Equipment storage rooms shall be designed and constructed to allow for the hygienic and efficient storage of equipment and containers. Where possible, food contact equipment shall be segregated from non-food contact equipment.

RESPONSE: COMPLIANT

12.1.6.4 All equipment and utensils shall be cleaned (refer to 12.2.5.1) at a frequency to control contamination and stored in a clean and serviceable condition to prevent microbiological or cross-contact allergen contamination.

RESPONSE: COMPLIANT

12.1.6.5 Vehicles used in handling areas or in cold storage rooms shall be designed, cleaned, and operated so as not to present a food safety hazard.

RESPONSE: COMPLIANT

12.1.6.6 In addition to the above, locations handling exposed products and recouping products on-site shall have: i. Product contact equipment and utensils constructed of materials that are non-toxic, smooth, impervious and readily cleaned as per 12.2.5; ii. Clearly identified equipment and utensils that are used for inedible material; and iii. Clearly identified waste and overflow handling equipment and utensils. The waste material is discharged hygienically and according to local regulatory requirements.

RESPONSE: COMPLIANT

12.1.7 Grounds and Roadways

The Grounds and roadways around the facility were found to be properly maintained with grass and vegetation cut to prevent pest harborage issues. Paths and roadways were sealed and do not pose a pest or dust issue.

12.1.7.1 The grounds and area surrounding the premises shall be maintained to minimize dust and kept free of waste or accumulated debris so as not to attract pests and vermin.

RESPONSE: COMPLIANT

12.1.7.2 Paths, roadways, and loading and unloading areas shall be maintained so as not to present a hazard to the food safety operation of the premises.

RESPONSE: COMPLIANT

12.1.7.3 Surroundings shall be kept neat and tidy and shall not present a hazard to the hygienic and sanitary operation of the premises or provide harborage for pests.

RESPONSE: COMPLIANT

12.2.1 Repairs and Maintenance

The Maintenance program was last updated on 6-18-2021 and identifies the methods the facility will use for completing repairs to equipment and preventive maintenance tasks. Records of repairs are documented in work orders. No temporary repairs were observed in the facility. There is no exposed product in the facility so there is no chance of product being exposed to lubricants or paints.

12.2.1.1 The methods and responsibility for the maintenance and repair of facility, equipment, and buildings shall be documented, planned, and implemented in a manner that minimizes the risk of product, packaging, or equipment contamination.

RESPONSE: COMPLIANT

12.2.1.2 The maintenance schedule shall be prepared to cover building, equipment, and other areas of the premises critical to the maintenance of product safety. Routine maintenance of plant and equipment in any food handling or storage area shall be performed according to a maintenance control schedule and recorded.

RESPONSE: COMPLIANT

12.2.1.3 Failures of facility and equipment in any food storage and handling area shall be documented, reviewed, and necessary repair incorporated into the maintenance control schedule.

RESPONSE: COMPLIANT

12.2.1.4 Site supervisors shall be notified when maintenance or repairs are to be undertaken in any food handling or storage area.

RESPONSE: COMPLIANT

12.2.1.5 The maintenance supervisor and the site supervisor shall be informed if any repairs or maintenance pose a potential threat to product safety (e.g., pieces of electrical wire, damaged light fittings, and loose overhead fittings). When possible, maintenance is to be conducted outside operating times.

RESPONSE: COMPLIANT

12.2.1.6 Temporary repairs, where required, shall not pose a food safety risk and shall be included in the cleaning program. There shall be a plan in place to address completion of temporary repairs to ensure they do not become permanent solutions.

RESPONSE: COMPLIANT

12.2.1.7 Equipment located over exposed product shall be lubricated with food grade lubricants and their use controlled to minimize the contamination of the product.

RESPONSE: COMPLIANT

12.2.1.8 Paint used in a food handling or contact zone shall be suitable for use, in good condition (i.e., no chips), and shall not be used on any product contact surface.

RESPONSE: COMPLIANT

12.2.2 Maintenance Staff and Contractors

Maintenance staff and contractors are required to review and sign the company GDP program prior to entering the facility as well as to remove all tools and debris after completing repairs or PM's.

12.2.2.1 Maintenance staff and contractors shall comply with the site's personnel and process hygiene requirements (refer to 12.3).

RESPONSE: COMPLIANT

12.2.2.2 All maintenance staff and contractors required to work on-site shall be trained in the site's food safety and hygiene procedures or shall be escorted at all times until their work is completed. Records of training shall be documented and retrievable.

RESPONSE: COMPLIANT

12.2.2.3 Maintenance staff and contractors shall remove all tools and debris from any maintenance activity once it has been completed and inform the area supervisor and maintenance supervisor so that appropriate hygiene and sanitation can be completed and an inspection conducted prior to restarting site operations. The inspections shall be documented.

RESPONSE: COMPLIANT

12.2.3 Calibration

The facility calibration procedure addresses that scales will be certified at least annually and the thermometer replaced in January. Scales were calibrated in January and records were reviewed and acceptable. The scales are calibrated by a third party. The facility only receives and ships product so no instruments are used which could affect the safety of the product. The facility has a directory of items which are required to be calibrated.

