Audit Report

AS/NZS ISO 9001:2008 + HACCP

AUDIT D E T A I L S			
Invoice Reference Number	**Certificate Number**	**Review Date/s**	**Review Time Hours**
S12452	SQI 671	26/27th Feb 2015	12hrs

R E V I E W TYPE				
Stage 2 ☐	Surveillance ☐	Re-Certification ☒	Scope Change ☐	Follow-up ☐
Location(s)/Sites sampled for review				
68 Quarry Road, Murwillumbah, NSW 2484 & 5 Plantation Road, Cudgen. NSW 2487				

Audit Team Leader	**Client Contact**
Neil Rungert	Ken Harries
Audit Team Members	

Audit criteria
The standard noted above plus the client's management system documentation.

Capability Statement (Including ANZSIC Codes) to appear on the Certificate Schedule		
Site location:	**Scope:**	**ANZSIC Codes:**
68 Quarry Road, Murwillumbah, NSW 2484 & 5 Plantation Road, Cudgen. NSW 2487	The Transportation and warehousing of dry, frozen, chilled, cooled, fresh produce and general freight	6110, 6709

Entry / Exit Meeting Attendees			
Name	**Position**	**Name**	**Position**
Neil Rungert	Sci Qual Auditor		
Peter Shoobridge	Director		
Ken Harries	Compliance Co Ordinator		

Summary of Findings

Changes since the last audit

- *A new QA Team is now running the Quality Food Safety program.*
- *A new Operations office has been constructed within the existing warehouse.*
- *An additional loading ramp has been constructed*.

- *The system has been maintained over the past three year period with no significant changes to the scope of activities*
- *Management of the Company is governed by the three Directors.*
- *The Business scope statement as confirmed on reference to the renewal form remains unchanged for the new three year certificate period.*

Improvement Opportunities identified at this audit

- *Improvement Opportunity # 1 The Quality Manual states that Management Review meetings are to be conducted at least monthly however since the last External audit only 7 meetings have been conducted the last being on the 8.12.2014.*
- *Improvement Opportunity # 2. Quality objectives have been documented however most of the objectives relate to NHVAS program.*
- *Improvement Opportunity # 3. It was suggested that the Compliance Coordinator is formally trained in the "Practice & Principles of HACCP" and also "Internal Auditing"*
- *Improvement Opportunity # 4. It was suggested that the Corrective action reporting sheet is amended to include the "Root Cause" of the Problem.*
- *Improvement Opportunity # 5. It was suggested that the internal audit is conducted to a documented Schedule. This would ensure a more robust review.*
- *Improvement Opportunity # 6. There was no evidence of current Insurance, Pest controllers licence or QA certificates for the Flick Pest control company.*
- *Improvement Opportunity # 7. It was suggested that the business consider a barrier be put up at the loading dock when there are no vans being loaded.*

Recommendations

- *As no major nonconformities were raised, continued certification to ISO 9001:2008 & SQI-HACCP is recommended*

Post audit activities

- *It is necessary for the client to analyse the causes of any nonconformities that have been raised or are outstanding at the conclusion of the audit. The specific correction and corrective action to be taken to eliminate detected nonconformities must be described. In the case of a Major nonconformity this must be addressed within 3 months or as otherwise recommended by the auditor. Minor nonconformities must be addressed within a defined time which must not exceed 12 months.*

- *The ongoing routine surveillance interval is 12 months.*

Notes

The Auditor would like to thank management and staff for their hospitality and assistance whilst conducting this audit.

AUDIT RESULT CLASSIFICATIONS & ACTIONS REQUIRED BY CLIENT

Major Nonconformity (NCR)
The absence of or the failure to implement and maintain, one or more required management system elements, or a situation which would, on the basis of available objective evidence raise significant doubt as to ability of the management system to achieve its intended outputs including meeting the Organisation's policy commitments (e.g. failure to provide goods or services of the required quality, failure to comply with applicable legal obligations, failure to prevent environmental or OH&S harm, etc.,).

Initial or continued management system Certification cannot be recommended if any major nonconformity is outstanding. Failure to adequately address a major nonconformity so that it may be closed or at least downgraded within three months shall initiate a process to suspend, withdraw or reduce the scope of an existing Certification.

