Audit Report
Global Standard Packaging Materials Issue 7: April 2025

1.Audit summary			
Company name	Cumberland Packaging Ltd	BRCGS site code	4477975
Site name	Cumberland Packaging Ltd - Southend on Sea		
Scope of audit	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, including Unit 19 Aviation Way, Southend-on-Sea, SS2 6UN.		
Scope exclusions	None		
Justification for exclusion	Not applicable		
Audit Start date	7/1/2025	Audit finish date	7/2/2025
Re-audit due date	7/6/2026	Appendix 3 applicable	N/A

Head Office (only complete if approach 2 is applicable)		
Head Office Name	Head Office Address	Date of annual Head Office Audit (YYYY-MM-DD)

Additional modules included			
Modules	Result	Scope	Exclusions from Scope

Certification Body name and address	Amtivo			
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2. Audit results

Audit result	Certificated	Audit grade	AA	Audit Programme	Announced
Previous audit grade	AA+		Previous audit date	4/10/2024	
Certificate issue date	8/12/2025		Certificate expiry date	8/17/2026	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	
			Minor	0	

3. Company details

Certified Site Address	Unit 2 Bay 6 Campfield Road [illegible]		
Country	UNITED KINGDOM	Certified Site Telephone number	+44 1702 298014
Commercial representative Name	John Watson	Email	jwatson@cpholdings.co.uk
Technical representative Name	Samuel Field	Email	sfield@cpholdings.co.uk

4.Company profile

Plant size (square metres)	<10K sq.m	No. of employees	51-500	No. HARA Plans	1-3
Shift Pattern		Double days			

Certification Body name and address	Amtivo			
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4.Company profile	
Outsourced processes	No
Outsourced processes description	Not applicable
Other certificates held	FSC Chain of Custody
Regions exported to	None
Major changes since last BRCGS Packaging Materials audit	No change

Company description

The Company was established in 1985 and produces Die cut plain and printed corrugated boxes and shapes and applies polystyrene packaging for void fitments. The products are manufactured for food and consumer products customers. The site has ten machines which include a two-colour printer case maker, a two-colour printer slotter, 3 Die cutters a gluing machine and various other ancillary machines. The Company has an integrated Quality and Hygiene Management system with procedures and systems that comply with the requirements of the BRCGS Standard for Packaging Materials Issue 7. The site employs 65 persons with only 25 employees on the main shift at Campfield Road (SS3 9BX) 7500 sq.m, and 20 employed at Aviation Way (SS2 6UN) with a max of 10 on site at any one time, production and storage areas work 06:30 to 13:30 and 13:00 to 21:30 Monday to Friday. Campfield Road is 2500 square metres in size. And Aviation Way and 7.3 miles away. The site has been SMETA audited by BVQI and passed, the reports being uploaded to the SEDEX Website. This was an announced, onsite physical assessment, completed within the prescribed BRCGS reaudit window.

Consultant details	
Consultant	Consultant used

Consultant Name	Consultant Organization	Services Provided
Robert Herridge	Packology Ltd	Provision of system, consultancy services and mentoring.

5.Product and process characteristics	
Manufacturing Categories	02 - Papermaking 07 - Print processes
Product Claims Made (e.g., FSC, recyclable etc.)	FSC Chain of Custody
Product incidents in the last 12months	No
Products in production at the time of the audit	Printed and plain glued and stapled boxes and trays for consumer items were in production at the time of the site inspection.

6. Audit duration details			
Total audit duration	12	Duration of production facility inspection	4
Reasons for deviation from typical or expected duration	Not applicable.		
Combined audits	None		
Next audit type selected	Announced		

Present at audit
Note: the most senior operations manager on site should be listed first and be present at both opening & closing meetings (ref clause 1.1.9). Record all persons present including consultants

Name	Job Title	Opening Meeting	Site Inspection	Procedure Review	Closing Meeting
Raj Bhardwaj	General Manager	On-Site	On-Site	On-Site	On-Site
Sam Field	Senior Operations Manager	On-Site	On-Site	On-Site	On-Site
Robert Herridge	Consultant	On-Site	On-Site	On-Site	On-Site

Certification Body name and address	Amtivo

GFSI Benchmarked audit history			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
7/1/2025	BRCGS Packaging Materials Issue 7	Announced	Pass
4/9/2024	BRCGS Packaging Materials Issue 6	Unannounced	Pass
6/9/2023	BRCGS Packaging Materials Issue 6	Announced	Pass

Document control				
CB Report number	UK/BRC/304			
Template Name	P703 Packaging Materials Audit Report Template v1.1			
Standard Issue	7	*Template issue date*	4/28/2025	
Directory allocation	PackMat	*Version*	1.1	

Non-Conformity Summary Sheet

Major non-conformity against statement of intent of a fundamental requirement				
No.	Clause	Detail	Critical or Major	Re-audit date

Critical			
No.	Clause	Detail	Re-audit date

Major							
No.	Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Certification Body name and address	Amtivo			
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Minor							
No.	Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Comments on non-conformities

Additional Modules/Head Office Non-Conformity Summary Sheet

Critical			
No	Clause	Detail	Re-audit date

Major							
No	Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor							
No	Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Lead auditor		
Auditor number	**First name**	**Second name**
20340	Paul Blake	Blake

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Physical or Remote	Professional recognition
Paul	Blake	20340	Lead Auditor	2025-07-01	08:30	16:00	Physical	20340
Paul	Blake	20340	Lead Auditor	2025-07-02	08:00	12:00	Physical	20340

Detailed Section

1.	Senior management commitment
1.1	Senior management commitment and continual improvement

The site has a documented policy which includes the site's intention to meet their obligation to produce safe and legally compliant products to the specified quality and confirms responsibility to customers. The policy is signed by the person with responsibility for the site, is communicated to all personnel and includes a commitment to continuously improve product safety and quality culture. The site has defined and maintained a clear and effective plan for the development and continuing improvement of a product safety and quality culture. The site has established documented objectives to maintain and improve the safety, legality, and quality of products in line with its product safety and quality policy and the requirements of the Standard. These objectives included measurable targets, were clearly communicated to relevant personnel, and were monitored with results reported at predetermined intervals to senior management. The site has provided the human and financial resources necessary to manufacture safe and legally compliant products to the required quality, and to meet the requirements of the Standard. The site has a system in place to ensure it remains informed of, and reviews, relevant scientific and technical developments, industry codes of practice, and applicable legislation. The site has a genuine copy of the Standard and understands how to access any changes published on the BRCGS website. The site has met their obligation to ensure the audit happened within the re-audit due date window. The site ensured that the most senior relevant manager participated in the opening and closing meetings of the audit. Relevant departmental managers or their deputies were available as required, and a member of the senior management team was present to discuss the effective implementation of the product safety and quality culture plan. The site has effectively addressed the root causes of any non-conformities identified at the previous audit to prevent recurrence.

Compliance Evidence

Site Policy

Description of policy: The site has a documented policy which includes the site's intention to meet their obligation to produce safe and legally compliant products to the specified quality and confirms responsibility to customers.

The policy was signed by Managing Director

Communication of policy: all staff are introduced to the policy during their induction, and it is on display at various noticeboards around the site and on the Atlas Training platform.

The policy was observed to include a documented commitment to continuously improve the site's product safety and quality culture.