12.2.3.1 The methods and responsibility for calibration and re-calibration of measuring, testing, and inspection equipment used for monitoring activities outlined in prerequisite programs, food safety plans, and other process controls, or to demonstrate compliance with customer specifications, shall be documented and implemented. Software used for such activities shall be validated and secured as appropriate.

RESPONSE: COMPLIANT

12.2.3.2 Equipment shall be calibrated against national or international reference standards and methods or to an accuracy appropriate to its use. In cases where standards are not available, the site shall provide evidence to support the calibration reference method applied. A list of measuring, testing, and inspection equipment requiring calibration shall be maintained.

RESPONSE: COMPLIANT

12.2.3.3 Calibration shall be performed according to regulatory requirements and/or to the equipment manufacturers' recommended schedule.

RESPONSE: COMPLIANT

12.2.3.4 Procedures shall be documented and implemented to address the disposition of potentially affected products should measuring, testing, and inspection equipment be found to be out of calibration state.

RESPONSE: COMPLIANT

12.2.3.5 A directory of measuring, testing, and inspection equipment requiring calibration and records of calibration tests shall be maintained.

RESPONSE: COMPLIANT

12.2.4 Pest Prevention

Pest control is handled by a third party contractor. The contractor has provided a manual with the scope of service including the business license, technician license, certificate of insurance, site map, and a list of pesticides and SDS sheets used in the facility. No pest issues were observed around the facility. The PCO leaves a written report of the findings and any pesticides applied during the service. No pesticides are stored on site. No animals are allowed into storage areas of the facility. The Pest control records from the Pest control company show no pesticides being applied in April, May, June or July. When the service reports were reviewed, the bait stations show being re-baited each of these months. This was identified as a minor under 12.2.4.3.

12.2.4.1 A documented pest prevention program shall be effectively implemented. It shall: i. Describe the methods and responsibility for the development, implementation, and maintenance of the pest prevention program; ii. Record pest sightings and trend the frequency of pest activity to target pesticide applications; iii. Outline the methods used to prevent pest problems; iv. Outline the pest elimination methods and the appropriate documentation for each inspection; v. Outline the frequency with which pest status is to be checked; vi. Include on a site map the identification, location, number, and type of applied pest control/ monitoring devices; vii. List the chemicals used. They are required to be approved by the relevant authority and their Safety Data Sheets (SDS) made available; viii. Outline the methods used to make staff aware of the bait control program and the measures required when they come into contact with a bait station; ix. Outline the requirements for staff awareness and training in the use of pest and vermin control chemicals and baits; and x. Measure the effectiveness of the program to verify the elimination of applicable pests and identify trends.

RESPONSE: COMPLIANT

12.2.4.2 Pest contractors and/or internal pest controllers shall: i. Be licensed and approved by the local relevant authority; ii. Use only trained and qualified operators who comply with regulatory requirements; iii. Use only approved chemicals; iv. Provide a pest prevention plan (refer to 12.2.4.1), which includes a site map indicating the location of bait stations traps and other applicable pest control/monitoring devices; v. Report to a responsible authorized person on entering the premises and after the completion of inspections or treatments; vi. Provide regular inspections for pest activity with appropriate action taken if pests are present, and vii. Provide a written report of their findings and the inspections and treatments applied.

RESPONSE: COMPLIANT

12.2.4.3 Pest activity risks shall be analyzed and recorded. Inspections for pest activity shall be undertaken on a regular basis by trained site personnel and the appropriate action taken if pests are present. Identified pest activity shall not present a risk of contamination to food products, raw materials, or packaging. Records of all pest control inspections and applications shall be maintained.

RESPONSE: MINOR

EVIDENCE: The Pest control records from the Pest control company show no pesticides being applied in April, May, June or July. When the service reports were reviewed, the bait stations show being re-baited each of these months.

ROOT CAUSE: 08/09/2021 Response: Miscommunication between SQF Practitioner, QA Manager, and Terminix Service Rep. 08/10/2021 Update: Terminix website is not maintained and up to date.

CORRECTIVE ACTION: 08/09/2021 Response: Pest control program and bait usage reviewed with Terminix service rep. Dave Morgeson after the audit. Per the review with the Taylor SQF Practitioner, Taylor QA Manager, and Terminix Service Rep. the service reports controlled in the notebook are the SQF records. The Terminix website is for reference only. 08/10/2021 Update: Taylor will only use the Terminix Service Reports and Pesticide Usage Logs for our SQF program. These records are filed with the SQF Practitioner after each Terminix servicing and maintained in the Pest Control notebook. These records were reviewed and are correct. The Terinix website is not maintained by them to the point that it is a reliable record for SQF so it will not be used.

VERIFICATION OF CLOSEOUT: The facility use of the Terminix report does address the non-conformance

COMPLETION DATE: 08/06/2021 **CLOSEOUT DATE:** 08/11/2021

12.2.4.4 Food products, raw materials, or packaging that are found to be contaminated by pest activity shall be effectively disposed of and the source of pest infestation investigated and resolved. Records shall be kept of the disposal, investigation, and resolution.