If a major NCR is raised, a Corrective Action Plan (CAP) must be returned to Sci Qual International Pty Ltd within a maximum of one month from the audit date. A follow-up audit may be required within three months from the date the NCR was raised, to verify the effectiveness of the corrective actions. This will enable either the NCR to be closed or reduced to a Minor.

Minor Nonconformity (NCR)
An isolated or spasmodic non-conformity that is not classified as a major nonconformity and which if not addressed in a timely manner has the potential to become a major nonconformity. The corrective actions must be completed within a maximum of 12 months. The effectiveness of the Client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

Observation
An isolated or spasmodic issue that if not addressed could lead to a future nonconformity. An example could be that the auditor has observed deterioration in the level of attention the client is applying in specific areas that while still compliant needs some attention. The client is expected to address these issues.

Improvement Opportunity
Identification of an opportunity to add value for the client by suggesting ways that may improve how the business operates. The client is not required to act on these improvement opportunities.

Actions Required by Client

Causal factors
The underlying root causes of the nonconformity are to be determined in a timely manner by the Organisation after they have first taken more extensive samples of their management system than were possible during the limited Sci Qual International audit in order to identify if similar issues exist elsewhere in other parts of their management system. Records of the Organisation's investigation and root cause analysis shall be made available to Sci Qual International at their next audit.

Initial or continued management system certification cannot be recommended while any major NCR is outstanding. Failure to adequately address a major NCR within three months shall initiate a process to withdraw or reduce the scope of an existing certification.

Corrective actions to prevent recurrence
After they have completed investigations to identify the causal factors, the organisation must determine the corrective actions required to eliminate the underlying root causes of non conformity. This will reduce the potential for recurrence.

The various corrective actions shall be taken in a time scale commensurate with the risk while ensuring that the actions are completed in time to provide evidence of the outcome for the next Sci Qual International audit.

Corrective action effectiveness verification date
The long-term effectiveness of the corrective actions taken to prevent the recurrence of the non conformity must be verified by the organisation. This can be done via a rigorous independent internal audit or by some other means. Verification must be prior to the next Sci Qual International audit or within 12 months of the date that the minor nonconformity was first raised, whichever is the later date.

R e p o r t F i n d i n g s

The following elements are mandatory at all surveillance audits as required by ISO 17021:2011 Clause 9.3.2.1

a) internal audits and management review,
b) a review of actions taken on nonconformities identified during the previous audit,
c) treatment of complaints,
d) effectiveness of the management system with regard to achieving the certified client's objectives,
e) progress of planned activities aimed at continual improvement,
f) continuing operational control,
g) review of any changes, and
h) use of marks and/or any other reference to certification.

Not all of the above requirements are specifically covered by clauses in the standards

The options for reporting conclusions are as follows:

- Satisfactory – no examples of nonconformities were identified in the sample examined.
- Major nonconformity Ref #
- Minor nonconformity Ref #
- Improvement opportunity Ref #
- Observation Ref #
- Not applicable
- Not verified.

4 – Quality Management System

4.1 General Requirements

Areas visited and Objective evidence sampled

Quality Food Safety Manual: Revision # 13 – 18th February 2015.
Shoobridge Transport have prepared a Quality Management system to meet the requirements of ISO 9001:2008 and SQI HACCP Standards for transportation of produce. Appropriate procedures, policies and work instructions are included within the QMS system. Processes at the site are monitored and controlled via the HACCP system that is included as an integral part of the system. A commitment to the continual improvement of the system is included in the Quality Policy Statement.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

4.2 Documentation

Areas visited and Objective evidence sampled

Quality Food Safety Manual: Revision # 13 – 18th February 2015.
Section 4 Document Control. Procedures are documented within the QFS Manual.
Policies, Procedures, Standard Forms, Manual,
4.2 Control of Documents.
4.7 – Control of Records.
All documents and records are protected
Computers are Password protected.
All documents and records are approved by the managing director.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

5 – Management Responsibility
5.1 Management Commitment
5.2 Customer Focus

Areas visited and Objective evidence sampled
Quality Food Safety Manual: Revision # 13 – 18th February 2015
Section 10 of the QMS Manual. Customer Satisfaction.
Customer focus is documented through phone calls, emails, visits to customers by management on a regular basis and customer questionnaires that are issued annually.

Conclusion
Satisfactory – no examples of nonconformities were identified in the sample examined.