Product safety and quality culture plan

Identification of culture: The site has completed an anonymous questionnaire to determine the level of culture

Culture activities undertaken annual staff appraisals, open door policy, QR code reporting system any issue the staff member may have, whistleblowing Policy, including an impartial individual's telephone number and monitor staff turnover, monthly workforce meetings,

Activity measurement: the anonymous questionnaire is repeated annually, and the results determine the training requirement going forward.

The plan is supported through personnel training, feedback and communication as required and has been designed to continually evolve and therefore activities are still ongoing.

Last review date: 31st March 2025

Frequency of review: The site reviews the plan on an annual basis.

The relevant members of the senior management team were available to discuss the plan during the audit.

Confidential reporting

The site has a confidential reporting system in place which enables personnel to report concerns relating to product safety, legality, and quality.

The mechanism for reporting concerns has been communicated to all personnel.

There is a mechanism in place for reviewing and assessing any concerns raised.

Quality, safety and legality objectives

A sample of the objectives set for the current year includes:

•Objective: Maintain BRCGS certification

•Objective: Maintain an OTIF of 90% or better.

•Objective: pallet presentation score in customer surveys must be at least 85%,

•Objective: Customer Satisfaction, no more than 5 complaints a week. Currently 3.9 YTD

Monitoring of objectives: All objectives are monitored at Monthly Business planning review meetings.

Key results: Currently all objectives are currently being met.

Previous non-conformities

Non-conformance close-out: All previous non-conformities raised during the last assessment were seen to be closed out.

Implementation: The root causes for previous non-conformities was reviewed to be appropriate, and suitable preventive action was seen to be implemented.

1.2	Management review

The site conducted management review meetings at scheduled intervals, at a minimum annually, to evaluate performance against the Standard and the objectives. The management review process included evaluation of previous review documents, action plans and timescales, audit results (internal, second-party, and third-party), customer complaints and feedback, effectiveness of the HARA, legislative and certification scheme changes, incidents and non-conforming materials, unmet objectives, and the effectiveness of product defence, fraud prevention, and product safety and quality culture plans. The meeting was documented.

The site ensured that personnel were aware of the need to report any risks or evidence of unsafe or out-of-specification product, equipment, or materials to a designated manager.

Compliance Evidence

Management review frequency: Undertaken on an annual basis.

Meeting attendance: Attended by all members of senior management. Those who attended the last meeting included General Manager RB, Senior Operations Managers SF LS and External Consultant RH

Date of last management review meeting: 31st March 2025.

Communication of minutes and actions: Documented minutes circulated to the attendees with any required information cascaded to relevant personnel for actions.

Personnel are made aware of the need to report any risks or evidence of unsafe practices.

1.3	Organisational structure, responsibilities, and management authority

The site had an up-to-date organisational chart that clearly defined the current management structure and reporting channels. Responsibilities for product safety, authenticity, legality, and quality were assigned to identified personnel, with deputies in place to cover absence. A named individual had overall responsibility for product safety and quality, with a suitably trained deputy identified. The staff structure observed during the audit was consistent with documented responsibilities. Personnel interviewed were aware of their responsibilities and job roles and were able to demonstrate understanding of key product safety and quality requirements.

Compliance Evidence

Management structure: 1.5 Company Organisation issue 5 dated 18th April 2025.

Deputies: The site has identified deputies for in the absence of the responsible person.

The staff structure reviewed during the assessment was up-to-date and reflected within the audit.

Personnel awareness: All key requirements of the Standard have work instructions in-place, as well as personnel having job descriptions in place.

Use of consultants: the site uses the services of an external consultant.

1. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
	None

2.	Hazard analysis and risk assessment
2.1	The hazard analysis and risk assessment team

The hazard analysis and risk assessment (HARA) has been developed, reviewed, and maintained by a multidisciplinary team. All key operational areas were represented, and the team is appropriate for the site's product range and complexity. A designated team leader has been appointed who is suitably trained and demonstrated competence in leading the HARA process. Training records and relevant experience were reviewed during the audit and found to be satisfactory. All team members were able to demonstrate competence in hazard analysis and risk assessment principles, with evidence of formal training and relevant industry knowledge. The site maintains training records as part of its internal competency framework.

The team demonstrated that it has access to the knowledge and expertise required to ensure the HARA remains effective and reflective of site activities, including input from relevant personnel when changes occur (e.g. process modifications, new equipment, or customer requirements).

Compliance Evidence

Hazard and Risk Management Team Leader Details:

•Team Leader: Senior Operations Manager SF

•Experience: 13 years' experience in packaging, starting as an operator working his way up to Senior management.

•Training: training from Packology Ltd consultancy for HARM and Site HARA documentation 19th and 20th May 2025

Hazard and Risk Management Team Details:

•Team Members: General Manager RB and Senior Operations Manager LS and External Consultant RH.

•Competence: The team is able to demonstrate competence through training and experience in hazard and risk analysis principles.

•Example training reviewed: Training reviewed for all members of team from Packology Ltd

2.2	Prerequisite programmes

The site has implemented and maintained a comprehensive set of prerequisite programmes (PRPs) that form the foundation of its hazard and risk management system. These PRPs cover the essential environmental and operational conditions required to produce safe and hygienic packaging materials.

Compliance Evidence

Overview or prerequisites: Documented procedures were in place for all prerequisites in operation at the site including cleaning, pest control, maintenance, waste management, personal hygiene and dispatch and transport.

These were appropriate to the site's operations and supported the identification and control of potential hazards during the HARA process.

2.3	Describe the product

The scope of the HARA has been clearly defined and included all products and manufacturing operations within the intended scope of certification. The site has defined and documented descriptions for all products within the scope of certification. Each description includes relevant characteristics such as composition and physical properties (e.g. size, shape, colour, material type). All relevant information needed to conduct the HARA has been collected, maintained, documented and updated.

Compliance Evidence

Product description: plain or printed FEFCO style corrugated fibreboard boxes cases and trays

The site uses recycled raw materials.

Summary of product and processes covered: 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.

The scope of the audit accurately reflects all products and processes on site.

Exclusions: There are no excluded or out of scope processes undertaken on site.

2.4	Construct and verify process flow diagram

A process flow diagram has been constructed which covers all steps from raw material receipt through to finished product dispatch. The diagram reflects current site practices and includes all relevant inputs, outputs, and decision points. The process flow has been verified for accuracy and is reviewed at defined intervals, meeting the minimum annual requirement, with a process in place to also review should any changes occur.

Records of verified flow diagrams are maintained.

Compliance Evidence

Flow diagrams reviewed:

•Flow Process Diagram

Key process steps: Material order, receipt of materials, storage, material issue, production processes, palletising, storage and Despatch

Last process flow verification date: 20th May 2025

Reason for verification: Undertaken as the scheduled annual verification.

2.5	List all potential hazards associated with each manufacturing step, conduct a hazard analysis and consider any measures to control identified hazards

The hazard analysis and risk assessment includes all manufacturing steps within the scope of certification the site has documented all of the identified potential hazards that they reasonably expect to occur.

The assessment is based on comprehensive information sources and includes consideration of the severity and likelihood of each hazard. The intended use of the finished product has been taken into account.