RESPONSE: COMPLIANT

12.2.4.5 Pesticides shall be clearly labeled and stored per 12.6.4 if kept on-site.

RESPONSE: COMPLIANT

12.2.4.6 No animals shall be permitted on-site in food handling or storage areas.

RESPONSE: COMPLIANT

12.2.5 Cleaning and Sanitation

Cleaning procedures were reviewed and were current. No product is exposed which is packed into variety packs. Packing areas are cleaned daily. Staff amenities and rest rooms are included in the sanitation procedure and are inspected daily. Master sanitation records were reviewed and had been completed.

12.2.5.1 The methods and responsibility for the effective cleaning of the food storage and handling areas, staff amenities, and toilet facilities shall be documented and implemented. Consideration shall be given to: i. What is to be cleaned; ii. How it is to be cleaned; iii. When it is to be cleaned; iv. Who is responsible for cleaning; v. Validation of cleaning procedures; vi. Methods used to confirm the correct concentrations of detergents and sanitizers, and vii. The responsibility and methods used to verify the effectiveness of the cleaning and sanitation program.

RESPONSE: COMPLIANT

12.2.5.2 Detergents and sanitizers shall be suitable for use in a food and storage and handling environment, labeled according to regulatory requirements, and purchased in accordance with applicable legislation. The organization shall ensure: i. The site maintains a list of chemicals approved for use; ii. An inventory of all chemicals purchased and used is maintained; iii. Detergents and sanitizers are stored as outlined in element 12.6.4; iv. Safety Data Sheets (SDS) are provided for all detergents and sanitizers purchased; and v. Only trained staff handle sanitizers and detergents.

RESPONSE: COMPLIANT

12.2.5.3 Detergents and sanitizers that have been mixed for use shall be correctly mixed according to manufacturers' instructions, stored in containers that are suitable for use, and clearly identified. Mix concentrations shall be verified and records maintained.

RESPONSE: COMPLIANT

12.2.5.4 Provision shall be made for the effective cleaning of equipment, utensils, and protective clothing.

RESPONSE: COMPLIANT

12.2.5.5 Cleaning equipment, tools, racks, and other items used in support of the cleaning and sanitizing program shall be clearly identified, stored, and maintained in a manner that prevents contamination of processing, product handling equipment, and storage areas as well as the tools themselves.

RESPONSE: COMPLIANT

12.2.5.6 Staff amenities, sanitary facilities, and other essential areas shall be inspected by qualified personnel to ensure the areas are clean and at a defined frequency.

RESPONSE: COMPLIANT

12.2.5.7 Records of cleaning and sanitation activities, verification, and inspections shall be maintained.

RESPONSE: COMPLIANT

12.2.5.8 Staff amenities, sanitary facilities, and other essential areas shall be inspected by qualified personnel at a defined frequency to ensure the areas are clean.

RESPONSE: COMPLIANT

12.3.1 Personnel Welfare

No employees were observed working in the facility with signs of illness or communicable diseases. In the event of contamination with bodily fluids, the area is cleaned by trained personnel according to the Blood Borne pathogen program. No personnel were observed working with exposed cuts or sores. Cuts or sores are required to be covered with a metal detectable bandaid and covered with a water-proof glove.

12.3.1.1 Personnel suffering from infectious diseases or who are carriers of any infectious disease shall be restricted from working on the site or in the transportation of food and shall not engage in food handling operations or be permitted access to storage areas where the product is exposed or there is a risk of contamination of food.

RESPONSE: COMPLIANT

12.3.1.2 The site shall have measures in place to prevent contact of materials, ingredients, food packaging, food, or food contact surfaces from any bodily fluids from open wounds, coughing, sneezing, spitting, or any other means. In the event of an injury that causes spillage of bodily fluid, a properly trained staff member shall ensure that all affected areas, including handling and storage areas, have been adequately cleaned and that all materials and products have been quarantined and/or disposed of.

RESPONSE: COMPLIANT

12.3.1.3 Personnel with exposed cuts, sores, or lesions shall not engage in handling exposed products, recoup, repack or processing products, or handling primary packaging or food contact surfaces. Minor cuts or abrasions on exposed parts of the body shall be covered with a protective bandage or alternative suitable dressing. A colored bandage or alternative suitable waterproof and colored dressing is recommended for handling exposed products, recoup, or repack processes.

RESPONSE: COMPLIANT

12.3.2 Handwashing

Personnel are required to wash their hand when entering the production areas as well as after using the restroom, eating, smoking drinking, etc. Hand wash sinks had proper temperature water. Liquid soap, paper towels and trash cans for disposal. Signs are posted advising employees to wash their hands. Employee are required to wash their hands prior to donning gloves. Employees were observed washing their hands as required.

12.3.2.1 All personnel shall have clean hands and hands shall be washed by all staff, contractors, and visitors: i. On entering food handling, storage, and processing areas; ii. After each visit to a toilet; iii. After using a handkerchief; iv. After smoking, eating, or drinking; and v. After sneezing or coughing.