5.3 Quality Policy

Areas visited and Objective evidence sampled
Quality Food Safety Manual: Revision # 13 – 18th February 2015
Quality Policy is posted in the Admin office. It has been signed off by the managing Director & dated 27th February 2013.

Conclusion
Satisfactory – no examples of nonconformities were identified in the sample examined.

5.4 Planning

Areas visited and Objective evidence sampled
Quality Food Safety Manual: Revision # 13 – 18th February 2015
Shoobridge Transport Quality Objectives 2015.
Objectives have been documented however most of these relate to NHVAS programs.

Conclusion
Improvement Opportunity # 2

5.5 Responsibility, Authority and Communication

Areas visited and Objective evidence sampled
Quality Food Safety Manual: Revision # 13 – 18th February 2015
Organisational Chart: Revision 13 – 18th February 2015.
Job Descriptions (Revision 6 – 21st July 2014) are documented within the Human Resources Manual - issue 9 - 31st July 2014.
Memos are sent to drivers through the MT data system.
Team meetings are carried out every month.

Conclusion
Satisfactory – no examples of nonconformities were identified in the sample examined.

5.6 Management Review

Areas visited and Objective evidence sampled
Quality Food Safety Manual: Revision # 13 – 18th February 2015
Section 5 of the QFS manual.
Management meetings are to be carried out at least monthly. The last one sighted was 8.1.2014. All required inputs and outputs are covered within the reports.

Conclusion
Improvement Opportunity # 1

6 – Resource Management
6.1 Provision of Resources
6.2 Human Resources

Areas visited and Objective evidence sampled
Human Resources Manual - issue 9 - 31st July 2014.
A staff training and competency register is maintained electronically.
Sighted training records for a sample of drivers and also the Compliance Coordinator.
All employees are given induction training on commencement of employment.
Forklift and drivers licences were reviewed for a sample of employees.

Conclusion
Improvement Opportunity # 3

6.3 Infrastructure

Areas visited and Objective evidence sampled
The Company ensures that its infrastructure is always adequate to achieve product conformity. This includes all vehicles, workshop, cold room ceilings, walls, floors, lighting, drainage, electricity, telephone and IT equipment

Conclusion
Satisfactory – no examples of nonconformities were identified in the sample examined.

6.4 Work Environment

Areas visited and Objective evidence sampled
A tour of the site was carried out and identified a high standard work environment. The environment is at least as good as one would expect in the transport business and it appears that there are no obvious occupational health and safety hazards except on the loading dock.
The system also covers the workplace environments and conditions that assist in the prevention of driver fatigue. All Vehicles are well fitted out with a comprehensive communication system, air suspension systems, air conditioning, high quality radio/cd players and large sleeper bunks.

Conclusion
Improvement Opportunity # 7

7 Product Realisation

Important Note - relating to Section 7

1. Elements reviewed where Scope Reduction Permitted is ONLY within Section 7.1 – 7.6
2. Indicate where Scope Reduction has been applied if any.
3. Note these are mandatory for Certification and Re-Certification Audits.
4. Minimum of two selected Elements for Surveillance Audits ONLY **unless it is critical to the Surveillance Programme**.

7.1 Planning of Product Realisation
7.2 Customer-Related Processes
7.5 Production and Service Provision

Areas visited and Objective evidence sampled
The planning of the product realisation process is controlled by establishing a management system, procedures, work instructions and risk assessments of the process, this provides a mechanism for verification, validation, monitoring inspection and test activities applicable to the service applied.
The company uses satellite tracking to monitor all vehicles and this information is used in conjunction with customer's requirements. The plus with satellite tracking is that if a problem occurs resources can be allocated at a moment's notice irrespective of where the vehicle is located.

Conclusion
Satisfactory – no examples of nonconformities were identified in the sample examined.