Compliance Evidence

Hazards identified:

•Microbiological: potential allergen

•Physical: Dust, metal, glass, quality issues,

•Chemical: cleaning chemicals and lubricants,

Specific hazards identified at a process step: good inward: wrong materials delivered, damaged materials, contaminated materials, Storage: Damage, production, wrong materials issues, wrong inks issued/used, dirty cutting formes, print issues, cutting issues, gluing issues

Control measures identified: Pre-requisite programmes, operational procedure, standard operating procedures, internal auditing

2.6	Determine the critical control measures

The site has undertaken an assessment to determine whether any hazards require specific critical control measures. The site has used a systematic approach to evaluate the need for critical controls at each process step.

Compliance Evidence

The site has determined that no critical control measures are required.

2.7	Establish validated critical limits for each critical control measure

The site has undertaken an assessment to determine whether any hazards require specific critical control measures. The site has used a systematic approach to evaluate the need for critical controls at each process step.

Compliance Evidence

The site has determined that no critical control measures are required.

2.8	Establish a monitoring system for each critical control measure

The site has not identified any critical control measures, therefore the requirements of this section of the Standard are not applicable.

2.9	Establish a corrective action plan

The site has a procedure in place for the completion of root cause analysis and corrective actions and to determine preventive actions. Root cause analysis is used to implement ongoing improvements and prevents recurrence of non-conformities.

Compliance Evidence

Procedure reference: 3.0 Continuous Improvement Procedure issue 1 dated 28th April 2025.

The procedure applies to product related issues as well as quality system issues.

Example of corrective action close out reviewed: Pallet Presentation issue has been addressed by introducing a new policy to inspect pallets before despatch and to retrain operatives in site expectations for pallet presentation, complaints for this issue have been reduced by over 50%

Example of corrective action close out reviewed: Gluing issues had been an issue, the corrective action was to have all gluing systems serviced and relevant staff retrained, complaints are now significantly reduced.

The corrective action, root cause and preventive action was reviewed for the examples challenged and was seen to be effectively undertaken to the Standard requirements. The close outs reviewed were suitable based on the nature of the non-conformity.

2.10	Validate the hazard analysis and risk assessment plan and establish verification procedures

Validation and verification procedures are in place to ensure that the hazard and risk management system is effective.

The HARA plan has been fully validated, and the site has a system in place to ensure validation prior to any changes which may affect product safety, to ensure that the plan will effectively control the identified hazards before implementation.

Verification procedures confirm that the system is operating as intended. These include reviews of hazard assessments, internal audits, product inspections, and analysis of monitoring data. Activities are documented, reviewed, and used to maintain system performance.

Compliance Evidence

Validation of the HARA plan: Validated annually.

Last verification of the HARA plan: 20th May 2025

Date of last HARA review: 20th May 2025

Reviewed by: by the HARM Team

2.11	Hazard analysis and risk assessment documentation and record keeping

Records are maintained to demonstrate the effective operation, review and update of the hazard and risk management system. Documents are controlled and readily accessible when needed.

Compliance Evidence

All records observed related to the HARA and product safety controls were seen to be compliant with the requirements of the Standard.

2. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
2.7	The site has not established any critical control measures.
2.8	The site has not established any critical control measures.

3.	Product safety and quality management

3.1	Product safety and quality management system

The site's documented policies, procedures, working methods and practices have been collated in a navigable and readily accessible system. The system is fully implemented, reviewed at appropriate planned intervals and improved where necessary.

Compliance Evidence

Implementation: All staff are provided with access and training on all documented policies, procedures and working methods commensurate with their role.

Access and availability to staff: the system is available digitally to all employees via atlas.

Translation requirements: The site has determined that no documents are required to be translated.

3.2	Document control

The site has a documented procedure to manage documents which form part of the product safety and quality management system. There is a list of all controlled documents indicating the latest version number. The method for the identification and authorisation of controlled documents is through the control system, documents are identified by title, issue number and date and changes are recorded on the list of controlled documents. Documents and records in electronic form are stored securely and backed up to prevent loss or malicious intervention.

Compliance Evidence

The controlled documents seen during the audit were seen to be compliant with the requirements of the Standard.

3.3	Record-keeping

The site's records were seen to be legible, appropriately authorised, retained in good condition, and retrievable. Any alterations to records are authorised and justification for the alteration is recorded.

The company's senior management ensure that documented procedures are established and implemented for the organisation, review, maintenance, storage and retrieval of all records relating to product safety, legality, regulatory compliance and quality. Records are held for a defined period which relates to the usable life of the packaging and the products it is designed to contain.

Compliance Evidence

Record retention period: All records are digital and retained indefinitely

The completed records seen during the audit were seen to be legible and compliant with the requirements of the Standard.

3.4	Specifications

Detailed, accurate and compliant specifications are available for all products and raw materials, including product safety and legislative requirements. The site seeks formal agreement of specifications with all relevant parties. There is a specification review process in place where the product composition or characteristics change and at a predetermined interval. Reviews and changes are documented and communicated to the customer. Any changes to existing agreements or contracts are agreed, documented and communicated.

Compliance Evidence

Specifications were seen to be available for all products and raw materials and products challenged, with the controlled specifications kept electronically. The specifications which were reviewed included limits for relevant attributes.

Raw material specification challenged: Paper specification from M paper grammage, tensile strength, deckle widths

Finished product specification challenged: site finished specification includes Product ref; CoC Category; Customer name; size; customer ref; board grade; chop details, score details; pallet details.

Frequency of review of specifications: Specifications are reviewed as part of the contract review process.

3.5	Internal audits

The site has demonstrated that there is a scheduled programme of internal audits in place which is fully implemented and effective, covering: HARA or product safety and quality plan, prerequisite programmes product defence and product fraud prevention plans, procedures implemented to achieve the Standard.

Audits are scheduled and undertaken at a frequency based upon risk and previous audit performance, at least annually. Internal audits are carried out by appropriately trained and competent auditors. Auditors are independent from the process or activity being audited to ensure impartiality. Internal audit reports identify conformity as well as non-conformity. Results are notified to the personnel responsible for the process/activity audited. Root cause analysis is used to determine appropriate corrective actions, and a designated manager is responsible for the implementation. There is also a separate programme of documented inspections to ensure that the factory environment and processing equipment are maintained in a suitable condition. The results are reported to the personnel responsible and corrective actions, including timescales, are agreed.

Compliance Evidence

Frequency of audits: Internal audits are carried out annually, spread throughout the year on at least 2 separate dates and based on risk.

Risk determination: The risk level is determined by the risks covered in the HARM study and the previous audit performance.

All internal auditors challenged were seen to be competent, have completed the required training and are independent from the area being audited to ensure impartiality.

The auditors challenged include:

Internal auditor: External Consultant RH

•Training reviewed: ISO 9001:2015 Lead Auditor course dated 13th – 17th March 2017 by BATALAS.

Internal auditor: General Manager RB

•Training reviewed: internal auditing training by Packology Ltd on 23rd January 2025

Internal auditor: Senior Operations Manager SF

•Training reviewed: internal auditing training by Packology Ltd on 23rd January 2025

The following Internal system audit reports were challenged:

•Report: Full system internal audit completed by External Consultant RH on 25th April 2025 No issues found.

•Corrective action reviewed from internal audit: none recorded.

Internal audit reporting and follow up: Completed internal audits are reported to the managers responsible and closed out within defined timescales based on the non-conformity identified. Non-conformances, where raised, are subject to corrective action, root cause and preventive action.

Factory environment and manufacturing equipment inspections:

•Report Date: W/C 23rd June 2025

•Report Outcome: overall average score 84% Campfield Road and 77% at Aviation Way

Frequency of inspections: currently completed weekly

Risk determination: The risk level is determined by the risks covered in the HARM study and the previous audit performance.

