

Audit Summary Sheet (Packaging Materials)  
Cumberland Packaging

14/15 June 2021

UK/BRC/304



<b>Auditor Name</b>	Robert Herridge			<b>E-mail Address</b>	robert@packology.com		
<b>Target Date for Completion</b>	2021-07-06			<b>Final Due Date</b>	2021-07-13		
<b>Start Time(s)</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Finish Time(s)</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
	0900	0845			1600	1530	
<b>Live Video Feed (Only applicable for Blended and Remote Audit Options)</b>	<b>Start Time</b>		<b>End Time</b>		<b>Total Duration</b>		
<b>Scope</b>	The flexographic printing, die-cutting, slotting, gluing and stitching, of corrugated fibre board to produce plain and printed multipoint glued cases, trays and inserts with cut or un-cut purchased polystyrene void fitments adhered with PVA glue to use as secondary packaging for food and consumer products						
<b>Exclusions from Scope</b>	None						
<b>Justification for exclusion</b>	N/A						
<b>Number of Non-Conformities</b>	<b>Non-Conformity Summary</b>			<b>Additional Modules/Head Office Audit NC Summary</b>			
	Major against SOI of Fundamental	0		Major against SOI of Fundamental	0		
	Critical	0		Critical	0		
	Major	0		Major	0		
	Minor	2		Minor	0		

*I acknowledge that the QAIC Packaging Auditor has conducted an audit against the requirements of the BRCGS Packaging Materials Issue 6 and has brought to my attention the non-conformities identified from the audit and has explained the contents of this document. I understand that at this stage, no certification decision has been made and that the results are provided for information and corrective action responses only. I am aware that the certification decision is made by authorised personnel independent of the audit process following review of the auditor's notes, final report and corrective action response.*

<b>Client Name:</b>	Ian Stubbles	<b>Date:</b>	2021-06-15
<b>Client Signature:</b>	<i>Ian Stubbles</i>	<b>Auditor Signature:</b>	Robert Herridge

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*Note: A signed copy of this form must be returned to the QAIC Packaging office within 7 days of the audit. The completed form must be emailed to the QAIC Packaging office along with evidence in line with BRCGS Requirements – further details below. Before completing your response please ensure you read the instructions on this form.*

**What happens next:**

<b>The preliminary results of your audit are subject to a full report review, corrective action evidence review and final certification decision and therefore should not be interpreted as the likely outcome, but used as a guide to determine next steps.</b>			
<b>Provisional Grade AA (AA+)</b> <b>Provisional Grade A (A+)</b> <b>Provisional Grade B (B+)</b>	<ul style="list-style-type: none"> <li>Take corrective action to rectify the non-conformities raised.</li> <li>Complete corrective action, root cause and preventive action sections on this audit summary sheet.</li> <li>Complete evidence provided section on this audit summary sheet.</li> </ul> <p>(see next page for guidance on corrective action evidence)</p>	E-mail this audit summary sheet and corrective action evidence to: <a href="mailto:evidence@qai.co.uk">evidence@qai.co.uk</a> and copy your auditor. Target: 21 calendar days Latest: 28 calendar days Audit frequency: 12 months	<input checked="" type="checkbox"/>
<b>Provisional Grade C (C+)</b>	<ul style="list-style-type: none"> <li>Take corrective action to rectify the non-conformities raised.</li> <li>Complete corrective action, root cause and preventive action sections on this audit summary sheet.</li> <li>Complete evidence provided section on this audit summary sheet.</li> </ul> <p>(see next page for guidance on corrective action evidence)</p>	E-mail this audit summary sheet and corrective action evidence to: <a href="mailto:evidence@qai.co.uk">evidence@qai.co.uk</a> and copy your auditor. Target: 21 calendar days Latest: 28 calendar days Audit frequency: 6 months	<input type="checkbox"/>
<b>Provisional Grade D (D+)</b>	<ul style="list-style-type: none"> <li>A revisit is required to close out your non-conformances. Must be within 28 days.</li> <li>Take corrective action to rectify the non-conformities raised.</li> <li>Complete corrective action, root cause and preventive action sections on this audit summary sheet.</li> </ul> <p>(see next page for guidance on corrective action evidence)</p>	If possible, please arrange a date for the revisit with your auditor. Otherwise, contact the office as soon as possible to arrange. Email this audit summary sheet to: <a href="mailto:evidence@qai.co.uk">evidence@qai.co.uk</a> Audit frequency: 6 months	<input type="checkbox"/>
<b>Not certificated</b>	<ul style="list-style-type: none"> <li>No action required</li> </ul>	To arrange a re-audit, please contact the office.	<input type="checkbox"/>