RESPONSE: COMPLIANT

12.3.2.2 Handwash stations shall be available and accessible as required.

RESPONSE: COMPLIANT

12.3.2.3 Handwash stations shall be constructed of stainless steel or similar non-corrosive material and at a minimum supplied with: i. A potable water supply at an appropriate temperature; ii. Liquid soap; iii. Paper towels; and iv. A means of containing used paper towels. An effective hand dryer may be used in instances where there is no direct hand contact of food or food contact surfaces.

RESPONSE: COMPLIANT

12.3.2.4 Signage in appropriate languages instructing people to wash their hands shall be provided in a prominent position.

RESPONSE: COMPLIANT

12.3.2.5 When gloves are used, personnel shall maintain the handwashing practices outlined above.

RESPONSE: COMPLIANT

12.3.3 Clothing and Personal Effects

Clothing and footwear worn by the staff are clean at the beginning of the shift. Employees were observed in the facility wearing watches, with ear rings, nose rings, bracelets, etc. No risk assessment was available to justify that this does not pose a food safety risk. This was identified as a Minor under 12.3.3.4.

12.3.3.1 Clothing worn by staff engaged in handling food shall be maintained, stored, laundered, and worn so as not to present a contamination risk to products.

RESPONSE: COMPLIANT

12.3.3.2 Clothing, including shoes, shall be clean at the commencement of each shift and maintained in a serviceable condition.

RESPONSE: COMPLIANT

12.3.3.3 Protective clothing shall be manufactured from material that will not pose a food safety threat and is easily cleaned.

RESPONSE: COMPLIANT

12.3.3.4 Jewelry and other loose objects shall not be worn or taken into a food handling or processing operation or any area where food is exposed. The wearing of plain bands with no stones, prescribed medical alert bracelets, or jewelry accepted for religious or cultural reasons can be permitted, provided it is properly covered and does not pose a food safety risk. All exceptions shall meet regulatory and customer requirements and shall be subject to a risk assessment and evidence of ongoing risk management.

RESPONSE: MINOR

EVIDENCE: Employees were observed in the facility wearing watches, with ear rings, nose rings, bracelets, etc. No risk assessment was available to justify that this does not pose a food safety risk.

ROOT CAUSE: Oversite because no open food products in warehouse.

CORRECTIVE ACTION: Food Safety Risk Assessment for wearing jewelry was completed on 07/29/2021

VERIFICATION OF CLOSEOUT: Completion of risk assessment for jewelry does address the non-conformance

COMPLETION DATE: 07/29/2021 **CLOSEOUT DATE:** 08/10/2021

12.3.4 Visitors

Visitors are required to read and follow GMP's when in the facility. All visitors are required to wear proper clothing and footwear and wash their hands prior to entering production areas. No visitors were observed with signs of illness in the facility.

12.3.4.1 All visitors shall be required to comply with all Good Storage and Distribution Practices and hygiene standards required by the site, including those applying to clothing and personal effects, hand-washing, and illness (refer to 12.3.1, 12.3.2 and 12.3.3).

RESPONSE: COMPLIANT

12.3.4.2 All visitors, including management staff, shall wear suitable clothing and footwear when entering any food storage and handling area.

RESPONSE: COMPLIANT

12.3.4.3 Visitors exhibiting visible signs of illness shall be prevented from entering areas in which food is handled or processed (refer to 12.3.1).

RESPONSE: COMPLIANT

12.3.4.4 Visitors shall enter and exit food handling areas through the proper staff entrance points and comply with all handwashing and personnel practice requirements.

RESPONSE: COMPLIANT

12.3.4.5 All visitors shall be trained in the site's food safety and hygiene procedures before entering any food processing or handling areas or shall be escorted at all times in food handling and storage areas.

RESPONSE: COMPLIANT

12.3.4.6 The site shall have a documented procedure for how driver access is managed to minimize food safety risk and designated driver areas are maintained to prevent food contamination or other food safety risks.

RESPONSE: COMPLIANT

12.3.5 Staff Amenities (change rooms, toilets, break rooms)

Staff amenities have adequate lighting and ventilation. Lockers are available for storage of clothing and personal items. Restrooms have hand wash sinks inside. Sanitary drainage is not connected to plant processing drains. Break rooms were kept clean and tidy and free of waste and pest. Outside eating areas were properly maintained and free of pests and waste.

12.3.5.1 Staff amenities shall have documented cleaning procedures, be supplied with appropriate lighting and ventilation, and shall be made available for the use of all persons engaged in the handling and processing of product.

RESPONSE: COMPLIANT

12.3.5.2 Provision shall be made for staff to store their street clothing and personal items separate from food contact zones and food storage areas.

RESPONSE: COMPLIANT

12.3.5.3 Toilet rooms shall be: i. Designed and constructed so that they are accessible to staff and separate from any food handling operations; ii. Accessed from the warehouse or food handling area via an airlock vented to the exterior or through an adjoining room; iii. Sufficient in number for the maximum number of staff; iv. Constructed so that they can be easily cleaned and maintained; and v. Kept clean and tidy.

RESPONSE: COMPLIANT

12.3.5.4 Sanitary drainage shall not be connected to any other drains within the premises and shall be directed to a septic tank or a sewerage system. Procedure shall be documented and implemented to properly manage sewage back-ups to minimize the potential for contamination.