3.6	Supplier approval and performance monitoring

The site has implemented a risk-based system for the approval and monitoring of suppliers of raw materials and packaging components. Documented procedures define the criteria for initial approval, including supplier questionnaires, third-party certification, and site audits as required. Suppliers are categorised according to risk, and approval status is maintained in a controlled supplier list. The approval process is completed before materials are sourced, and re-evaluation is carried out at defined intervals or in response to performance issues. Records of supplier approval and monitoring activities are maintained.

Compliance Evidence

Supplier approval procedure reference: 8.0 Supplier management procedure issue 1 dated 28th April 2025.

The supplier approval procedure has been determined as effective by the site.

There is an up-to-date list of suppliers, which is readily available to staff who require access.

A sample of suppliers reviewed as part of this assessment, including their approval documentation:

•Raw material supplier: DS Smith Blunham, SAQ dated 23rd January 2024 BRCGS Packaging Materials Certificated by BSI Site 5982654 expires 5th March 2026. SAQ and supplied data have completed the approval process

•Raw material supplier: Progroup Board Ltd, Elsmere Port, SAQ dated 22nd February 2024

•Raw material supplier: Mondi Birmingham, SAQ dated 9th May 2025, BRCGS Packaging Materials certificated by Amtivo site code 2125328 expires 5th October 2025.

Frequency of on-going approval: ongoing approval is completed every three years.

Evidence of effective supplier traceability systems in place: All suppliers were seen to have been certificated to GFSI benchmarked schemes or other third-party scheme with a scope that includes traceability. A number of third-party certificates were reviewed during the assessment.

Supplier approval exceptions: Material exceptions can be approved, and a certificate of analysis or statement of compliance must be received with or before delivery.

3.7	Product vulnerability, claims and chain of custody

The site has processes in place to access information on historical and developing threats to the supply chain which may present a risk of substitution for all raw materials. Information is gathered from trade associations, government sources or private resource centres.

A documented vulnerability assessment has been carried out on all raw materials to assess the potential risk of substitution, considering all five mandatory requirements of the Standard. The output of this assessment has been documented as a vulnerability assessment plan. This plan is reviewed to reflect changing economic circumstances and market intelligence which may alter the potential risks and is formally reviewed annually.

Where raw materials have been identified as being at particular risk of substitution, the vulnerability assessment plan includes appropriate assurance and/or testing processes to mitigate the identified risks.

Compliance Evidence

Access and assessment of information: Access to information includes external consultant, membership of the Sheet Plant Association, talking to suppliers and customers, accessing Government websites and private resource centres.

Documented vulnerability assessment: 3.7 Vulnerability Assessment Plan dated 31st March 2025, next reviewed March 2026.

Details of review process: Reviewed at least annually or when there is significant change to economic circumstances or market intelligence.

Last reviewed: 31st March 2025

Examples of raw materials and their risk:

Raw material: Corrugated board

•Risk: Negligible

Raw material: ink

•Risk: Negligible

3.8	Management of outsourced processes

The site does not outsource any process steps or storage, therefore the requirements of this section of the Standard are not applicable.

3.9	Management of suppliers of services

The site has a documented procedure for the approval and monitoring of suppliers of services, which is risk-based and takes into consideration risk to the safety and quality of products, compliance with any specific legal requirements and potential risks to the security of the product. Contracts or formal agreements, for example through terms and conditions, are in place with the suppliers of services which clearly define the service expectations and ensure potential risks associated with the service have been addressed.

Compliance Evidence

Procedure for approval and monitoring of suppliers of services: 8.0 Supplier management procedure issue 1 dated 28th April 2025.

Supplier performance monitoring: performance monitoring based on issues/complaints.

Reviewed the following suppliers of services, including agreements in place:

•Pest control: Prokil Pest Control, agreement in the book.

•Waste management: TLM Waste management.

•Product safety and quality consultants: Packology Ltd

3.10	Traceability

The site has a documented traceability procedure and system that can trace and follow all raw materials from the supplier through all stages of processing and distribution of the finished product, and vice versa.

Identification of raw materials, intermediate products, finished products, non-conforming products and quarantined goods is adequate to ensure traceability. An appropriate system is in place to ensure that the customer can identify a product or production lot number for the product. The traceability procedure and system are tested at least annually, and the results are retained and easily retrieved for inspection. Traceability of all materials can be achievable in a timely manner.

Compliance Evidence

Traceability procedure reference: 17 Process Control Procedure issue 1 dated 28th April 2025.

Overview of the traceability system: All incoming items are given a unique trace code which follows the product throughout the production process. Production batch codes are provided on delivery notes as dispatched to the supplier.

Traceability markings on product: the sites works order number is on all pallet labels and is the sites traceability key.

Traceability test details instigated during this assessment:

•Product chosen: Standard Carton

•Date of production: 13th March 2025

•Key raw materials: Double wall corrugated fibreboard

•Start and finish time: started at 15:30 and finished at 19:40

•Key documentation reviewed:

•Material purchase order

•Customer order

•Production works order

•Check sheets

•Delivery note to customer

The traceability exercise undertaken during the assessment was seen to be undertaken effectively.

The traceability system for the site can effectively trace and follow all raw materials from suppliers throughout all stages of processing and distribution of finished products and vice versa. The site challenges the traceability systems annually, with the last in-house traceability test having occurred in the last 12 months.

3.11	Control of non-conforming materials

Procedures for the control of out-of-specification or non-conforming materials are in place and understood by all personnel. These include the effective identification and management of materials before a decision has been made on their final disposition. Non-conforming materials are assessed before a decision taken. The decisions and reasons are documented.

Compliance Evidence

Procedure reference: 3.0 Continuous Improvement Procedure issue 1 dated 28th April 2025.

Handling of out of specification material: Any out of specification product is quarantined on the system and moved to the quarantines area of the warehouse which is secure. Quarantined on the system means that the product cannot be despatched.

Example of a non-conforming product: one product is currently quarantined, for a job with board quality issues, currently awaiting confirmation/response from the supplier so it can be disposed of/credited for.

3.12	Complaint-handling

The site has a detailed complaints system in place; all complaints are recorded and investigated. Actions resulting from the complaint are carried out promptly and effectively by appropriately trained staff and complaint data is analysed to identify significant trends. Root cause analysis is used where there has been an increase or repetition of a complaint type.

Compliance Evidence

Procedure for managing complaints: 3.0 Continuous Improvement Procedure issue 1 dated 28th April 2025.

Overview of complaint trends and how analysed: Complaints are reviewed and trended weekly by the management team

Highest complaint type and cause: Pallet presentation has been the most common complaint, caused by a lax approach to pallet presentation.

3.13	Corrective and preventive action

The site has a procedure in place for the completion of root cause analysis and corrective actions and to determine preventive actions. Root cause analysis is used to implement ongoing improvements and prevents recurrence of non-conformities.

Compliance Evidence

Procedure reference: 3.0 Continuous Improvement Procedure issue 1 dated 28th April 2025.

The procedure applies to product related issues as well as quality system issues.

Example of corrective action close out reviewed: Pallet Presentation issue has been addressed by introducing a new policy to inspect pallets before despatch and to retrain operatives in site expectations for pallet presentation, complaints for this issue have been reduced by over 50%

Example of corrective action close out reviewed: Gluing issues had been an issue, the corrective action was to have all gluing systems serviced and relevant staff retrained, complaints are now significantly reduced.