7.3 Design and Development

Excluded

7.4 Purchasing

Areas visited and Objective evidence sampled

All goods and services are sourced through the Approved Supplier list.
The purchasing process is defined in the company's procurement policy.
The auditor sighted the approved supplier list
Suppliers and their performance are reviewed annually during the management review meetings

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

7.6 Control of Monitoring and Measuring Equipment

Areas visited and Objective evidence sampled

Section 10 of the HACCP Manual (Revision 12: 26.2.2015)
Coldrooms checked 6 monthly
Van Motors checked 6 monthly
Thermometers checked 6 monthly.
Euroscans calibrated 6 monthly
Records sighted for all equipment.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

8.0 Measurement, Analysis and Improvement

8.1 General

8.2.1 Customer Satisfaction

Areas visited and Objective evidence sampled

Customer satisfaction is measured by the number of complaints, lost business analysis, compliments, claims of lost or damaged produce/stock, customer feedback on delivered product quality and an avenue is available on all accounts to measure customer feedback. It is evident from the amount of new business that the company gets, the low number of complaints, and general business growth, that customers are happy. The Managing Directors close contact with his customers indicates that he is in tune with customer needs.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

8.2.2 Internal Audit

Areas visited and Objective evidence sampled

Quality Food Safety Manual: Revision # 13 – 18th February 2015
Section 8 of the QMS Manual .
Internal Review Report for both Quality & Food Safety (Revision 1 & 2 15.1.2008)
Internal audit schedule (Revision 6 2.1.2013).
The last Internal audit conducted 12.11.2014 by Renee Mongan.

Conclusion

Improvement Opportunity # 5

8.2.3 Monitoring and Measurement of Processes
8.2.4 Monitoring and Measurement of Product

Areas visited and Objective evidence sampled

Shoobridge Transport has applied suitable methods for monitoring and, where applicable, measurement of the quality management system processes.

These methods demonstrate the ability of the processes to achieve planned results. When planned results are not achieved, correction and corrective action has been taken, as appropriate, to ensure conformity of the product. Procedures are in place to monitor temperature of product on pickup from customers. This occurs mainly in summer when fresh produce can deteriorate. Temperatures are recorded on the consignment notes. Cold rooms and van motors are also monitored on a regular basis to ensure temperature is correct.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

8.3 Control of Non-Conforming Product

Areas visited and Objective evidence sampled

Section 11 of the HACCP Manual (Revision 12: 26.2.2015)

Corrective Action/Control of Non-Conforming product.

There have been 41 Non-conformance/Corrective actions raised since the last audit. All but one has been closed out. Report # 27-14 dated 27.8.2014.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

8.4 Analysis of Data

Areas visited and Objective evidence sampled

Quality Food Safety Manual: Revision # 13 – 18th February 2015

Section 9 of the QFS Manual.

Management meetings carried out at least monthly. The last one sighted was 8.1.2014. All required inputs and outputs are covered within the reports.

Conclusion

Satisfactory – no examples of nonconformities were identified in the sample examined.

8.5.1 Continual Improvement
8.5.2 Corrective Action
8.5.3 Preventive Action

Areas visited and Objective evidence sampled

Quality Food Safety Manual: Revision # 13 – 18th February 2015

Section 11 of the QFS manual.

There have been 41 Non-conformance/Corrective actions raised since the last audit. All but one has been closed out. Report # 27-14 dated 27.8.2014.

Conclusion

Improvement Opportunity # 4

Scope Reduction Approved	YES ☒ NO ☐
If Yes Please Specify below	
Permissible Exclusions applicable to the Organisation under ISO 9001:2008 are noted below.	

		7.3 Design & Development

HACCP PLAN			
Element			Comments
7.1	HACCP Team	Satisfactory	The HACCP Team consist of Peter Shoobridge – Managing Director & Ken Harries – Compliance Coordinator.
7.2	Scope and Purpose of HACCP Plan	Satisfactory	The scope and purpose is well documented. The scope includes: The Transportation and warehousing of dry, frozen, chilled, cooled, fresh produce and general freight
7.3	Product Description Product Intended Use	Satisfactory	The product description and intended use is documented.
7.4	Flow Diagram	Satisfactory	The Flow chart is reflective of the process.
8.1	Hazard Identification, Analysis and Control	Satisfactory	The Hazard Analysis reflects process and product. Well documented.
8.2	Determining CCPs/QCPs	Satisfactory	All CCPs and QCPs are applicable to the process.
9.1	Critical Limits	Satisfactory	QCP # 1 Temperature to be within +/- 1c of required temperature of item.
9.2	Monitoring of CCPs/QCPs	Satisfactory	Monitoring records were reviewed. Calibration records.
9.3	Corrective Action	Satisfactory	A current corrective action procedure is maintained. None pending.
9.4	Records	Satisfactory	All records sighted on the day of the visit were legible and easily retrieved in hard copy.
10.8	Verification	Satisfactory	A current verification schedule is maintained and followed.