RESPONSE: COMPLIANT

12.3.5.5 Handwash basins shall be provided immediately outside or inside the toilet room and designed as outlined in 12.3.2.2.

RESPONSE: COMPLIANT

12.3.5.6 Separate break room facilities shall be provided away from a food handling or storage areas. Break rooms shall be kept clean and tidy and free from waste materials and pests.

RESPONSE: COMPLIANT

12.3.5.7 Where outside eating areas are provided, they shall be kept clean and free from waste materials and maintained in a manner that minimizes the potential for introduction of contamination including pests to the site.

RESPONSE: COMPLIANT

12.3.5.8 Signage in languages understood by staff advising people to wash their hands before entering the food storage areas shall be provided in a prominent position in break rooms and break room exits.

RESPONSE: COMPLIANT

12.4.1 Personnel Processing Practices

Employees are required to wash their hands when entering processing areas. Doors are kept closed except when entering the area. Waste is properly stored and removed from the facility. No evidence of smoking eating, drinking, chewing or spitting was observed in the facility. No cross contamination of materials was observed. The flow of product, personnel and materials is managed to reduce the chance of contamination.

12.4.1.1 All personnel shall comply with the following practices: i. Personnel entry to food handling areas shall be through the personnel access doors only; ii. All doors are to be kept closed. Doors shall not be left open for extended periods when access is required for waste removal or stock transfer; iii. The wearing of false fingernails or fingernail polish is not permitted when handling exposed food; iv. Materials and products shall be kept in appropriate containers as required and off the floor; v. Waste shall be contained in the bins identified for this purpose and removed from the operational area on a regular basis and not left to accumulate; vi. Staff shall not eat or taste any product in the food storage or handling area; vii. Smoking, chewing, eating, or spitting is not permitted in any food handling or storage areas; and viii. Drinking of water is permissible only under conditions that prevent contamination or other food safety risks from occurring. Drinking water containers shall be stored in clear, covered containers, and used in designated areas only.

RESPONSE: COMPLIANT

12.4.1.2 All personnel engaged in storage, transport, and handling of packaged products and materials shall ensure that products and materials are handled and stored in such a way as to prevent damage or product contamination.

RESPONSE: COMPLIANT

12.5.1 Water Supply

The facility receives it water from Butler County municipal water supply and is potable. Adequate supplies of hot and cold water are available. No non-potable water lines were observed in the facility and no water is stored on site. The Backflow was tested on 9-18-2020 and was acceptable. The facility has not developed procedures to address contingency plans when the potable water supply is deemed to be contaminated or inappropriate for use. This was identified as a minor under 12.5.1.2.

12.5.1.1 Adequate supplies of water drawn from a known clean source shall be provided for use during holding, storage and cleaning of the premises and equipment.

RESPONSE: COMPLIANT

12.5.1.2 Contingency plans shall be in place for instances when the potable water supply is deemed to be contaminated or otherwise inappropriate for use.

RESPONSE: MINOR

EVIDENCE: The facility has not developed procedures to address contingency plans when the potable water supply is deemed to be contaminated or inappropriate for use.

ROOT CAUSE: Oversite because has not been an issue in the past.

CORRECTIVE ACTION: Revise Crisis Management Plan SOP (doc. 2.01) to include water outages and release into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: The updated crisis management plan does address water outage

COMPLETION DATE: 08/03/2021 **CLOSEOUT DATE:** 08/10/2021

12.5.1.3 Supplies of hot and cold water shall be provided as required to enable the effective cleaning of the premises and equipment.

RESPONSE: COMPLIANT

12.5.1.4 The delivery of water within the premises shall ensure potable water is not contaminated. Testing of the backflow system, where possible, shall be conducted at least annually and records shall be maintained.

RESPONSE: COMPLIANT

12.5.1.5 The use of non-potable water shall be controlled such that: i. There is no cross-contamination between potable and non-potable water lines; ii. Non-potable water piping and outlets are clearly identified; and iii. Hoses, taps, and other similar sources of possible contamination are designed to prevent back flow or back siphonage.

RESPONSE: COMPLIANT

12.5.1.6 Where water is stored on-site, storage facilities shall be adequately designed, constructed, and routinely cleaned to prevent contamination.

RESPONSE: NOT APPLICABLE

EVIDENCE: No water is stored on site.

12.5.2 Water and Ice Quality

No water or ice comes into contact with product as no product is opened or exposed in the facility.

12.5.2.1 Microbiological analysis of the water and ice supply that comes into contact with food or food contact surfaces shall be conducted to verify the cleanliness of the supply, the monitoring activities, and the effectiveness of the treatment measures implemented. Verification, at minimum, shall be made annually.Water treatment equipment shall be monitored regularly to ensure it remains serviceable.

RESPONSE: NOT APPLICABLE

EVIDENCE: No water or ice comes into contact with product as no product is opened or exposed in the facility.

12.5.2.2 Water and ice shall be analyzed using reference standards and methods.

RESPONSE: NOT APPLICABLE

EVIDENCE: No water or ice comes into contact with product as no product is opened or exposed in the facility.