The corrective action, root cause and preventive action was reviewed for the examples challenged and was seen to be effectively undertaken to the Standard requirements. The close outs reviewed were suitable based on the nature of the non-conformity.

3.14	Management of incidents

The site has an incident management (which includes product withdrawal) procedure which identifies key personnel involved in assessing potential product withdrawals or returns, a communications plan including methods of informing customers, root cause analysis and corrective action to implement appropriate improvements as required. The incident management procedure can be operated at any time and considers notification to the supply chain, certification body, stock return, logistics for recovery, storage of recovered product, and disposal. The company provides written guidance and training for relevant staff regarding the type of event that would constitute an incident, which may include disruption to normal production processes, disruption to key services, events such as fire, flood or natural disaster, malicious contamination or sabotage or failure of, or attacks against, digital cyber-security. A documented incident reporting procedure is in place.

Where a site's products are involved in a product withdrawal, or recall, the site assist with provision of required information (such as traceability) as required. The product withdrawal/recall procedure is tested at least annually. Results of the test are retained and include timings of key activities.

Compliance Evidence

Procedure reference: 4.0 Incident Management Procedure issue 1 dated 28th April 2025.

The incident management and product recall procedure was reviewed which was seen to contain sufficient detail and no issues were noted.

Date and details of latest test: Last test completed 12th March 2025 with customer PP customer contact DP with a positive result, and the test has been reviewed and to changes to the procedure are not required.

Conclusions and improvements: Successful and complete test carried out. The site have identified no improvements as being required.

Incidents since last audit: None.

3. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
3.4.3	No products are produced for direct contact applications.
3.4.4	There is no presence of trademarks or logos on product.
3.6.4	Ongoing approval is not based on questionnaires or supplier provided information
3.6.6	Raw materials are not purchased from companies that are not the manufacturer or packer.
3.7.3	No raw materials or finished product have been identified as a particular risk of fraudulent activity, and no claims are made.
3.8	There are no intermediate process steps which are outsourced.
3.10.5	There are no reworking or recycling operations carried out.

4. Site Standards

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4.1	External standards

The site was found to be suitable in size for the business and its operations and located in an area which did not present any issues likely to affect the safety or legality of products. The site has stated that there are no local activities seen which may have an adverse impact on the safety or quality of the finished product or raw materials. External areas around the site were found to be well managed and maintained, grassed areas away from the buildings were deemed suitable, external traffic routes which come under the responsibility of the site are suitably surfaced. External building fabric was inspected during the external site review and was maintained to a good standard to minimise the potential for any product contamination. Adequate site drainage was seen to be in place during the external inspection, this included gutters, drainpipes and drains.

Compliance Evidence

Description of location: The site is situated to the south of Shoeburyness centre on a light industrial estate, with domestic dwellings to one side and opposite and railways to the rear.

Additional locations: Aviation Way is situated on a light industrial estate on the edge of Southend Airport.

4.2	Building fabric and interiors: raw materials handling, preparation, manufacturing, packing and storage areas

The fabric of the building was observed to be suitable for the intended purpose and in good condition and repair. Walls, floors, ceilings and pipework were seen to be maintained in good condition and can facilitate cleaning. Suitable and sufficient lighting has been provided to ensure a safe working environment, correct operation of processes, effective inspection of the product and cleaning. Suitable and sufficient ventilation has been provided.

Compliance Evidence

Materials of fabrication for internal walls: All internal walls are of painted brick/blockwork

Materials of fabrication for floors: All floors are sealed or painted concrete.

Materials of fabrication for ceilings: Upper floor ceilings at Campfield Road and all ceilings at Aviation Way are the underside of the roof cladding materials, lower floor ceilings are concrete from the floor above.

Drainage provision: Sinks are fitted directly to drains, no issues noted with drainage.

Details of elevated walkways, access steps and mezzanine floors: Overhead structures fabricated from metal and fabric belts for the extraction system.

Method of window protection: There were no glass windows within the production area which were identified as a hazard.

Door suitability: Various doors were observed during the assessment, including fire doors. All doors observed were seen to be close fitting and in suitable condition. Doors fabricated from all doors are fabricated from wood or metal.

Lighting suitability: Adequate lighting in place.

Suitability of ventilation and extraction: Normal ventilation in place with no pest issues noted.

4.3	Utilities

All water used in the manufacturing areas that could impact product safety is suitable for the intended use, water is mains supplied and of potable quality.

Compliance Evidence

Water use: Water is used for handwashing and cleaning only.

Source of water: All water is sourced from Essex and Suffolk Water

Utilities testing: Compressors were last serviced, At Aviation Way, by CAPS Compressors and Pipework systems on the April 4th, 2025, and Campfield Road by CAPS Compressors and Pipework systems on the December 19th, 2024, booked in for next week.

4.4	Site security and product defence

The company undertake a documented risk assessment (threat assessment) of the security arrangements and potential risks to the products from any deliberate attempt to inflict contamination or damage. This threat assessment includes both internal and external threats. The output from this assessment is a documented product defence plan. Areas have been assessed according to risk; sensitive or restricted areas defined, clearly marked, monitored and controlled. The plan is kept under review to reflect changing circumstances and external influences and is formally reviewed at least annually. Measures are in place to ensure only authorised personnel have access to production and storage areas, and access to the site by employees, contractors and visitors is controlled. A visitor reporting system is in place. Staff are trained in site security procedures and encouraged to report unidentified or unknown visitors.

Compliance Evidence

Documented threat assessment: 4.6 Security Risk assessment issue 1 dated 31st March 2025.

Product defence plan reference: Product defence plan is made up from 3.7 Vulnerability Assessment Plan dated 31st March 2025 and 4.6 Security Risk assessment issue 1 dated 31st March 2025.

Last reviewed and updated: Both reviewed on the March 31st 2025.

Security measures: There were various measures seen during the assessment to manage internal and external threats which included locked doors to prevent unauthorised access and various areas included in a CCTV system. Staff and visitor access to the site is controlled and the security systems in place ensure that unauthorised access is not permitted. Systems are in place to ensure that only authorised personnel have access to production and storage areas and access by employees, contractors and visitors is controlled. A visitor recording system is in place.

External storage security measures: the Campfield Road site has keycode access to all areas with a secure fence all round and the gates locked when the site closed.

Additional locations: Aviation Way has keycode access to the production and storage areas and a secure yard when the site is closed.

4.5	Layout, product flow and segregation

The site has a current plan of the site which includes access points for personnel, travel routes for personnel, raw materials and intermediate or finished products, staff facilities, routes for the removal of waste, production and process flows and storage areas. Premises allow sufficient working space and storage capacity to enable all operations to be carried out properly under safe and hygienic conditions.

Compliance Evidence

Site map reference: Site plans for Campfield Road and Aviation Way, dated 21st May 2023

Overview of the site layout: Site has a linear process flow from goods in to despatch via the same yard.

Adequacy of layout: All areas allowed for sufficient working space to enable all operations to be carried out properly under safe and hygienic conditions. Logical and designated walkways have been provided throughout production.

Additional locations: the Aviation Way site is storage and production, via linear process

4.6	Equipment

Production, storage and warehousing equipment has been designed for the intended purpose and minimises the risk of contamination to the product. Equipment is constructed from suitable industry standard materials and designed to ensure it can be effectively cleaned and maintained. Newly installed equipment is properly specified before purchase, tested and commissioned prior to use and a maintenance and cleaning programme has been established.