GOOD MANUFACTURING PRACTICE & HYGIENE			
Element			Comments
11.7	Pest Management Vermin Control	Improvement Opportunity	Pest control is carried out by an Approved Supplier. “Flick Anticimex “.The last service conducted 12.1.2015. order # 206024201. There was no evidence of current Insurance, Pest controllers licence, QA certificates
11.2	Housekeeping Practices & Stock Control	Satisfactory	Good house keeping was evident.
11.6	Cleaning	Satisfactory	Sanifoam, All cleaning is carried out in house by trained personnel.
Waste Disposal		Satisfactory	All waste is removed by local contractor.
Wash/Rinse Water Quality		Satisfactory	Water used in the cleaning process is local town water.
Building Standard		Satisfactory	The warehouse is well maintained & suitable for the operation.
Equipment Standard		Satisfactory	All equipment sighted on the day was in good condition.
Staff Hygiene		Satisfactory	All staff have been trained in personnel hygiene. Training records
Staff Facilities		Satisfactory	Good staff facilities available to all employees.
Staff Practices		Satisfactory	Compliant to the standard
Chemical Storage & Handling Material Safety Data Sheets		Satisfactory	Compliant to the standard.
Packaging Material Storage		NA	This is a transport service provider
Raw / Finished Product Segregation		NA	This is a transport service provider
Product Storage		Satisfactory	The business has well maintained coldrooms available.
Product Transport		Satisfactory	This is a transport service provider.
Property and Environs Standards		Satisfactory	The surround of the property as sighted on the day of the visit was clean and tidy.

Future Audit Programme Part 1

*Sites to be visited each year	
Year 1 Current Year 201	**68 Quarry Road, Murwillumbah, NSW 2484 & 5 Plantation Road, Cudgen. NSW 2487**
Year 2 201	**68 Quarry Road, Murwillumbah, NSW 2484 & 5 Plantation Road, Cudgen. NSW 2487**
Year 3 201	**68 Quarry Road, Murwillumbah, NSW 2484 & 5 Plantation Road, Cudgen. NSW 2487**

Future Audit Programme Part 2 and Next Audit Plan

Date Audit Plan Issued	27.2.2015
Next Audit Start Date	February 2016, date to be advised.
Audit Objectives	The objective of the Surveillance audit is to verify that the management system has been effectively implemented and maintained in compliance with the requirements of the Audit Standard(s) for the Organisation's approved scope of assessed capability
Certification Scope	The Transportation and warehousing of dry, frozen, chilled, cooled, fresh produce and general freight
Auditor	Neil Rungert who shall be responsible for the entire Audit Process.

The following elements are mandatory at all surveillance audits as required by ISO 17021:2011 Clause 9.3.2.1 a) internal audits and management review, b) a review of actions taken on nonconformities identified during the previous audit, c) treatment of complaints, d) effectiveness of the management system with regard to achieving the certified client's objectives, e) progress of planned activities aimed at continual improvement, f) continuing operational control, g) review of any changes, and h) use of marks and/or any other reference to certification. Not all of the above requirements are specifically covered by clauses in the standards The plan should show an **P** for those areas planned to be covered and when completed this should be changed to an **C** thereby highlighting any differences from original plan and what still needs to be covered at next audit	Surveillance 1 2016	Surveillance 2 2017	Stage2/Recertification 2018	Scope Change	Follow Up
4.1 General Requirements			P		
4.2 Documentation Requirements	P		P		
5.1 Management Commitment			P		
5.2 Customer Focus	P	P	P		
5.3 Quality Policy	P		P		
5.4 Planning		P	P		
5.5 Responsibility, authority & communication	P		P		
5.6 Management Review	P	P	P		
6.1 Provision of resources	P		P		
6.2 Human Resources			P		
6.3 Infrastructure			P		
6.4 Work Environment			P		
7.1 Planning of Product Realisation	P		P		
7.2 Customer Related Processes	P	P	P		
7.3 Design & Development	ex	ex	P		
7.4 Purchasing			P		
7.5 Production & Service Provision			P		
7.6 Control of monitoring & measurement equipment	P		P		
8.1 General			P		
8.2.1 Customer Satisfaction			P		
8.2.2 Internal Audit	P	P	P		
8.2.3 Monitoring & Measurement of Processes	P	P	P		
8.2.4 Monitoring & Measurement of Product	P	P	P		
8.3 Control of Non Conforming Product	P	P	P		
8.4 Analysis of data	P	P	P		
8.5.1 Continual Improvement	P	P	P		
8.5.2 Corrective Action	P	P	P		
8.5.3 Preventive Action	P	P	P		
Review of HACCP Plan	P	P	P		