12.5.2.3 Ice rooms and receptacles shall be constructed of materials as outlined in elements 12.1.2 and designed to minimize contamination of the ice during storage and distribution.

RESPONSE: NOT APPLICABLE

EVIDENCE: No water or ice comes into contact with product as no product is opened or exposed in the facility.

12.5.3 Air and Other Gases

There is no compressed air in the facility.

12.5.3.1 Compressed air or other gases (e.g. nitrogen, carbon dioxide) that contact food or food contact surfaces shall be clean and present no risk to food safety.

RESPONSE: NOT APPLICABLE

EVIDENCE: There is no compressed air in the facility.

12.5.3.2 Compressed air systems and systems used to store or dispense other gases used in food storage and distribution process shall be maintained and regularly monitored for quality and applicable food safety hazards.

RESPONSE: NOT APPLICABLE

EVIDENCE: There is no compressed air in the facility.

12.6.1 Receipt, Storage and Handling of Goods

The facility storage area is properly designed for receiving, storage and shipping of product. There are no wet processing areas in the facility. Stock rotation is handled according to customer requirements. Product is shipped within the shelf life designated by the customer. No product is held under temporary or overflow conditions. No racks are used in the facility.

12.6.1.1 The site shall implement an effective storage plan that allows for the safe, hygienic storage of ice, food products (frozen, chilled, and ambient), packaging, equipment, and chemicals.

RESPONSE: COMPLIANT

12.6.1.2 Dry food products shall be received and stored in a way to prevent cross-contamination with frozen and chilled products.

RESPONSE: COMPLIANT

12.6.1.3 The responsibility and methods for ensuring effective stock rotation principles are applied shall be documented and implemented.

RESPONSE: COMPLIANT

12.6.1.4 Procedures shall be in place to ensure that all food products and recouped products are utilized within their designated shelf life.

RESPONSE: COMPLIANT

12.6.1.5 Where goods are held under temporary or overflow conditions that are not designed for the safe storage of goods, a risk analysis shall be undertaken to ensure there is no risk to the integrity of those goods, or contamination, or adverse effects on food safety.

RESPONSE: COMPLIANT

12.6.1.6 Records shall be available to verify alternate or temporary control measures for storage of raw materials, ingredients, packaging, equipment, chemicals, or finished products.

RESPONSE: COMPLIANT

12.6.1.7 Racks provided for the storage of food products shall be constructed of impervious materials and designed to enable cleaning of the floors and the storage room. Storage areas shall be cleaned at a predetermined frequency.

RESPONSE: COMPLIANT

12.6.2 Cold Storage, Freezing and Chilling of Foods

All products are shelf stable and do not require refrigeration.

12.6.2.1 The site shall provide confirmation of the effective operational performance of freezing, chilling, and cold storage facilities. Chillers, blast freezers, and cold storage rooms shall be designed and constructed to allow for the hygienic and efficient refrigeration of food and shall be easily accessible for inspection and cleaning.

RESPONSE: NOT APPLICABLE

EVIDENCE: All products are shelf stable and do not require refrigeration.

12.6.2.2 Sufficient refrigeration capacity shall be available to store chilled or frozen food at the maximum anticipated throughput of product with allowance for periodic cleaning of refrigerated areas.

RESPONSE: NOT APPLICABLE

EVIDENCE: All products are shelf stable and do not require refrigeration.

12.6.2.3 Discharge from defrost and condensate lines shall be controlled and discharged to the drainage system.

RESPONSE: NOT APPLICABLE

EVIDENCE: All products are shelf stable and do not require refrigeration.

12.6.2.4 The site shall have a written procedure for monitoring temperatures of storage rooms, including the frequency of checks, and corrective actions if the temperature is out of specification. Cold and chilled storage rooms shall be fitted with temperature monitoring equipment, located to monitor the warmest part of the room, and be fitted with a temperature measurement device that is easily readable and accessible. Records shall be kept of frozen, cold, and chilled storage room temperatures.

RESPONSE: NOT APPLICABLE

EVIDENCE: All products are shelf stable and do not require refrigeration.

12.6.2.5 Procedures shall be in place to identify the methods and responsibilities used to ensure that processes applied to materials prior to distribution (e.g. thawing, slacking, labeling) do not pose a risk to product safety or loss of traceability.

RESPONSE: NOT APPLICABLE

EVIDENCE: All products are shelf stable and do not require refrigeration.

12.6.3 Storage of Dry Goods

There are no wet areas in the facility.

12.6.3.1 Dry goods shall be located away from wet areas to protect the product from contamination and deterioration and to prevent packaging from becoming a harborage for pests or vermin.

RESPONSE: COMPLIANT

12.6.4 Storage of Hazardous Chemicals and Toxic Substances Used On-site

Hazardous chemicals are stored in a designated area which is locked. No cross contamination of chemicals was observed. Spill kits are available for handling of spills. Empty containers are properly disposed of.