Compliance Evidence

Construction and suitability of equipment: all machinery is purpose built of suitable materials cast and fabricated metal and fibre belts.

Equipment review: The auditor has reviewed the suitability of equipment present for the application and can be effectively cleaned and there were no issues noted.

Specifications: There are specifications in place prior to sourcing new or new to site equipment, which are reviewed by the HARA team as applicable.

Commissioning of new and new to site equipment:

•There is a risk-based commissioning procedure for new or new to site equipment.

•Procedure: 10 Maintenance procedure issue 1 dated 28th April 2025

•Process description: All new equipment is fully specified prior to purchase, once purchased the site hold a risk assessment meeting to determine the steps that need to be followed to install the equipment on site and will include measures of protection for production work if the site is operational or if the installation should be completed at a weekend.

4.7	Maintenance

There is a documented programme of maintenance, covering all items of production equipment and plant critical to product safety, legality and quality, to prevent contamination and reduce the risk of breakdown.

Maintenance logs are maintained for all off-line testing equipment which includes any adjustments and the re-calibration date of any interventions. Equipment that has been identified as being a risk of product contamination by foreign bodies arising from equipment failure or damage is inspected at predetermined intervals, inspection results documented, and appropriate action taken. Maintenance work does not place product safety, quality or legality at risk. Maintenance work is followed by a documented clearance procedure which records that contamination hazards have been removed, and equipment cleared to resume production. Tools and other maintenance equipment are cleared away after use and appropriately stored.

Contractors involved in maintenance or repair are suitably monitored by a staff member who is responsible for their activities.

Compliance Evidence

Programme details: The planned maintenance schedule is recorded electronically.

Programme reference: PPM planned by spreadsheets with weekly planning meetings with the engineers

Programme coverage: All equipment on site is included on the sites planned maintenance schedule. The site also undertakes extraordinary inspection of equipment where required, for example following a report of an issue.

Records of maintenance work reviewed: for the machine involved with the vertical audit job, 324781, via safety culture, on a tablet, including sign off to show that the area has been left cleared and safe to produce.

Temporary repairs: No temporary repairs were observed during the assessment.

Engineering workshop: The engineering workshop was seen to be well controlled with a good standard of hygiene, with swarf mats used to prevent transfer of engineering debris into production or storage areas.

4.8	Housekeeping and cleaning

Documented cleaning procedures are in place and maintained for buildings, equipment and vehicles. Cleaning schedules and procedures include responsibility for cleaning, item/area to be cleaned, frequency of cleaning, method of cleaning, cleaning materials to be used, cleaning record and responsibility for verification. The frequency and methods of cleaning are based on risk. Cleaning chemicals are fit for purpose, suitably labelled, and used in accordance with manufacturers' instructions, stored in a secured, designated location, in closed containers. Chemicals that are strongly scented or could give rise to taint and odour contamination are not used. Cleaning equipment was seen to be kept in a suitable designated location.

Compliance Evidence

Condition and hygiene standards within the facility: Good standards of housekeeping were seen to have been maintained at the site throughout the whole facility.

Cleaning provided by: External contractor, Doublecheck, for offices and facilities, factory and warehouse by crew cleaning

Cleaning frequency: Cleaning is completed daily.

Cleaning equipment: All cleaning equipment reviewed was seen to be suitable for purpose.

Environmental risk assessment: 4.8 Environmental risk assessment issue 1 dated 31st March 2025. The site has determined, based on this risk assessment, that an environmental monitoring programme is not required.

4.9	Product contamination control
4.9.1	Glass and brittle materials control

The site does not have any unnecessary non-production glass, ceramics or brittle plastic present, which could pose a foreseeable risk of contamination. Procedures for the handling of non-production glass, ceramics and brittle plastics required in production, packing and storage areas where there is a risk of product contamination, have been put in place. Glass or brittle plastics that pose a potential product contamination hazard are controlled and recorded on a register which includes a list of items detailing location, number, type and condition, recorded checks of condition of items, carried out at a specified frequency that is based on the level of risk to the product and also details on cleaning or replacing items to

minimise the potential for product contamination. Glass or brittle plastics not in the production or storage areas are included on the register on the basis of risk. Where non-production glass or brittle plastic breakage occurs, a responsible person is placed in charge of the clean-up operation and ensures that no other area is allowed to become contaminated due to the breakage. Any product that has become contaminated is segregated and disposed of.

All breakages are recorded in an incident report.

Compliance Evidence

During the audit there was no evidence of unnecessary, non-production glass, ceramics, or brittle plastic present.

Glass and hard plastics register reference: 6.7 Quarterly brittle plastics register issue 1 dated 1st August 2021

Frequency of checks: currently checked quarterly

Breakages in the last 12 months: There have been no breakages or items damaged in the last 12 months.

4.9.2	Sharps and metal control

There is a documented policy for the controlled use and storage of sharp implements to prevent contamination. The policy includes control of these items into and out of the site.

Compliance Evidence

Controls in place: 6.11 Monthly sharps record issue 1 dated 1st August 2021.

Monitoring of production blades: live blade register held by Senior Operations Manager SF

4.9.3	Chemical control

Processes are in place to manage the use, storage and handling of non-production chemicals, to prevent chemical contamination. This includes a list of approved chemicals for purchase, availability of material safety data sheets and specifications, avoidance of strongly scented products, the labelling and/or identification of containers of chemicals at all times, designated storage area with access restricted to authorised personnel, use by trained personnel only.

Compliance Evidence

Details of the types and uses of chemicals used on site: Cleaning chemicals and lubricants.

Chemical controls in place: All chemicals are locked in the chemical store and were seen to be suitability labelled.

4.9.4	Allergen management

The site has not identified any allergen risks within the HARA, therefore the requirements of this section of the Standard are not applicable.

4.9.5	Other physical contaminants

The site has systems in place to control other physical contaminants within process and storage areas.

Compliance Evidence

Staples, paper clips and drawing pins are not used in open product areas. The site was seen to be managing the risks of physical contamination well in-line with their HARA plan and associated pre-requisites.

Notices on equipment are cleanable and secure and do not pose a risk to product safety, legality and quality.

Wooden equipment: All wooden equipment present on site was seen to be in suitable condition.

Site issued portable handheld equipment and similar portable items are controlled by the site to minimise the risk of physical contamination.

4.10	Waste and waste disposal

Licensed contractors are used where required, for the removal of waste, with records kept and maintained.

Suitable and sufficient refuse and waste containers have been provided around the site, which are emptied at appropriate frequencies and maintained in an adequately clean condition. Substandard trademarked materials are rendered unusable through a destructive process. All materials disposed of are recorded. Where this has been completed by a third party, records of material destruction are provided.

Compliance Evidence

Details of waste management: All waste is removed by TLM management Ltd, Waste Carriers Registration Number CBDU575648 expires 19th March 2028.

Waste facilities were seen to be appropriate for the site, with no evidence of pest harbourage or cross contamination risks.

Trademarked waste: Any trademarked scrap is chopped and baled to be put beyond use.