Next Audit Plan

A	B	C	Requirement
Day / date & time	**Site/ Department/ Area/Activity/ Process**	**Auditor(s)**	
Day 1	Head Office	NR	***Entry Meeting with management team*** *Audit objectives; Assessment process; Sci Qual International regulations; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A*
			Brief site orientation tour
			~~4.1 General Requirements~~ 4.2 Documentation Requirements
			~~5.1 Management Commitment~~ 5.2 Customer Focus
			5.3 Quality Policy ~~5.4 Planning-Quality Objectives and QMS planning~~ 5.5 Responsibilities / Authorities defined and communicated 5.6 Management Review
			6.1 Provisions of Resources 6.2 Human Resources 6.3 Infrastructure 6.4 Work Environment
			7.1 Planning of product realisation 7.2 Customer related process ~~7.3 Design and development~~ ~~7.4 Purchasing~~ ~~7.5 Production and service provision~~ 7.6 Control of monitoring and measuring equipment
			~~8.1 Measurement, Analysis and Improvement~~ ~~8.2.1 Customer Satisfaction~~
			8.2.2 Internal Audit
			8.2.3 Monitoring and Measurement of Processes 8.2.4 Monitoring and Measurement of Product
			8.3 Control of Non-conforming Product
			8.4 Analysis of Data 8.5.1 Continual Improvement
			8.5.2 Corrective Action 8.5.3 Preventive Action
			Review of HACCP Plan
			Daily debrief / review of findings with Guides & Report preparation
Day 1	Head Office	NR	**Exit Meeting with senior management** Audit summary & outcome

Please note that audit duration shown in the next audit plan is based on information applicable and observed at the time of this audit. It is subject to review and change during the planning review that will be undertaken prior to the next audit.

OTHER INFORMATION

Confidentiality

Information obtained from the Organisation and reviewed in the course of producing this Report will be treated as confidential. It will not be used for any purpose other than for the production of this Report.

When auditing electronic based systems, the auditors may assess a number of the elements via the internet under passwords provided by the organisation for this purpose and under strict security protocols. Where passwords are obtained and used they are to be removed by the client following the audit and a new password obtained for each audit. Under no circumstances are files to be down loaded unless the client approves the down load. The security of the information and the validity and the methods of establishing the electronic record will be assessed to ensure it has been either scanned from an original document or established under password protection. Electronic based systems must be backed up in an effective manner with some method of ensuring that data is not lost. Offsite back ups are usually required.

Disclaimer

This report has been prepared by Sci Qual International Pty Ltd for the purpose of determining the Standard implementation of the Organisation's Management Systems to the above standards at nominated Sites**.**

Due to the sampling nature of auditing, some deficiencies may exist that were not detected at the time of the Audit.

The contents of this Report are intended only for use in determining whether the organisation's management system meets the requirements of the above standards.

Whilst every effort has been made to ensure the accuracy of this Report, Sci Qual International Pty Ltd will not be held responsible, and extends no warranties as to the suitability of such information or for the consequences of its use. Likewise, neither Sci Qual International Pty Ltd nor the Auditor will be held responsible for actions taken by third parties as a result of information contained in this Report.

Audit Procedure

This Audit was conducted in accordance with Sci Qual International's procedures. These are based on JAS-ANZ accreditation requirements, including the current version of ISO 17021. The focus of the assessment was an extensive review against the audit criteria. The findings are recorded on an exception basis.

Record of Audit

This Report contains a summary of all Audit findings. Details of documentation reviewed, persons interviewed and other observations, which may have been noted on the day of the Audit, will be contained within the Auditor's notes. These notes if retained will be on file at Sci Qual International Pty Ltd Head Office.

Multi-Site Sampling

Where the Organisation implements a multi-site management system the auditor has reviewed the performance of the management system across these sites and confirms that the organisation continues to be eligible for Multi-Site Sampling as agreed in the quotation and original contract review.