**Guidance on Preparing and Sending Corrective Action Evidence**

**Audit Reporting**

This audit summary sheet details the non-conformities raised at your audit; you will receive an interim copy of your report once the review process is complete and the correct submission of this document, along with corrective evidence, has been reviewed and accepted. Following certification decision, the final report will be uploaded to the BRCGS Directory.

The information recorded in the final report is set out in the same format used in this form. It is therefore important that the information provided gives confidence in the rectification and sustainability of corrective action taken for the non-conformities raised.

**Please ensure that the below principals are followed:**

- **Correction** – This should contain a short description of the immediate actions taken, confirming in the past tense that it has been completed (this may include action taken at the time of the audit)
- **Preventive Action** – Consideration needs to be given as to how the issue will be prevented from reoccurring. Root cause analysis should give you the basis for identifying a suitable preventive action plan. This is vital as any non-conformities that reoccur at your next BRCGS Audit may be upgraded to a Major NC.
- **Root Cause Analysis** – Non-conformities require further investigation to understand how and why the issue occurred. Consideration should also be given to assessing whether it was an isolated incident or if there are wider implications.



Evidence	
Please ensure that your evidence files are labelled appropriately and are easily identifiable against the applicable non-conformity. For example: NC 01 – Updated HARA plan, NC 02 – Purchase order for building work to be carried out.	
Types of evidence	
Photographic	Where possible, before and after photos should be provided.
Documentary*	<ul style="list-style-type: none"> <li>Updated standard operating procedures</li> <li>Updated forms/checklists, e.g. housekeeping, maintenance etc</li> <li>Updated HARM plan</li> <li>Updated pest control records</li> </ul>
Other*	<ul style="list-style-type: none"> <li>Invoices</li> <li>Purchase orders</li> <li>Certificates of calibration, conformity or analysis</li> <li>Auditor witnessed correction</li> </ul>
<i>*This list is not exhaustive and is only intended to give an overview of what may be required to close out a non-conformity.</i>	
Where documents have been amended please indicate where/highlight the amended section. Please also include details of how changes have been communicated to relevant members of staff, e.g. updated training records or records of briefings. Wherever possible please provide completed examples of the updated forms.	
Where specific documentation was missing or incomplete at the time of the audit, please ensure that you provide the same document(s) as any evidence provided will be cross referenced with the auditor’s notes made at the time of the audit.	
For minor non-conformities which cannot be fully rectified within 28 days, evidence of short term actions taken to minimise any product contamination risks should be provided along with details of the longer term action plans including details of actions to be taken, timescales and CAPEX agreement.	
Presentation	
Where it is not possible to e-mail responses, our address is: QAIC Packaging, Barnet House, Dudley Court, Dudley Road, Darlington, DL1 4GG. Please note that this form must be received by e-mail in MS Word format even if sending evidence by post. Sending hardcopy documents may lead to a delay in processing your certification.	
Please note that this mailbox cannot accept e-mails larger than 5MB, you may wish to send one e-mail per non-conformity.	
This form must be completed in English. If your procedures, work instructions and records are in a language other than English please highlight the information that has changed and provide an explanation in English.	