4.11	Pest management

The site has implemented and maintains a preventive pest management programme which covers all areas of the site. The site contracts the services of a competent pest management organisation for the regular inspection and treatment of the site in order to deter and eradicate infestation. The frequency of inspections has been determined by risk assessment and documented. The risk assessment is reviewed whenever there are changes to the building or production processes which could have an impact on the pest management programme or if there has been a significant pest issue. The service contract of the pest contractor has been clearly defined. Equipment such as bait stations, traps or electric fly-killing devices is appropriately located and operational. Effective precautions have been put in place to prevent pests entering the premises, including proofing of the building. Immediate action is taken in the event of infestation to eliminate any hazards.

Catch analysis from flying-insect control devices is requested in the event of an infestation and at appropriate intervals. Documented procedures and detailed records of pest activity, pest management inspections and recommendations are all maintained. This includes an up-to-date, signed and authorised site plan identifying numbered pest control devices and their locations, identification of the baits and/or monitoring devices on site, clearly defined responsibilities for the site management and the contractor, details of pest control products used and instructions for their effective use and detailed records of inspections, recommendations and any pest infestation. The site ensures all the relevant recommendations made by the contractor are implemented in a timely manner. Employees of the site are all trained to recognise and understand the signs of pest activity and are aware of the need to report any evidence or pest sightings to a designated manager.

Compliance Evidence

Pest Contractor: Prokill Professional Pest Prevention

•Pests covered: rodents, flying and crawling insects

•Frequency of visits: 8 visits per annum to both Campfield Road and Aviation Way

•Last technician visit: AW 9th May 2025 and CR 3rd June 2025

All routine visits were seen to be undertaken over the last 12 months and actions have been closed out within suitable timeframes.

Pest issues identified in the previous 12 months: No significant pest issues have been identified within the last 12 months. There was no evidence of presence of infestation during the BRCGS assessment.

Staff training in signs of pest activity and action to take: all staff are trained to inform managers of any signs of infestation during their induction training and remind in BRCGS Golden Rules Document on each machine.

The contract with the pest management service provider covers all locations covered under the scope of certification.

4. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.2.5	There are no windows or roof glazing which poses a risk to the product.
4.2.6	There are no bulbs or strip lights which poses a risk to the product.
4.2.9	There are no elevated walkways, access steps or mezzanine floors which are adjacent to, or pass over, manufacturing lines.
4.3.2	No steam, ice, air or compressed gases which come into direct contact with the product.
4.4.3	No external tanks, silos or intake pipes with external openings.
4.7.4	No temporary repairs are authorised to be undertaken.
4.8.6	The site has determined, based on risk assessment, that an environmental monitoring programme is not required.
4.9.4	HARA has not identified any potential for contamination from allergens and there are no intrinsic allergenic components.
4.9.5.2	There is no wooden equipment which poses a risk.
4.9.5.4	No site issued, portable handheld equipment or other similar portable items.
4.9.5.5	There are no identified risks not already managed elsewhere within section 4.9.
4.11.3	Pest management is undertaken by an approved third-party provider only.

5.	Product and process control
5.1	Product development

Product development or modification procedures are in place to ensure the manufacture of safe and

legal products to defined quality parameters.

Compliance Evidence

Specific customer requirements: 7.0 New Product Development Procedure issue 1 dated 28th April 2025.

Production trials: production trials are run from time to time on routine paperwork with a special instruction on the works order to notify the operators of the trial status.

Recycled materials: All products contain some recycled content.

Retained development samples: development samples are not retained.

5.2	Graphic design and artwork control

The site has a documented artwork management procedure which covers all the activities for which the site has responsibility.

A process is in place to seek formal acceptance and approval of final product concepts and artworks by the specifier, the outcome of which is documented. Where appropriate, print trials are carried out and testing validates that the agreed product quality and print standards can be consistently achieved. Printing equipment are verified as being correct against specification and artwork version or agreed master prior to use, and fully traceable to the customer's approved origination material. Customer-approved reference material is controlled to ensure minimisation of degradation and returned to appropriate storage after use. The site has a policy to address requirements for the renewal of approved masters, as necessary. The site has a documented procedure for managing changes to artwork and print specifications to manage obsolete artwork and printing materials.

Compliance Evidence

Artwork management procedure: 7.0 New Product Development Procedure issue 1 dated 28th April 2025.

Verification of printing equipment: Verification of print equipment is completed at first off print checks.

Specific claims made on artwork: No claims are made on artwork

5.3	Print control

A assessment has been carried out for the pre-press activity, print process and handling of printed packaging (product) to identify risks of loss of essential information and mixing of printed product.

Controls are established and implemented to reduce the risks identified. Printing equipment is appropriately stored to minimise damage. Each print run is approved against the agreed standard (or master sample) and this is recorded. A system is in place to detect and identify printing errors during the run and to sort these errors from the acceptable printed material. Any unused printed product is accounted for and either disposed of or identified and appropriately stored. Lighting in print inspection cabinets and other means of print/colour checking are agreed with the customer or conform to accepted industry standards.

Compliance Evidence

Hazards related to prepress activity: wrong stereo issued/used

Storage of printing equipment: Stereos are stored on hanging racks by specification code and rack number

Method of monitoring during printing: Visual inspection at least twice per pallet of product produced

5.4	Manufacturing process control

The hazard and risk management team have identified and recorded all potential product defects that are reasonably expected to occur at each step in relation to the product and process. These hazards include product quality defects, defects that may have an impact on the functional integrity and performance of the final product in use and defects which result in the production of products which are outside customer-specified quality parameters.

A documented clearance procedure is in place to ensure that at start-up the line is clear of all previous work and production documents.

The documented line clearance procedure includes the roles of persons involved in line clearance, areas where materials can become trapped, validation of the line clearance and sign-off for continuing production. The line clearance procedure is fully implemented for each production run.

Compliance Evidence

Product quality and integrity defects: print issue, die cut issues, gluing issues,

Machine settings or process limits: Machine setting are not specified, but set by the operators during make ready

In-process checks for quality: Print standard, Dimensions, box make up,

Start-up line clearance procedure reference: 17.0 Process Control Procedure issue 1 dated 28th April 2025.

The start-up line clearance procedure was seen to detail all the requirements of the Standard.

The auditor witnessed line clearance during the assessment: line clearance witnessed on Eterna elite for W/O 327939

Identifiable and traceable samples: print and die cut samples are retained for 3 days with the W/O number written on it for traceability.

Scope of the audit: The site does not handle any products, materials or have any areas outside of the scope of the audit.

5.5	Calibration and control of measuring and monitoring devices

The site does not have any measuring and monitoring equipment, therefore the requirements for this section of the Standard are not applicable.

5.6	Product inspection, testing and measuring

Quality checks are carried out to demonstrate that the finished product is within the tolerances laid down in the agreed product specification and conforms to any critical technical/legal requirements. The frequency of checks and sampling is in accordance with industry-accepted practice or customer requirements and based on risk analysis.

Compliance Evidence

Details of quality checks carried out: All products are checked for dimensional accuracy, product make up after die cutting, print checks for colour weight and register,

Frequency of checks: Product are checked at least twice per pallet produced.

Details of inspection equipment: Visual inspections only.

5.7	Incoming goods

The site have a documented raw materials and intermediate product intake procedure to ensure that incoming goods match purchase or product specifications. There is a procedure for the inspection of loads on arrival to ensure that products are free from pest infestation, contamination or damage and are in a satisfactory condition. The site have a procedure for the acceptance of raw materials. Receipt documents and/or product identification facilitate correct stock rotation of goods in storage and, where appropriate, ensure materials are used in the correct order and within the prescribed shelf life.