12.6.4.1 Hazardous chemicals, toxic substances, and pesticides that are for use on the site with the potential for food contamination shall be: i. Used only according to manufacturers' instructions; ii. Controlled to prevent contamination or a food safety hazard to raw material, packaging, work-in-progress, finished product, or product contact surfaces; iii. Included in a current register of all hazardous chemicals and toxic substances that are stored on-site; iv. Supplemented with a current Safety Data Sheet (SDS) made available to all staff; v. Controlled to track usage and ensure return to the appropriate storage areas after use; vi. Be compliant with national and local legislation; and vii. Used so that there is no cross-contamination between chemicals.

RESPONSE: COMPLIANT

12.6.4.2 Hazardous chemicals and toxic substances shall be stored: i. In an area with appropriate signage; ii. Accessible only by personnel trained in the storage and use of chemicals; iii. Separated from the distribution storage area so as not to present a hazard to staff, product, packaging, or product handling equipment; iv. In their original containers, or in clearly labeled secondary containers if allowed by applicable legislation; and v. Stored so that there is no cross-contamination between chemicals.

RESPONSE: COMPLIANT

12.6.4.3 Personnel who handle hazardous chemicals and toxic substances, including pesticides and cleaning chemicals: i. Shall be fully trained in their purpose, storage, handling, and use; ii. Be provided first aid equipment and personnel protective equipment; and iii. Ensure compliance with the proper identification, storage, usage, disposal, and clean-up requirements.

RESPONSE: COMPLIANT

12.6.4.4 The site shall dispose of unused chemicals and empty containers in accordance with regulatory requirements and ensure that: i. Empty chemical containers are not reused; ii. Empty containers are labeled, isolated, and securely stored while awaiting collection; and iii. Unused and obsolete chemicals are stored under secure conditions while waiting authorized disposal by an approved vendor.

RESPONSE: COMPLIANT

12.6.4.5 In the event of a hazardous spill, the site shall: i. Have spillage clean-up instructions to ensure that the spill is properly contained; and ii. Be equipped with spillage kits and cleaning equipment.

RESPONSE: COMPLIANT

12.6.5 Loading, Transport, and Staging Practices

The facility has developed procedures for receiving and shipping of product. Trailers are required to be inspected for cleanliness and condition for inbound and outbound loads. The facility only receives and ships shelf stable products which do not require refrigeration. As this was a re-certification audit, records were reviewed from the following dates: 10/14-16/2020, 12/14-16/2020, 4/14-16/2021, and 6/14-16/2021. Records reviewed were acceptable.

12.6.5.1 The practices applied during loading, transport, and unloading of food products and materials shall be documented, implemented, and designed to maintain appropriate storage conditions and product integrity. Practices shall protect against contamination from biological, chemical, and physical hazards, and under conditions that prevent cross-contamination.

RESPONSE: COMPLIANT

12.6.5.2 Sites shall have a procedure in place that is documented and implemented to ensure trailers are inspected prior to receiving shipments or loading to ensure that the trailer is in good repair, clean, secured and at the required environmental condition and temperature.

RESPONSE: COMPLIANT

12.6.5.3 Vehicles (e.g. trucks/vans/containers) used for transporting food shall be inspected prior to loading to ensure they are clean, in good repair, suitable for the purpose, and free from odors or other conditions that may impact negatively on the product.

RESPONSE: COMPLIANT

12.6.5.4 Receiving, staging, loading, and unloading practices shall be designed to minimize unnecessary exposure of the product to conditions detrimental to maintaining product integrity.

RESPONSE: COMPLIANT

12.6.5.5 Where applicable, food transport vehicles' refrigeration units shall maintain the food at the required temperatures and the units' temperature settings shall be set, checked, and recorded before loading and product temperatures monitored at regular intervals during loading as appropriate. The refrigeration units shall be operational at all times and checks shall be completed of the units' operation, the door seals, and the storage temperature at regular intervals during transit.

RESPONSE: COMPLIANT

12.6.5.6 Upon arrival and prior to opening the doors, the food transport vehicles' refrigeration unit storage temperature settings and operating temperature shall be checked and recorded. Receiving shall be completed efficiently and product temperatures shall be recorded at the commencement of unloading and at regular intervals during unloading.

RESPONSE: COMPLIANT

12.7.1 High-Risk Processes

The flow of product throughout the facility does not contribute to possible contamination of the product.

12.7.1.1 The process flow shall be designed to prevent cross-contamination and organized so there is a continuous flow of product through the process. The flow of personnel shall be managed such that the potential for contamination is minimized.

RESPONSE: COMPLIANT

12.7.2 Control of Foreign Matter Contamination

The Foreign material control program was last updated on 4-26-2019 and addresses the methods the facility will use to reduce the possibility of foreign material contamination. Wooden pallets were properly maintained and in good condition. No loose objects were observed lying on product. No records were available to show the glass inventory was checked against the glass map. The facility stated this is included in the GDP audit. Upon reviewing the audit, there is no list of items to check and only issues identified are documented. This was identified as a Minor under 12.7.2.6.

12.7.2.1 The responsibility and methods used to prevent foreign matter contamination of the product shall be documented, implemented, and communicated to all staff.

RESPONSE: COMPLIANT

12.7.2.2 Inspections shall be performed to ensure plant and equipment remains in good condition and potential contaminants have not been detached or become damaged or deteriorated.