Example Non-Conformities			
Detail of Non-Conformity	Corrective action taken	Proposed preventive action plan	Root cause analysis
The roller shutter door at good inwards (ref B on site plan) had gaps around the top of the door allowing for pest ingress.	The gaps around the roller door have been sealed to prevent pest access.	A new service provider will be employed with a new SLA put in place. QC staff will accompany the contractor during site visits over the next 3 months to ensure all areas are being assessed correctly. Staff will be retrained on reporting issues to their manager. Internal auditors will be retrained alongside this for hygiene audits and the check sheet will be updated to include checks for gaps.	Neither the pest control contractor or internal hygiene audits identified the issue, nor did any employee report any issues. The pest control company were not accompanied during service visits and no recommendations have been made. Pest control visits were not monitored or reviewed.
Although procedures and written instructions exist, there has been no risk assessment used to determine the control of use and storage of personal medicines in production and storage areas	A risk assessment has been conducted and procedures and written instructions updated to reflect.	BRC Representative has been booked onto a training course with BRC Training 123 Ltd on 1 <sup>st</sup> March 2020 to receive a greater in depth understanding of the requirements of the Standard	It was believed that the existing procedures and written instructions were sufficient. It was not known that a risk assessment was required, and this was due to the fact that the BRC representative had not attended formal BRC training so the requirement was misunderstood



Non-Conformity Summary

Major non-conformity against statement of intent of a fundamental requirement				
No.	Requirement ref.	Details of Non-Conformity	Critical or Major?	Anticipated re-audit date

Critical			
No.	Clause.	Detail of Non-Conformity	Anticipated re-audit date

Major						
No.	Clause	Details of non-conformity	Corrective action taken	Proposed preventive action plan	Root Cause Analysis	Date Reviewed by Auditor

Minor						
No.	Clause	Detail of Non-Conformity	Corrective action taken	Proposed preventive action plan	Root Cause Analysis	Date Reviewed by Auditor
1	2.2.1	The HARA scope did not include all products and processes included within the intended scope of certification.	Scope updated to reflect what is stated as the audit scope.	Action taken to update the scope and update the HARA to Version 8. The HARA will be audited internally to include the scope. Any changes to the scope will be agreed with QAI in advance of audits and the HARA scope will be audited to match the audit scope agreed	Unaware that the scope was not specific enough due to not having read the standard in close enough detail.	2021-07-02

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2	6.3.5	There was scented liquid soap at the handwashing facility.	Soap has been removed.	Scented hand soaps have been removed and arrangements for soap dispensers to be put in place. with unscented soap from cleaning contractor. Soap dispensers have been ordered from cleaning firm and will be installed w/e 03-07-2021.	We did not read the standard closely enough and therefore did not realise unscented soap was required.	2021-07-02



**Comment on non-conformities – free text to explain where a large number of NCs have been raised without a major**

Please note that if we do not receive details of your corrective actions before the completion target date, we will not be able to guarantee that your report and registration renewal will be completed within the strict timescales we are required to apply to BRCGS certification.

For all minor non-conformities and major non-conformities raised at recertification audits, if satisfactory evidence is not provided within the 28 calendar-day period allowed for submission following the audit, certification will not be granted. In both instances, if the site cannot close out the non-conformity within the time period, the site will require a further full audit in order to be considered for certification. (Page 75 of Standard)

**Additional Modules/Head Office Non-Conformity Summary (If applicable)**

Major non-conformity against statement of intent of a fundamental requirement				
No.	Requirement ref.	Details of Non-Conformity	Critical or Major?	Anticipated re-audit date

Critical			
No.	Clause.	Detail of Non-Conformity	Anticipated re-audit date

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Major						
No.	Clause	Details of non-conformity	Corrective action taken	Proposed preventive action plan	Root Cause Analysis	Date Reviewed by Auditor

Minor						
No.	Clause	Detail of Non-Conformity	Corrective action taken	Proposed preventive action plan	Root Cause Analysis	Date Reviewed by Auditor