Compliance Evidence

Procedure reference: 18.0 Intake, storage and distribution procedure issue 1 dated 28th April 2025.

Raw material intake inspection checks: 18.0 Intake, storage and distribution procedure issue 1 dated 28th April 2025.

Example inspection challenged: checked paperwork for the delivery of the goods for the vertical audit job.

Example of defect received (including investigation): defective material received from supplier processed on site (see section 3.11 above), complaint received form customer and material found to be out of specification

5.8	Storage of all materials, work in progress and finished products

The handling, management and storage of all materials and products are undertaken with methods to minimise the risk of contamination or malicious intervention, and protect product safety, legality and quality.

Compliance Evidence

Storage procedure: 18.0 Intake, storage and distribution procedure issue 1 dated 28th April 2025.

Type of storage: All warehouse areas are ambient storage and pallet stacking

Storage conditions: All products were seen to be stored in suitable storage conditions.

Product protection: raw materials have base boards and are strapped to the pallet, finished goods have base boards, top boards, and strapped and wrapped in line with customer requirements.

Methods of segregation: raw and finished goods are stored in different areas.

5.9	Dispatch and transport

Controls on combined loads and security in transit: Direct delivery by own transport

Vehicle hygiene checks: All vehicles are hygiene checked, recorded, before loading.

An inspection is undertaken on pallets, vehicles and containers as required during each loading activity.

Use of general carriers: Magnum Logistical Ltd, SAQ for transport, dated 16th September 2023

5. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

5.1.4	There are no customers which require a technical product specification as part of the development process.
5.1.5	There are no specifiers which require samples to be retained.
5.3.5	The site does not undertake composite printing.
5.4.10	There are no products, materials or areas which are outside of the scope of this audit.
5.5	There is no measuring or monitoring equipment.
5.6.4	There is no inspection of testing equipment integrated into the manufacturing operations.
5.6.6	There is no testing undertaken which is critical to product safety or legality.

6.	**Personnel**
6.1	Training and competence: raw materials handling, preparation, manufacturing, packing and storage areas

All personnel are appropriately trained prior to commencing employment and adequately supervised throughout the working period. Induction training includes the company hygiene rules. Personnel engaged in activities relating to product safety, quality and legality have relevant training and competency assessment is in place. The company routinely review and document the competencies of all staff and provide ongoing relevant training as appropriate. Ongoing records of training are available which include the name of the trainee and confirmation of attendance, the date and duration of the training, the title or course contents and the training provider. The site has put in place documented programmes covering the training needs of relevant personnel.

Compliance Evidence

Training reviewed during this assessment: JD Rotary machine operator employee competence and observation on 10th January 2025 by Production Manager KK Duration 30mins, BRCGS refresher training 25th June 2025 by Production Manager in 30mins.

AL Autobox operator, employee competence and observation on 22nd January 2025 by Production Manager KK Duration 30mins, BRCGS refresher training25th June 2025 30mins by Production Manager in 30mins.

The site has identified the necessary competences for specific roles.

Personnel questioned during the audit regarding activities relating to safety, quality and legality were seen to be competent.

The training is provided and undertaken in a language appropriate for the site and trainee.

Details of ongoing training and competency: monitoring customer complaints, staff appraisals, training matrix

6.2	Personal hygiene: raw materials handling, preparation, manufacturing, packing and storage areas

Personal hygiene requirements have been established and communicated to minimise the risk of product contamination from personnel. These are appropriate to the sites operations and the products manufactured.

Compliance Evidence

Personal hygiene risk assessment: 6.2 Personal Hygiene risk assessment Issue 1 dated 17th March 2025.

The requirements for personal hygiene are based on risk assessment with consideration of the intended use of the finished product and requirements have been communicated to all relevant personnel, as well as visitors as required. During the facility tour, a high level of compliance was observed in regard to the personal hygiene requirements and was noted. Personal items were seen to be controlled and well managed by the site. Handwashing is required to be performed at the station provided, prior to commencing work, after breaks and as often as appropriate to the level of risk to the finished product. High levels of compliance were observed during the facility tour. Wound dressing: All cuts and grazes are covered by blue metal detectable plaster with issue recorded.

6.3	Personnel facilities

Personnel facilities are sufficient to accommodate the required number of personnel and are designed and operated to minimise the risk of product contamination.

Compliance Evidence

Description of the changing facility: Changing areas are provided on site which are well maintained and include lockers with an appropriate level of segregation of personal and protective clothing (PPE) and situated just before entry into production. There are suitably located, sufficient and well-maintained hand wash facilities (with approved soaps, drying supplies and prompting signage) in all production and toilet

areas to enable personnel to wash hands prior to commencing work and at appropriate intervals (e.g. after eating). Control of eating, drinking and smoking: All production staff are restricted to eating, drinking and storing food in the canteen, with the exception of water that is permitted to be drank from only company supplied spill proof bottles on the shop floor away from machinery. Smoking is only permitted in designated external areas.

6.4	Medical screening

Procedures are in place to ensure that health conditions likely to adversely affect product safety are monitored and controlled.

Compliance Evidence

Medical screening procedure: Pre-employment medical questionnaire, for staff health questionnaire for visitors and return -to work interviews following any 7 days of illness.

Staff training: staff are trained about illness reporting at induction and refresher training.

6.5	Protective clothing

The site has considered the risks, which are appropriate to the hazards posed to the intended use of the finished product, to determine the use of protective clothing that is required.

Compliance Evidence

Risk assessment for protective clothing: 6.5 risk assessment for protective clothing issue 1 dated 17th March 2025

Protective clothing issued: T-shirts, fleece jackets, high vis vests, safety shoes, gloves

Justification: To protect the product from contamination, and to protect individuals from damaging personal clothing at work.

Control of protective clothing: Clothing is self-laundered and is permitted to be worn on the journey to and from work but not permitted to worn off site for any other reason.

6. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

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6.5.3	The site does not use disposable protective clothing.

Requirements for traded products

7.1	Hazard analysis and risk assessment of traded products
There are no traded goods handled by the site, therefore the requirements of this section of the Standard are not applicable.	
7.2	Approval and performance monitoring of manufacturers/packers of traded products
There are no traded goods handled by the site, therefore the requirements of this section of the Standard are not applicable.	
7.3	Specifications
There are no traded goods handled by the site, therefore the requirements of this section of the Standard are not applicable.	
7.4	Product inspection and testing
There are no traded goods handled by the site, therefore the requirements of this section of the Standard are not applicable.	
7.5	Product legality
There are no traded goods handled by the site, therefore the requirements of this section of the Standard are not applicable.	
7.6	Traceability
There are no traded goods handled by the site, therefore the requirements of this section of the Standard are not applicable.	

Additional Module 10: Plastic Pellet Loss Prevention

10.1	Senior management commitment and control improvement
10.2	Hazard analysis and risk assessment
10.3	Internal audits
10.4	Corrective and preventive action
10.5	Management of incidents
10.6	Building fabric and interiors: raw materials handling, preparation, manufacturing, packing and storage areas
10.7	Site security and product defence
10.8	Layout, product flow and segregation
10.9	Housekeeping and cleaning
10.10	Waste and waste disposal

10.11	Incoming goods
10.12	Training and competence: raw materials handling, preparation, manufacturing, packing and storage areas