RESPONSE: COMPLIANT

12.7.2.3 Containers, equipment, and other utensils made of glass, porcelain, ceramics, laboratory glassware, or other like material (except where product is contained in packaging made from these materials, or measurement instruments with glass dial covers, or MIG thermometers required under regulation) shall not be permitted in food processing/contact zones.

RESPONSE: COMPLIANT

12.7.2.4 Where glass objects or similar material are required to be used by the site in storage and handling areas, they shall be listed in a glass inventory including details of their location.

RESPONSE: COMPLIANT

12.7.2.5 Product that is in glass or similar material that is for distribution purposes shall be stored and handled in a manner that prevents contamination.

RESPONSE: COMPLIANT

12.7.2.6 Regular inspections of storage and handling zones shall be conducted (refer to 2.5.4.3) to ensure they are free of glass or other like material and to establish changes to the condition of the objects listed in the glass inventory.

RESPONSE: MINOR

EVIDENCE: No records were available to show the glass inventory was checked against the glass map. The facility stated this is included in the GDP audit. Upon reviewing the audit, there is no list of items to check and only issues identified are documented.

ROOT CAUSE: Glass Map was incorporated into our system and checked during GDP audits but not documented unless there was an issue.

CORRECTIVE ACTION: Revised GDP Audit Form (doc. 4.10) to include glass and release all into Taylor's SharePoint SQF system.

VERIFICATION OF CLOSEOUT: Updating of GDP audit form does address glass inspection

COMPLETION DATE: 07/30/2021 **CLOSEOUT DATE:** 08/10/2021

12.7.2.7 Glass instrument dial covers on equipment and MIG thermometers shall be inspected at regular intervals.

RESPONSE: COMPLIANT

12.7.2.8 Pallets used in food storage shall be made of a suitable material, dedicated for that purpose, clean, maintained in good order, and their condition subject to regular inspection.

RESPONSE: COMPLIANT

12.7.2.9 Wooden pallets and other wooden utensils used in food handling areas shall be dedicated for that purpose, clean, and maintained in good order. Their condition shall be subject to regular inspection.

RESPONSE: COMPLIANT

12.7.2.10 Loose metal objects on equipment, equipment covers, and overhead structures shall be removed or tightly affixed so as not to present a hazard.

RESPONSE: COMPLIANT

12.7.3 Managing Foreign Matter Contamination Incidents

In the event of foreign material contamination, the product is handled according to the non-conforming product program. In the event of glass breakage, the area is isolated, cleaned and inspected by QA prior to resuming movement of product.

12.7.3.1 In all cases of foreign matter contamination the affected food product shall be isolated, inspected, reworked, or disposed of.

RESPONSE: COMPLIANT

12.7.3.2 In circumstances where glass or similar material breakage occurs, the affected area shall be isolated, cleaned, and thoroughly inspected (including cleaning equipment and footwear) and cleared by a suitably responsible person.

RESPONSE: COMPLIANT

12.8.1 Waste Disposal

The Waste Disposal program was last updated on 1-22-2019 and addresses the methods the facility will use to dispose of waste, liquid and re-cyclable materials. In the event the facility has to dispose of customer's product, a certificate of destruction is sent to the customer. No trash or waste was observed to be overflowing within the facility. Waste disposal is documented on the daily inspection form. Waste water was not observed to be an issue around the facility.

12.8.1.1 The responsibility and methods used to collect and handle dry, wet, and liquid waste and store it prior to removal from the premises shall be documented and implemented.

RESPONSE: COMPLIANT

12.8.1.2 Waste shall be removed on a regular basis and not allowed to build up in food handling or storage areas. Designated waste accumulation areas shall be maintained in a clean and tidy condition until external waste collection is undertaken.

RESPONSE: COMPLIANT

12.8.1.3 Trolleys, vehicles, waste disposal equipment, collection bins, and storage areas shall be maintained in a serviceable condition and cleaned and sanitized regularly so as not to attract pests and other vermin.

RESPONSE: COMPLIANT

12.8.1.4 Where applicable, a documented procedure shall be in place for the controlled disposal of trademarked materials. Where a contracted disposal service is used, the disposal process shall be reviewed regularly to confirm compliance.

RESPONSE: COMPLIANT

12.8.1.5 Inedible waste designated for animal feed shall be stored and handled so that it will not cause a risk to the animal or further processing. If denaturant is used to identify inedible waste, it shall be demonstrated that it does not pose a risk to animal health.

RESPONSE: COMPLIANT

12.8.1.6 Reviews of the effectiveness of waste management will form part of regular hygiene inspections and the results of these inspections shall be included in the relevant hygiene reports (refer to 2.5.4.3).

RESPONSE: COMPLIANT

12.8.1.7	A procedure shall be in place to ensure drainage wastewater is effectively removed from the storage areas (refer to 12.1.2.2). If stored and/or treated on the premises, it shall be stored in a separate storage facility and suitably contained. Inspections of the drainage system and wastewater storage shall be included in the regular site inspections (refer to 2.5.4.3). **RESPONSE:** COMPLIANT